

NATIONAL TECHNICAL ASSISTANCE CENTER

Creating Violence Free and Coercion Free Mental Health Treatment Environments for the Reduction of Seclusion and Restraint

A Snapshot of Six Core Strategies for the Reduction of S/R ©

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These strategies have been developed through extensive and ongoing literature reviews (available upon request from kevin.huckshorn@nasmhpd.org) and through the study of and dialogues with experts who successfully reduced the use of seclusion and restraint (S/R) in a variety of mental health settings for children and adults across the United States and internationally. These strategies are continually updated and new information and research emerges.

1. Leadership toward Organizational Change

This first strategy is considered core to reducing the use of S/R through the consistent and continuous involvement of senior facility leadership (most specifically the CEO, CNO, and COO). Leadership strategies to be implemented include defining and articulating a vision, values and philosophy that expects S/R reduction; developing and implementing a targeted facility or unit based performance improvement action plan (similar to a facility “treatment plan”); and holding people accountable to that plan. This intervention includes elevating of oversight of every S/R event by senior management that includes the daily involvement of the CEO or COO in all S/R events (24/7) in order to investigate causality (antecedents); reviewing and revising facility policy and procedures that may instigate conflicts; monitoring and improving workforce development issues; and involving administration with direct care staff in this important work. The action plan developed needs to be based on a public health prevention approach and follow the principles of continuous quality improvement. The use of a multi-disciplinary performance improvement team or taskforce is recommended.

This is a mandatory core intervention.

2. Use of Data To Inform Practice

This core strategy suggests that successfully reducing the use of S/R requires the collection and use of data by facilities at the individual unit level. This strategy includes the collection of data to identify the facility/units’ S/R use baseline; the continuous gathering of data on facility usage by unit, shift, day; individual staff members’ involved in events; involved consumer demographic characteristics; the concurrent use of stat involuntary medications; and the tracking of injuries related to S/R events in both consumers and staff and other variables. The facility/unit is encouraged to set improvement goals and comparatively monitor use and changes over time.

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3. Workforce Development

This strategy suggests the creation of a treatment environment whose policy, procedures, and practices are based on the knowledge and principles of recovery and the characteristics of trauma informed systems of care. The purpose of this strategy is to create a treatment environment that is less likely to be coercive or trigger conflicts and in this sense is a core primary prevention intervention. This strategy is implemented through intensive and ongoing staff training and education and human resource department activities. It includes S/R application training and vendor choice and the adequate provision of treatment activities that offer choices to the people we serve and that are designed to teach illness and emotional self-management of symptoms and individual triggers that lead to loss of control. This strategy requires individualized person-centered treatment planning activities that include persons served in all planning. This strategy also includes consistent communication, mentoring, supervision and follow-up to assure that staff are provided the required knowledge, skills and abilities, with regards to S/R reduction through training about the prevalence of violence in the population of people that are served in mental health settings; the effects of traumatic life experiences on developmental learning and subsequent emotional development; and the concept of recovery, resiliency and health in general. This work is done through staff development training, new hire applicants interview questions, job descriptions, performance evaluations, new employee orientation, and other similar activities.

4. Use of S/R Prevention Tools

This strategy reduces the use of S/R through the use of a variety of tools and assessments that are integrated into facility policy and procedures and each individual consumer's recovery plan. This strategy relies heavily on the concept of individualized treatment. It includes the use of assessment tools to identify risk for violence and S/R history; the use of an universal trauma assessment; tools to identify persons with high risk factors for death and injury; the use of de-escalation surveys or safety plans; the use of person-first, non-discriminatory language in speech and written documents; environmental changes to include comfort and sensory rooms; sensory modulation interventions; and other meaningful treatment activities designed to teach people emotional self management skills.

5. Consumer Roles in Inpatient Settings

This strategy involves the full and formal inclusion of consumers, children, families and external advocates in various roles and at all levels in the organization to assist in the reduction of S/R. It includes consumers of services and advocates in event oversight, monitoring, debriefing interviews, peer support services, and mandates significant roles in key facility committees. It also involves the elevation of supervision of these staff

NATIONAL TECHNICAL ASSISTANCE CENTER

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members and volunteers to executive staff who recognize the difficulty inherent in these roles and who are poised to support, protect, mediate and advocate for the assimilation of these special staff members and volunteers. ADA issues are paramount here in terms of job descriptions, expectations, work hours, and an ability to communicate to staff the legitimacy of the purpose and function of these important roles.

6. Debriefing Techniques

This core strategy recognizes the usefulness of a thorough analysis of every S/R event. It values the fact that reducing the use of S/R occurs through knowledge gained from a rigorous analysis of S/R events and the use of this knowledge to inform policy, procedures, and practices to avoid repeats in the future. A secondary goal of this intervention is to attempt to mitigate, to the extent possible, the adverse and potentially traumatizing effects of a S/R event for involved staff and consumers and for all witnesses to the event. Recommended debriefing activities include two - an immediate post-event acute analysis and the more formal problem analysis with the treatment team. Using the steps in root cause analysis (RCA) is recommended. (Please see the attached Debriefing Policy and Procedure template.) For facilities that treat kids and who use holds frequently, the use of full debriefing procedures for each event may not be manageable. These facilities need to discriminate their use of holds and target multiple holds on same children, to identify same staff member involvement in these events so as to note training needs, and to explore holds that last longer than usual.