

Reducing the Use of Restraint and Seclusion and Creating a Coercion-free Environment



It really does take the whole village—administrators, individuals presently or formerly in care, family members, clinical, direct care and support staff

The Six Core Strategies: Guides in Ensuring the Involvement of Individuals in care in R/S Reduction



NASMHPD/NTAC Six Core Strategies to Reduce the Use of Restraint and Seclusion (meet criteria to be an EBP)

- Leadership towards organizational change
- Use of data to inform care
- Workforce development
- Restraint and Seclusion Prevention Tools
- Use of Consumer Roles
- Rigorous Debriefing

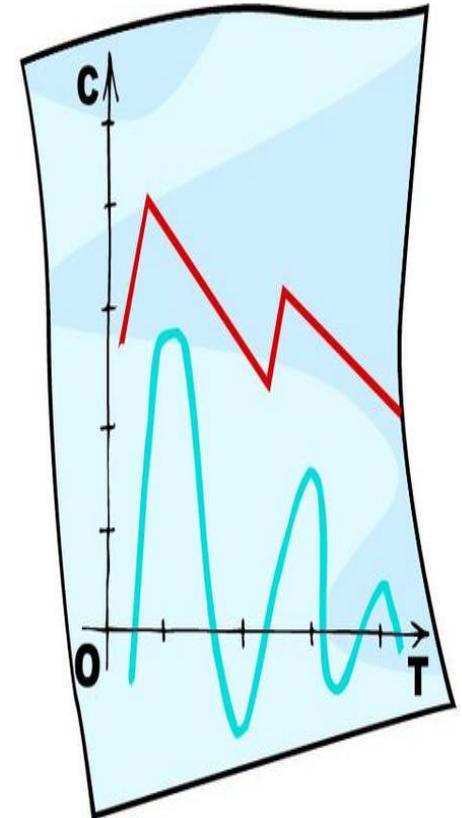
Leadership Critical to Organization Change

- Involvement of individuals in care/family members in Steering Committee and in Leadership Committees
- Advisory Committee involvement on all policies
- CEO acknowledges and recognizes the critical perspective and contribution of individuals in care
- Leadership models inclusion and promotes shared interests and a shared vision.



Use of Data to Inform Pract

- Posting comparative both point in time and trend data for individuals in care and visitors
- Celebration of seclusion/restraint-free days
- Telling the story behind the numbers in newsletters, postings and e-mail. It is the story that inspires.



Workforce Development

at orientation and in continuing education:

- Peers recount the impact of R/S on their hospital stay
- Peers to staff: education and emotional support are more effective than points and consequences in changing behavior
- Former inpatients showcase their recovery/journeys



Workforce Development (cont'd)

- Individuals in care are included in the interviewing process for new staff.
- Perspectives of individuals in care are considered in staff annual evaluations.
- Staff evaluations include consideration of de-escalation ability, conflict avoidance, strength based, compassionate interactions and tone of voice.



Use of Prevention Tools

- Individuals in care select items for comfort boxes *on admission*.
- Individuals designed comfort rooms and murals and covered comfort boxes.
- Community meetings where individuals and staff shared their goals and duties for the day fostered collaboration and the perception of a level playing field.



Consumer Empowerment

- Observing Emergency Calls
- Participating in post-event debriefings
- Individuals coach staff in a teaching setting on how to maximize their influence and minimize the use of coercive techniques.
- Individuals are paid for their work--on committees and governing body meetings and in their teaching capacities.
- Individuals catch staff doing something good and give them a compliment postcard.



Nothing About Us Without Us

- There is agreement on
 - goals
 - tasks
- The relationship is experienced as
 - collaborative  empathic
 - respectful  trusting
 - understanding  hopeful
 - encouraging  empowering
- Move from Recipient Council to Recipient/Family Involvement in hospital wide committees
- Transparency is your friend

Debriefing Techniques

- Peer facilitates the debriefing process offering vocal and sometimes silent support for the individual involved in the R/S event.
- Individual in care determines who attends debriefing, including whether a peer attends.
- Peers model non-threatening language use such as "maybe we can try this next time."



The Intervention...over four years

- Trian, train, train – onsite, and attendance at conferences
- Trainer mentor for each site
- Reduction Plans developed and monitored
- Monthly support calls
- Data analysis and transparency
- Annual on site expert technical assistant visits
- Follow-up reports
- Resources for Family nights, and engagement and peer support
- Learning collaboratives
- Individualized approach



Lesson Learned

Numbers Crunching doesn't tell the full story.

"Not everything that can be counted counts, and not everything that counts can be counted."

Albert Einstein

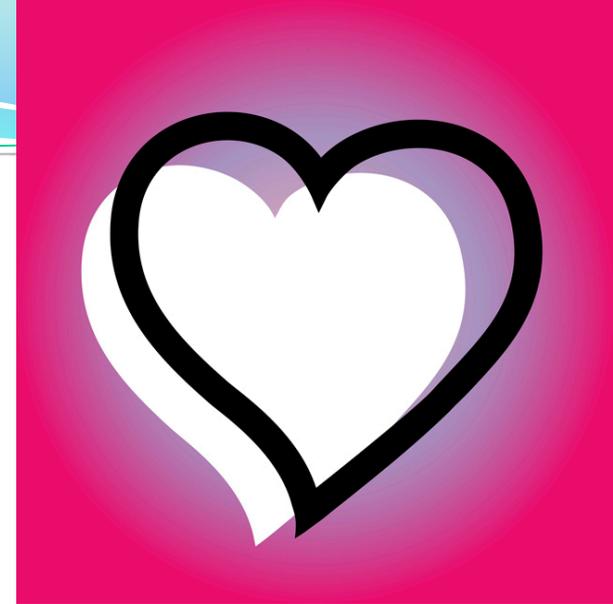
... turning data into information

What did you find?
What did you do about it?
Who did you tell?
Did you remember the story?



Lesson Learned

Leadership comes in all shapes
and sizes;
Leadership is in your heart.



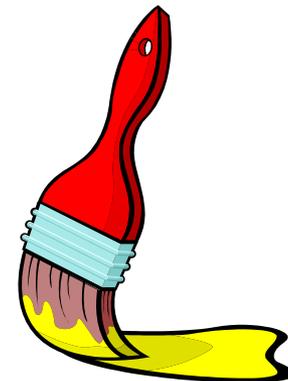
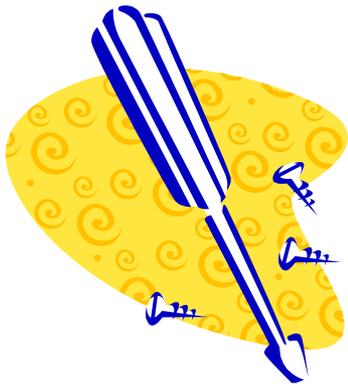
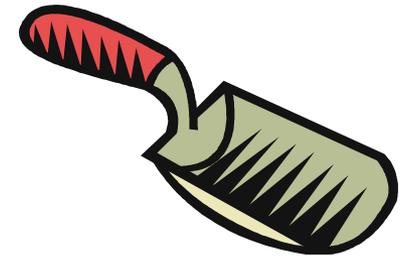
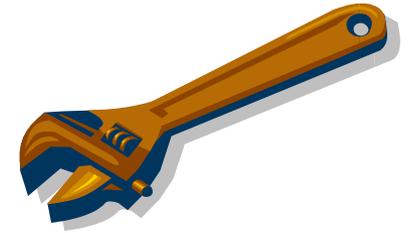
Inspire Shared Vision

“If you want to build a ship, don’t drum up the men to gather up the wood, divide the work and give orders. Instead, teach them to yearn for the vast and endless sea.”

-Antoine de Saint-Exupéry

Lesson Learned

- Both staff and leadership want tools, something tangible.



Prevention Tools Include:

- Calming Plans
- Sensory Items
- Calming Rooms
- Calming Items
- Comfort Rooms
- You



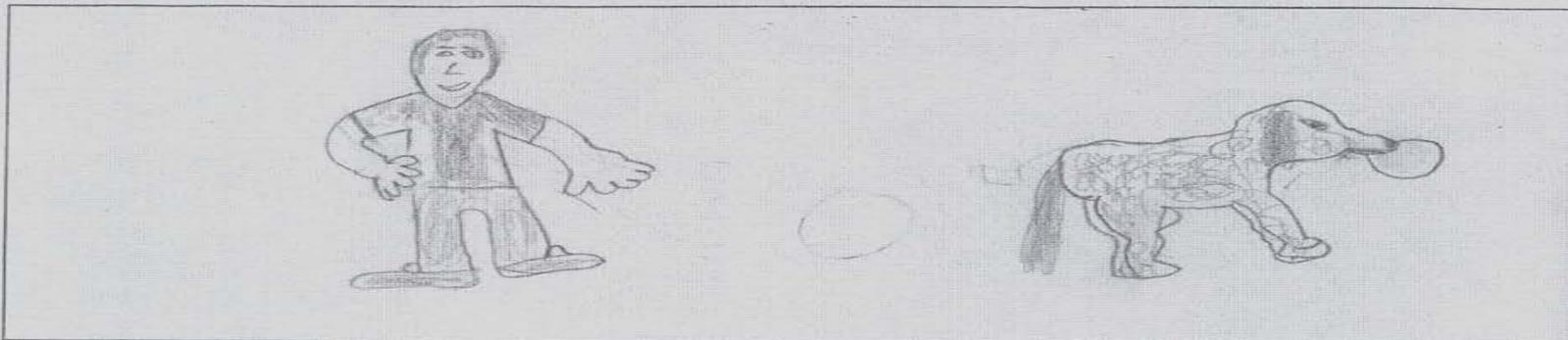
Why Use Prevention Tools?

- Prevent injury and trauma to staff and individuals in care
- Help de-escalate
- Meet individual's identified sensory needs
- Help maintain a safe therapeutic environment

Animal Assisted Therapy Works!



Incorporate this
calming and
treatment plans.



I like Tommy.
Tommy is soft.
I like the way Tommy does
tricks. I like to cuddle with
Tommy. It makes me happy.
I have played with Tommy
outside. It was fun.
by Alex

Other tools...

Fireball PRN



Not Enough Space?...consider Sensory Carts



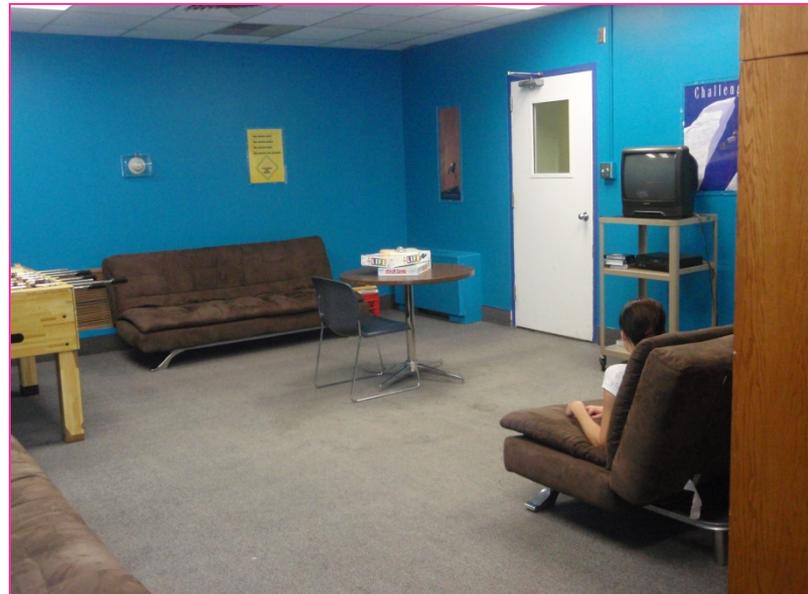
Calming Environments



- Plants
- Art work, music
- curtains
- music
- comfortable seating
- bedrooms with new bedspreads
- place to exercise
- low lighting (dimmer switches)
- aromas

Comfort Room

It is a **prevention tool** to reduce the need for seclusion and restraint





Lesson Learned

Culture involves how we treat
individuals in care

AND HOW WE TREAT STAFF

The Golden Rule

*As Management does unto Staff...
So shall Staff do unto Consumers*

Beth Caldwell, Caldwell Management Associates







Lesson Learned

Debriefing is easier said than done.

How Do We Say It?

“Is there anything that you would do differently?”

“What could we have done to make the restraint (or seclusion) less hurtful?”

“What upset you most?”

“What did we do that was helpful?”

“What can we do better next time?”

Effective Debriefing a.k.a. giving Up CONTROL

- ▶ When would you like to have the briefing?
- ▶ Where would you like to meet to talk about how we can better help you get through times like yesterday?
- ▶ Are there any special staff you would like to be present? Are there family members you would like us to get on the phone or invite to the meeting?
- ▶ Anyone you do not want there?
- ▶ Provide mechanism for documenting their perspective.



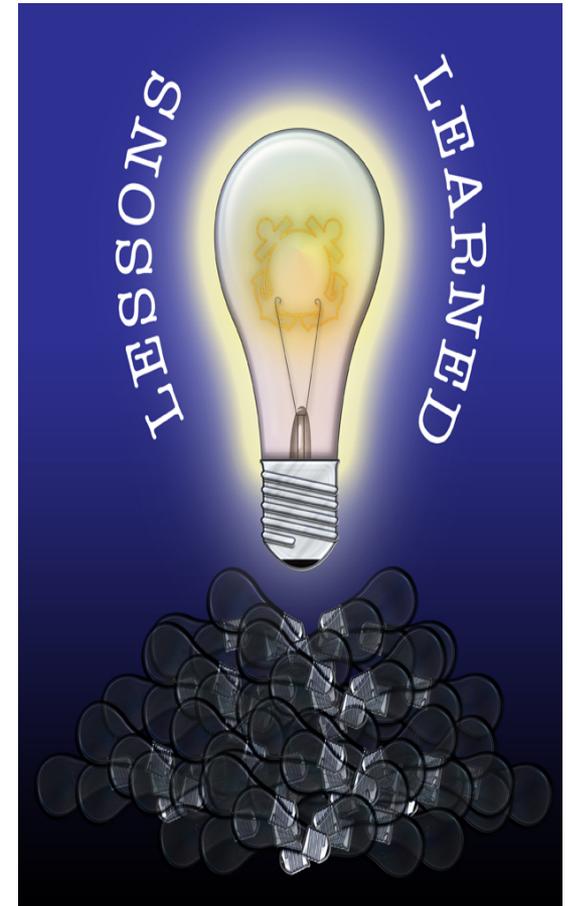
*What's An
Apology Got
to Do With
Debriefing?*

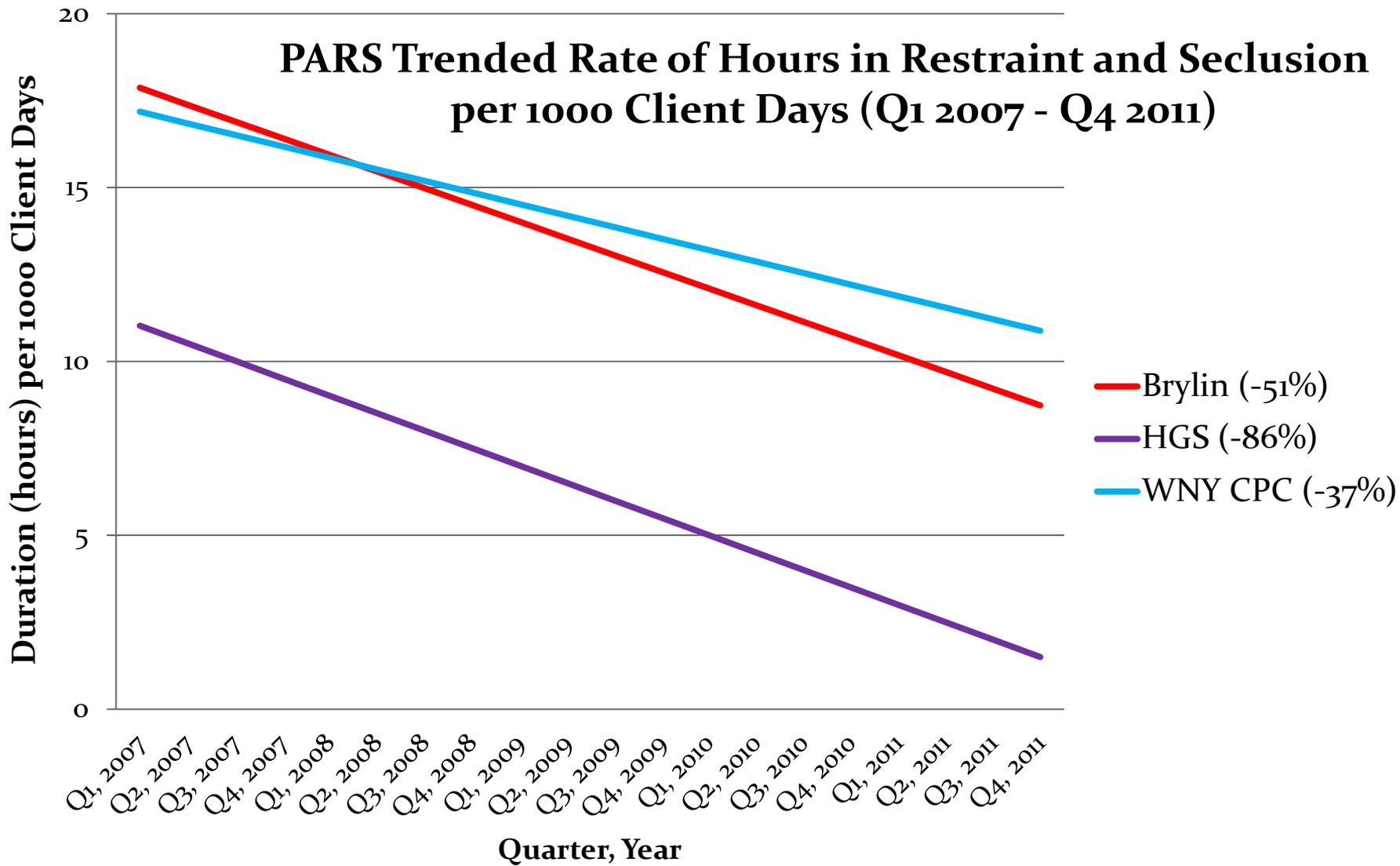
“I am sorry this restraint
happened.

This is not how we want to treat people at
XXXX Hospital. Can we talk about if
there’s anything staff can do to keep it from
happening again?”

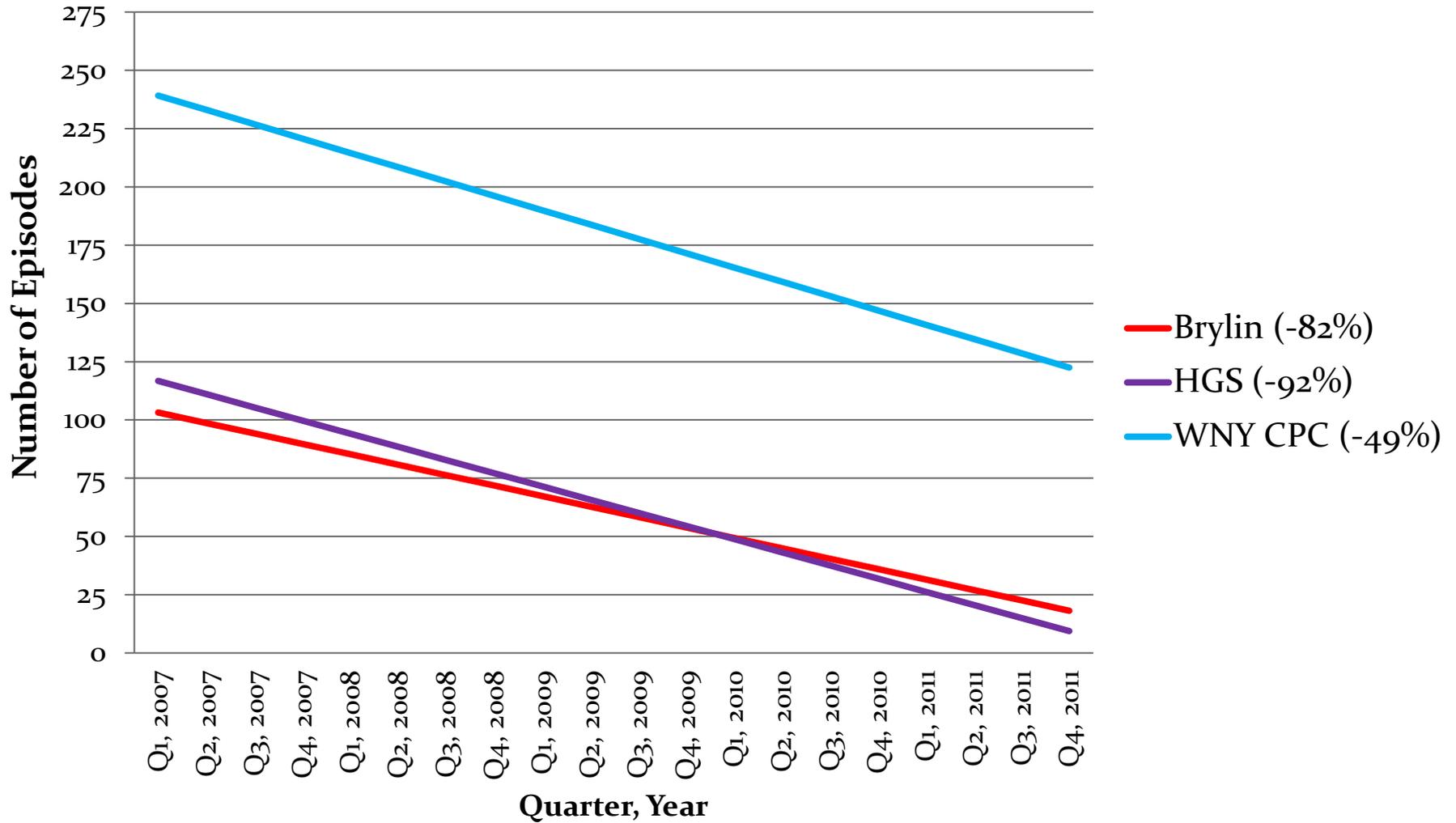
Lesson Learned

Trauma informed, coercion free environments are safer for all.
We saw fewer assaults and fewer allegations of abuse.





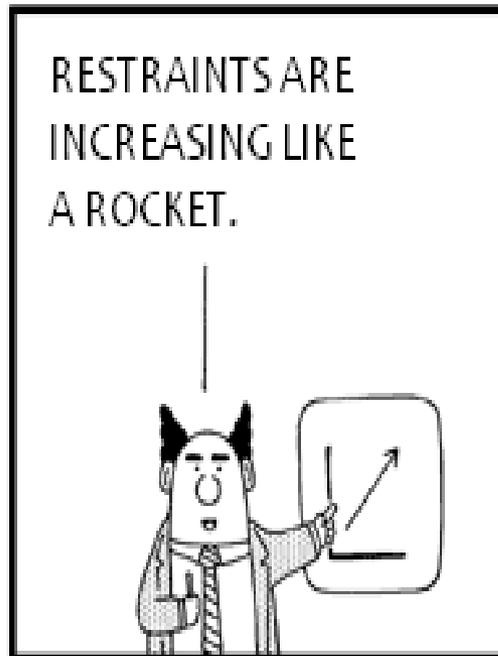
PARS Trended Restraint and Seclusion Episode Counts (Q1 2007 - Q4 2011)



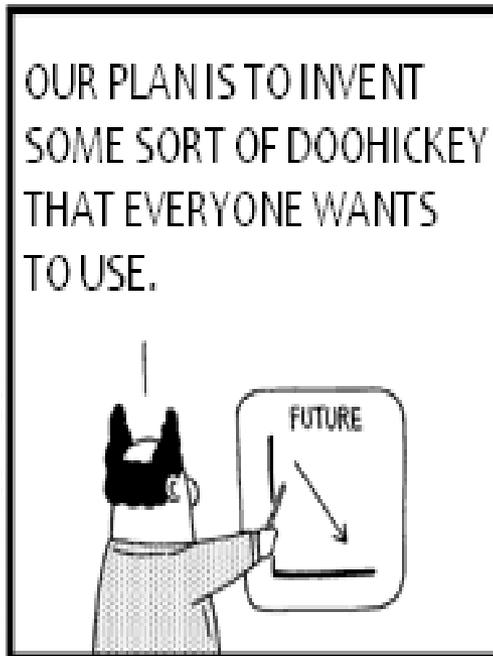
And the journey continues...

January 2012 - Western New York Children's Psychiatric Center utilized 11 restraint or seclusions interventions the lowest number in any given month since at least 2004.

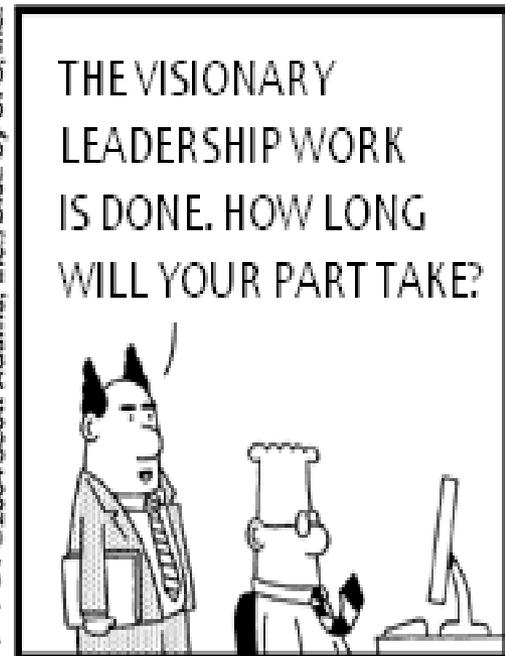
Are Prevention Tools Enough?



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