

Efforts by State Mental Health Agencies to Improve Residential Care and Minimize Seclusion and Restraint



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Introduction

- Children's Mental Health systems continue to provide residential and hospital-based care with little guidance from the research base about how to make these services effective.
- Nationwide efforts to reduce the use of seclusion and restraint in Mental Health Treatment environments provides a useful focus for those seeking to improve residential care.



Introduction

- SAMHSA grant-funded projects designed to minimize the use of seclusion and restraint are underway in eight states
- Several projects are focused on systems of care for children.
- A useful framework for such change efforts has been developed by the National Technical Assistance Center (NTAC) for Mental Health Planning.



Background



- Restraint and Seclusion R/S are potentially lethal techniques.
- R/S are frequently traumatizing for youth who experience or witness them and for the staff who utilize them.

Background



- National organizations have taken public positions advocating minimizing S/R (Child Welfare League of America and the National Association of State Mental Health Service Directors, NASMHPD, 1999).

Background

- Elimination of R/S requires a shift away from the use of coercion and control in the treatment milieu (Murphy & Bennington-Davis 2005).
- Successful reduction involves developing positive, engaging, nurturing and individualized treatment environments.



The NTAC Model: “Six Core Strategies” to Reduce Seclusion and Restraint (Huckshorn, 2004).


- Based on many successful initiatives to reduce R/S in a variety of inpatient treatment settings.



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1. Leadership toward organizational change.


It's vital to engage top-level leadership and to develop a specific plan to guide change efforts. The mission and philosophy of the agency related to seclusion and restraint should be articulated. Executive management should be involved in oversight of seclusion and restraint episodes.



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2. Using data to inform practice.

Agency-generated data on the use of seclusion and restraint should be used to elevate the knowledge and importance of the issue for everyone involved. It can help generate healthy competition between units. Data should not be used in a punitive way.



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3. Workforce development

Staff should be helped to develop and practice skills such as individualized treatment planning, conflict resolution, and active listening that can help prevent use of restraint and seclusion. The policies, procedures and practices in the treatment environment should be based on the characteristics of trauma-informed care. Empowerment of Direct Care Staff should be a goal.



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4. Use of Seclusion and Restraint prevention tools.

Prevention tools include: assessment tools, trauma history, daily meaningful treatment activities, comfort rooms, sensory carts, and de-escalation or safety plans.



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5. Consumer and family roles in residential settings.

Youth/Consumers and parents should be included in a variety of roles in the agency to help in reducing seclusion and restraint. Consumer roles and their importance should be defined for staff. Youth and families should have a central role in treatment planning.



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6. Debriefing techniques.

Debriefing activities seek to mitigate the adverse effects of the R/S incident and ensure that knowledge is gained from analyzing each event to inform practice and avoid future events.

Recommended procedures:

- an immediate, post-event debriefing and
- a more formal debriefing a day or two later.



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The NTAC model uses a public health prevention approach.

- Primary Prevention: Interventions to make the whole milieu more respectful and "trauma informed"
- Secondary Prevention: Interventions to anticipate possible triggers, help a youth self-soothe instead of exploding when upset, etc.
- Tertiary Prevention: Effective de-briefing of each episode, efforts to mitigate the harm caused by a seclusion or restraint.



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State Infrastructure Grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) are funding Projects in 8 States to promote Alternatives to Seclusion and Restraint.

Data from these projects will be used to investigate the effectiveness of the NTAC model across sites.



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Massachusetts' Project & Statewide Child/Adolescent Initiative

- In 2001, Massachusetts began a statewide child and adolescent R/S elimination initiative involving all acute and continuing care inpatient programs in the state.



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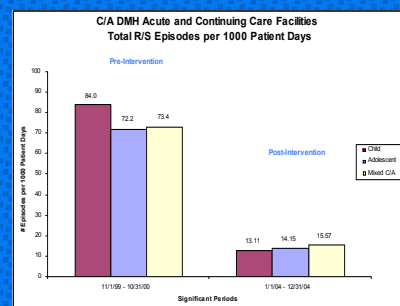
Massachusetts' Statewide Child/Adolescent Initiative

- By 2003, the use of R/S decreased 68% (LeBel et al., 2004).
- By 2005, the use of R/S decreased 81% (LeBel & Goldstein, 2005).




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Massachusetts' Statewide Child/Adolescent Initiative






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Massachusetts' SIG Project



- In 2005, Massachusetts received 1 of the 8 SIG grants awarded by SAMHSA and will implement NASMHPD-NTAC's model to create violence and coercion-free treatment environments.
- Massachusetts' SIG grant will focus on the Dept. of Mental Health's 11 state hospitals & facilities (adults).

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Massachusetts' SIG Project



- In July 2005, all continuing care state facilities participated in a 2-day NASMHPD-NTAC training.
- In March and May 2006, all acute-care facilities serving adults and children, respectively, will participate in the NASMHPD-NTAC training.
- Massachusetts will become the first state to train every psychiatric inpatient facility in the state in this model to eliminate R/S.





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Developing Alternatives to Restraint and Seclusion at Louisiana's Central State Hospital:



- Problems in the Past: Identifying Trends**
 - In 1990 hospital-wide there were 1,100 restraint occurrences.
 - Key leadership made this topic a #1 priority.
 - Staff were forced to admit they HAD to change before patient's actions would... "What can WE do differently".

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Louisiana's Central State Hospital



- Ideas about how to change that have emerged from the Hospital-wide change effort:**
 - Treatment is a **team approach**.
 - Refer to adolescents as "**students**"; not "patients".
 - Students and **families are involved** throughout entire treatment process.
 - Supervisory accountability** is stressed.

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Louisiana's Central State Hospital



- Ideas about how to change that have emerged from the Hospital-wide change effort:**
 - Total staff responsibility** for entire service is stressed, regardless of job or title.
 - Focus is on **student's potential** (positive, not negative).
 - Unit/age specific in-service trainings** are offered.
 - Staff-student "**open door**" rapport is encouraged.

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Louisiana's Central State Hospital



- Suggestions that came from Students for improving care:**
 - Hold **daily community meetings**/rap sessions, led by a student.
 - "Student of the Day"** program whereby a different student is peer leader, responsible for tracking issues and meeting with nurse manager to address.

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Louisiana's Central State Hospital



- **Suggestions that came from Students for improving care:**
 - **Living environment** has been made less "antiseptic", with students painting ceiling tiles and installing them in their dayrooms, painting a mural on the wall behind the nurse's station, egg-crate mattresses for each student, encouraging them to decorate for holidays and personal occasions.

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Louisiana's Central State Hospital



- **Results from these initiatives:**
 - Current End of Year (EOY) restraint hours **down 79%** from EOY 5 years ago.
 - Current EOY number of patients in restraints **down 46%** from EOY 5 years ago.
 - Current EOY total number of restraint occurrences **down 62%** from EOY 5 years ago.
- *"Tell me and I will forget, show me and I may remember, but involve me and I will understand."* -Unknown

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Hawaii's Project: Cultures of Engagement in Residential Care (CERC)




Child and Adolescent Mental Health Division staff are working in partnership with contracted private provider agencies to improve residential care and reduce the use of coercive behavior management methods.

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CERC Project Component 1

A 2-day "kick-off" training event for the project was held in September 2005 in Honolulu.

- A national faculty presented exciting material developed by the National Technical Assistance Center (NTAC) of the National Association of State Mental Health Program Directors (NASMHPD).
- More than 60 Representatives from CAMHD provider agencies attended.

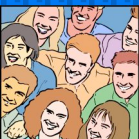


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CERC Project Component 2

A "Best Practices in Residential Care Network" has been organized.


- Ten Agencies sent representatives to the first network meeting in November 2005.
- The network is providing opportunities for sharing among peers and collaborative problem-solving around areas of common concern.



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CERC Project Component 3

- An on-site technical assistance intervention will be provided at six agencies over the next two years by a "Positive Alternatives Team" or PAT.
 - The team will work with two agencies at a time for a period of about 7 months.
 - The team is led by a CAMHD psychologist and includes a staff member from each of the two agencies.



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Concluding Remarks



- Extraordinary innovation has resulted from the SIG grant process and NASMHPD-NTAC's trainings.
- Programs are implementing creative strategies to reduce and eliminate R/S (Champagne & Stromberg, 2004). Many of the SIG projects are now utilizing helpful R/S prevention tools such as sensory interventions for children, adolescents and adults in distress.

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Concluding Remarks



- Efforts to reduce restraint and seclusion using the NTAC model have been successful, not only at reducing the use of these coercive methods, but at improving treatment environments in hospital-based and residential care settings.
- The NTAC model presents some useful "best practices" for decreasing the potential iatrogenic effects of residential treatment and optimizing positive outcomes.

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