Reducing Seclusion and Restraint Use with Children with Serious Emotional Disturbances

A System of Care for Children's Mental Health: Expanding the Research Base
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What do we know about seclusion and restraint use?

It is widespread and longstanding.

- Use of seclusion and restraint "represents a significant risk" to individuals with MI/MR in residential settings
  (GAO, 1999)
- Historically, seclusion and restraint have often been used to control behavior
  (NASMHPD, 2006)
- Need to reduce use of seclusion and restraint
  (President's New Freedom Commission on Mental Health, 2003)

It is dangerous.

- 142 deaths nationwide from 1988-1998
  (Hartford Courant, 1998)
- 50-150 deaths annually nationwide
  (Harvard Center for Risk Analysis, 2003)
- Injuries including coma, broken bones, cuts, bruises; deaths due to asphyxiation, strangulation, cardiac arrest, blunt trauma, choking
  (Mildred, 2002)

It is traumatic.

- Rates of 51-98% trauma victimization among people with serious mental illness
  (Goodman, et al., 1997; Mueser, et al., 1998)
- "Seclusion and restraint are virtually always experienced by the individuals involved as traumatic"
  (NASMHPD, 1999)

It is counter-therapeutic.

- Punitive and isolating interventions associated with increase in negative outcomes
  (Natta et al., 1990)
- Individuals not understanding contingency-based interventions may have counterproductive outcomes
  (Papolos & Papolos, 1999)

It is NOT an evidence-based practice.

What do we know about alternatives to seclusion and restraint?

SAMHSA's National Registry of Evidence-Based Programs and Practices

Areas of Interest
Alcohol (underage, binge drinking)
Consumer/family-operated care
Criminal/juvenile justice
Environmental strategies
HIV/AIDS
Homelessness
Older adults/aging
Seclusion and restraint alternatives
Suicide prevention
Tobacco/smoking
Violence prevention

SAMHSA's National Registry of Evidence-Based Programs and Practices

Find Results

No interventions found

Search Terms: Seclusion and restraint alternatives

Safe and Appropriate Behavioral Interventions: Changing the Culture of Care

- Scenarios with teaching questions and analysis
- Video clips
- Website links
- Trauma assessment
- Personal safety form
- Health care proxy

Senate Bill 325: Behavioral Management Work Group

Mandate to:

"review and provide recommendations regarding best practices in policy, training, safety, and risk management that could be used to govern the management of facility residents' behavior related to restraint and seclusion practices"

Creating Violence and Coercion Free Mental Health Treatment Environments

- NASMHPD curriculum developed by Kevin Ann Huckshorn
- In application process to be considered EBP
- Core strategies: leadership, use of data, workforce development, prevention tools, consumer/family inclusion, debriefing
- 29 leadership teams from Texas-based agencies developed reduction plans

What are the preliminary results and lessons learned?



Challenges in Texas

- Limited funding for child-serving agencies
- Wariness to collect and share data
- Turnover in key leadership

Unintended side effects…

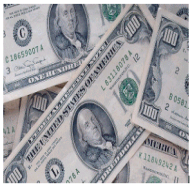
"…we must change the way force is applied to reduce the number and severity of injuries to youth and staff"

- 447 workers comp claims due to restraint-related injuries
- 913 youth injured due to physical restraint 9/1/06-6/30/07

August 2, 2007 TYC directive:

"…staff who are authorized to use OC [pepper] spray are hereby instructed to use OC spray *prior* to agency-approved methods of physical restraint whenever practical."

Limited funding is not a barrier



Most changes in agency culture entail little to no expenditure of funds.

Commitment and vision are essential

Leadership must prioritize S/R reduction and support all employees in identifying and implementing key changes

Cross-agency collaboration

A cross-agency approach promotes a uniform service environment and allows sharing of ideas and successes across treatment environments

Appreciation of differences

Cultural and linguistic competence improves communication and therapeutic understanding

Consumer-oriented services

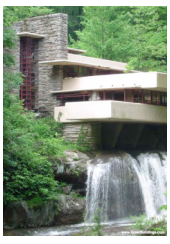
Consumer and family involvement is critical to improving treatment environments and changing agency culture

Collection and analysis of data

Data-driven review of services ensures attention is directed to the most significant problem areas

Implementation throughout agency

Multilevel strategies for introducing promising practices throughout the agency lead to lasting culture change



Workforce development

Workforce recruitment and retention efforts should identify and develop skills in creating and maintaining a positive treatment environment

Next steps:

- Seclusion and Restraint Reduction Leadership Group
- STARS project: State of Texas Alternatives to Restraint and Seclusion, funded by SAMHSA SIG grant
- Comprehensive evaluation of reduction plan implementation by 29 Texas agencies

Thank you for your attention!

- More information and resources are available on the Hogg Foundation for Mental Health website at:
  www.hogg.utexas.edu
- Please send questions or comments to:
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