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 ©

Revised 5/20/05
Kevin Ann Huckshorn, R.N., M.S.N., C.A.P., I.C.A.D.C.
Director, National Technical Assistance Center
National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
703-739-9333
www.nasmhpd.org

These strategies have been identified from the literature (please write Kevin.Huckshorn@nasmhpd.org for these references) and from the actual hands-on experiences of S/R experts who successfully reduced use in a variety of settings for children and adults in mental health settings.

1. **Leadership toward Organizational Change**

This first strategy is core to reducing the use of seclusion and restraint through clear leadership and direction by defining and articulating a vision, values and philosophy; developing and implementing a performance improvement action plan; and holding people accountable to that plan. This intervention includes the elevation of oversight of every S/R event by management that is called "witnessing". The elevation of oversight includes the daily involvement of the CEO or COO in all S/R events in order to investigate causality, review facility policy and procedures that may lead to conflict, look at workforce development issues and involve administration with staff in this important work. The action plan developed needs to be based on a public health prevention approach and used following the principles of continuous quality improvement. The creation of a performance improvement team or taskforce is recommended.

This is a mandatory core intervention.

2. **Use of Data To Inform Practice**

This core strategy recommends reducing the use of S/R by using data in a non-punitive, though positively competitive way. This strategy includes using data to identify the facility's baseline S/R use; gather data on facility usage by unit, shift, day, individual staff member, victim characteristics and other variables; set improvement goals and comparatively monitor use and changes over time.

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 conflictual and in this sense is a core prevention intervention. This strategy is implemented primarily through staff training and education and HRD activities.

It includes S/R application training and vendor choice, the adequate provision of treatment activities that offer choices to the people we serve and are designed to build living skills and individualized treatment planning activities. This core intervention also includes communicating to staff expected and required knowledge, skills and abilities, with regards to S/R reduction through new hire 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 seclusion and restraint history; use of a trauma assessment; tools to identify persons with high risk factors for death and injury; use of de-escalation surveys or safety plans, use of person-first language, environmental changes to include comfort and sensory rooms; sensory modulation experiences 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 seclusion and restraint. It includes consumers of services in oversight, monitoring, debriefing interviews, peer support services and significant roles in key facility committees. It also involves the elevation of supervision of these staff 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 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, identify same staff member involvement in these events so as to note training needs and explore holds that last longer than usual.