

Reducing the Use of Seclusion & Restraints

The Hogg Foundation for Mental Health
Leadership Group on S/R Reduction
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Purpose & Mission of Hogg Foundation S/R Reduction Effort

- The use of seclusion and restraint with people at risk of harming themselves or others is a complex and controversial issue that touches many agencies, including juvenile justice, psychiatric hospitals, residential treatment centers, and schools. When seclusion and restraint are used, both the people applying and receiving the interventions are placed at risk of psychological and physical harm.

Purpose & Mission of Hogg Foundation S/R Reduction Effort

- Through research, policy analysis, and education, the Hogg Foundation for Mental Health seeks to identify creative, workable solutions to these dangerous situations, with the goal of promoting the use of safe and effective alternatives to seclusion and restraint by Texas agencies serving people with mental illnesses.

Conferences

- Since 2004, the Foundation has convened several conferences to further the dialogue on seclusion and restraint reduction in Texas
- 2007 Conference
 - This conference highlighted the role of mental health consumers, workforce development strategies, and trauma-informed care in promoting culture change
- 2006 Training Institute
 - In this multi-day training, teams from Texas agencies developed seclusion and restraint reduction plans for their facilities

Conferences, continued

- 2006 Teleconference
 - The training teleconference covered six core strategies for reducing seclusion and restraint use
- 2004 RLS Seminar
 - The 13th Robert Lee Sutherland Seminar featured presentations and workgroups focused on the role of leadership in accomplishing culture change within agencies

Resources & Materials

- The Foundation has also compiled a wealth of resources on seclusion and restraint reduction, including:
 - [Presentation Materials](#)
 - [Practical Tools](#)
 - [Policy and Law](#)
 - [Recent Research](#)
 - [Restraint Scenario CD & Publication](#)
- These are accessible at:
http://www.hogg.utexas.edu/programs_S&R.html

Senate Bill 325

- To address the use of restraint and seclusion, the Texas Legislature passed SB 325, during the 79th Legislature, Regular Session, 2005.
- This legislation directed the Texas Health and Human Services Commission to establish a work group 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 resident's behavior related to restraint and seclusion practices.

History of Leadership Group

- To further support the gains made by Texas agencies, the Foundation launched the cross-agency Seclusion and Restraint Reduction Leadership Group in 2007.
- Comprised of mental health consumers, family members, advocates, and representatives of private and public agencies, the group serves as a resource in the state, providing leadership to support and guide culture change in Texas agencies.

STARS

- The Leadership Group also serves as advisors to the recent acquisition of a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Texas Health and Human Services Commission and Department of State Health Services to focus on reducing seclusion and restraint to four Texas psychiatric hospitals. This project is entitled: *State of Texas Alternatives to Restraint and Seclusion (STARS)*.
- The hospitals involved are: Austin State Hospital, San Antonio State Hospital, Big Spring State Hospital and North Texas Hospital.

Six Core Strategies to Reduce the Use of Seclusion & Restraint

- Developed by The National Technical Assistance Center.
- Designed to create violence free and coercion free service environments for the reduction of seclusion and restraint.
- Planning Tool to be used as a template or checklist to guide design of S/R plan.

Source: www.nasmhpd.org

Strategy One: Leadership Towards Organizational Change

GOAL:

- To reduce the use of seclusion and restraint by defining and articulating a mission, philosophy of care, guiding values and assuring for the development of a S/R reduction plan and plan implementation.
- The guidance, direction, participation and ongoing review by executive leadership is clearly demonstrated throughout the S/R reduction project.

Strategy Two: Using Data to Inform Practice

GOAL:

- To reduce the use of S/R by using data in an empirical, non-punitive, manner.
- Includes using data to analyze characteristics of facility usage by unit, shift, day and staff member; identifying facility baseline; setting improvement goals and comparatively monitoring use over time in all care areas, units and/or state system's like facilities.

Strategy Three: Workforce Development

GOAL:

- To create a treatment environment whose policy, procedures, and practices are grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans and the prevalence of these experiences in persons who receive mental health services and the experiences of our staff.

Strategy Four: Use of S/R Reduction Tools

GOAL:

- To reduce the use of S/R through the use of a variety of tools and assessments that are integrated into each individual consumer's treatment stay.

Strategy Five: Consumer Roles in Inpatient Settings

GOAL:

- To assure for the full and formal inclusion of consumers or people in recovery in a variety of roles in the organization to assist in the reduction of S/R.

Strategy Six: Debriefing Techniques

GOAL:

- To reduce the use of S/R through knowledge gained from rigorous analysis of S/R events and the use of this knowledge to inform policy, procedures, and practices to avoid repeats in the future.

What Do These Strategies Look Like When Implemented?

- Comfort Rooms
- Peer Mentoring
- Incentive Programs
- Trauma Assessments
- Staff Training
- Sensory Integration
- Debriefing Forms

Comfort Room Photo



Coping Cart Photo



Resources

- www.hogg.utexas.edu/programs_S&R.html
- www.nasmhpd.org