Scott (from Minnesota) Grade 8
Children's Mental Health Poster Contest – 2000
Minnesota Association for Children's Mental Health

Roadmap to Seclusion and Restraint Free Mental Health Services

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
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FOREWORD

In 2003, the Substance Abuse and Mental Health Services Administration (SAMHSA) set forth a bold vision to reduce and ultimately eliminate the use of seclusion and restraint in behavioral healthcare settings.

These practices are detrimental to the recovery of persons with mental illnesses. Too often, the use of seclusion and restraint results in trauma, injury, and even death. We can and must do better to protect the lives and well-being of those whom we serve.

SAMHSA has established seclusion and restraint as a priority area and has developed a National Action Plan to reach our vision of seclusion and restraint free mental health services. *Roadmap to Seclusion and Restraint Free Mental Health Services* represents a key component of this National Action Plan. It will increase the knowledge and skills of mental health service direct care staff, administrators, and consumers on alternatives to the use of seclusion and restraint. We also see this training as a tool to assist you with mental health system transformation—creating mental health services and supports that facilitate recovery and promote resiliency.

Many training manuals exist, but this curriculum is unique. The President's New Freedom Commission on Mental Health called for consumer- and family-driven approaches that support recovery. The material in this manual is recovery based and developed by consumers. It draws on the published writings and research of the leaders in the recovery movement—consumers. It was developed with the assistance of the National Association of Consumer/Survivor Mental Health Administrators, and consumers from around the country were asked to provide insight derived from their experiences of seclusion and restraint and offer their guidance for the elimination of these practices. The expert opinion of direct care staff was also gathered and current literature on the topic was reviewed so that references could be provided. A Steering Committee, comprised of representatives from nearly every stakeholder organization within the mental health system, provided technical assistance and insight. Finally, the training was pilot tested with direct care staff and administration at two hospitals.

We welcome you to join us in our collective efforts to find and use creative approaches and strategies to ensure that we help and not harm those whom we serve.

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PREFACE

The past decade has yielded many divergent views on the practice of seclusion and restraint. It is an area rife with tension, disagreement, and fear. One consumer recently said that he thought *restraint* was "*too polite"* a term for what he had experienced. He went on to say (NAC/SMHA *In Our Own Voices* Survey, 2001):

"I was tied up and tied down. It was terrifying, dehumanizing, degrading, and painful. Along with the restraint was the forced injection of Haldol. Not only was the leather biting into my wrists, my body had been invaded by a substance that caused a feeling of intense internal violation."

In 1999, landmark national legislation led to tighter controls on the use of restraints in psychiatric hospitals. Federal and State mental health authorities furthered the development and implementation of policy change and the active pursuit of a reduction and ultimate elimination of seclusion and restraint. The National Association of State Mental Health Program Directors (NASMHPD) publication, *Creating Violence and Coercion Free Mental Health Environments: A National Initiative and Call to Action,* identifies mandatory systemic changes that must occur when reducing the use of seclusion and restraint. The State of Pennsylvania demonstrated successfully that commitment to reform does indeed make a difference with their *Leading the Way Seclusion and Restraint Initiative.*

External monitoring holds the key to eliminating seclusion and restraint according to some leaders. Others suggest strong administrative leadership. Some suggest a legislative solution. Some suggest better behavioral intervention strategies. However, virtually every constituent group involved in meaningful systems reform recognizes the need for ongoing training and education efforts.

Roadmap to Seclusion and Restraint Free Mental Health Services explores sustainable solutions and strategies towards supporting the belief in the elimination of seclusion and restraint in the treatment of people with serious mental illness or children with serious emotional disturbance.

"It is not possible to solve a problem with the same consciousness that created it" (Albert Einstein). This manual is intended to build bridges and increase respect and understanding between consumers and direct care staff. All stakeholders must be present at the table and engage in the dialogue to develop seclusion and restraint free environments.

It is the underlying premise of this manual that the role of the direct care staff is critical to meaningful system change. Together, we are partners and champions in the reduction and elimination of seclusion and restraint.

HOW TO USE THIS MANUAL

The goal of this curriculum is to provide direct care staff the tools and knowledge needed to improve their skills in preventing and ultimately eliminating the use of seclusion and restraint. "Direct care staff" refers to individuals who work directly with consumers, such as nurses, psychiatric technicians, therapists, psychologists, and many others. Administrators will also find this training helpful.

The curriculum is unique in that it is written from consumer perspectives, and thus helps direct care staff work from a consumer-based philosophy. It can be used in a variety of settings, such as State institutions, hospitals, or outpatient centers, for staff development, training, and in-service education.

This training package provides all the background material, lecture points, and PowerPoint slides necessary for a facilitator to implement the seven training modules that demonstrate how to eliminate the use of seclusion and restraint. All the handouts for the participants are included. This is a valuable resource in places where facilitators cannot obtain needed and up-to-date information. Instructions on how to obtain optional resources, such as videos, are included.

Prior training for facilitators is not necessary; however, facilitators must be familiar with consumer perspectives of the mental health system to be effective in teaching this curriculum. Co-facilitating with a consumer/survivor, family member, or direct care staff helps bring more than one perspective to the training. To get the maximum benefit, it is recommended that at least one facilitator be a mental health consumer.

Training formats that have proven particularly effective include teams of staff and former consumers working together as trainers. This team approach ensures that the perspectives of both parties are reflected. It also provides a model of clear and direct communication between the parties involved. The team approach can be used regardless of setting or population. Teams involving children and youth or individuals with developmental disabilities can be particularly powerful as an illustration of how people with diverse skills and experiences can work together.

Curriculum content is based on the concept that recovery and wellness are essential in providing alternatives to the use of seclusion and restraint. Individuals must be treated with respect. The use of seclusion and restraint strips a person of dignity, privacy, and potentially, safety. When a person is put in restraints, it implies that he or she is less than human. Everyone's human rights are cheapened when the dignity of a vulnerable person in society is ignored. The use of seclusion or restraints does nothing to advance an individual's recovery, resilience, or self-determination, but has the opposite effect.

Several States that have adopted comprehensive approaches to reducing the use of seclusion and restraint have found that staff training is a critical component of their initiatives. Training interventions have reduced the use of seclusion and restraint, helped staff understand the experience from the perspective of the individuals involved, and improved communication and problem-solving skills.

Training that includes a dialogue between staff and consumers about their experiences addresses the impact that seclusion and restraint has on the individuals involved, and is a powerful tool for creating a safe and respectful milieu. Training programs that focus on early identification and intervention in conflict situations are also essential for achieving this result.

Note about terms used: Many terms have been used to refer to individuals who have personal experience with psychiatric disabilities. The words *client, patient,* and *consumer,* are common, as are the words *ex-patient* and *survivor.* Some people use the term *consumer/survivor/ex-patient,* or *c/s/x* for short. The language of *people first* continues to evolve. Not everyone agrees on using the same terms. Thus, the training modules use a variety of these terms throughout. The language you decide to use must denote respect for the individual and his/her firsthand experience.

The training is divided into seven modules plus a resources section:

- Module 1, through the perspectives of mental health consumers and direct care staff at State hospitals, increases the understanding of the participants of the personal experience of seclusion and restraint.
- Module 2 discusses the impact of trauma on consumers and on direct care staff.
- Module 3 explores the change needed to ensure cultural change within an institution. The role that staff play is discussed. Survey results from consumers across the country are reviewed. A model for reform is also reviewed.
- Module 4 explores the concepts of resiliency and recovery from the consumer perspective.
- Module 5 identifies, from the consumer and staff perspectives, strategies that will lead to the reduction and elimination of seclusion and restraint.
- Module 6 discusses sustainable change through both consumer and staff involvement.
- Module 7 presents a review of the first six modules and the development of both personal and workplace action plans to reduce and eliminate the use of seclusion and restraint.
- The Resources section contains Web sites and policy and position statements of various organizations.

The entire training takes approximately 21-24 hours to complete. The facilitators can determine the schedule of the training. It can be done in 3 full days, 6 half days, or in some other arrangement. Each module requires approximately 3 hours, but can be shortened or lengthened to meet the needs of the training group. Modules are freestanding and can be presented individually, although each module builds on the preceding one and the course should be presented in its entirety.

Participants should be provided with ring binders with blank pages for notes and writing assignments. They will be asked to write on Journal topics and Take Action Challenges during the training to integrate their learning with their work and develop action plans. Upper management must be present and supportive when the participants are developing their Workplace Action Plans.

We suggest printing out the required number of copies of the handouts that you choose to use with your class before the training begins. You can also print out the background reading (Background for the Facilitators pages) and lecture notes (Presentation pages) for yourself and any other facilitators. See the table of contents page for the list of handouts. In addition to the pages marked "Handout," you may also wish to print out items from the Resources section and slides from the PowerPoint presentation (these include the learning objectives for each module). To print the Power Point slides in the most readable format, select "Print," "Handouts," and "Pure Black and White." The ring binders should be large enough to accommodate all of these handouts.

The following is a list of materials, other than handouts, that are needed for each training module. Please note that in some cases, the facilitators will need to obtain materials such as videos and permission to use articles in advance.

For all sessions, have the following materials on hand:

- Nametags or name tents
- Chalkboard/chalk/white board/flip chart
- Paper/pens/markers
- Scissors
- Tape
- Overhead projector or LCD projector/screen
- Ring binders with blank pages for participants

Special arrangements are needed for the following:

Module 1

- Arrange for panel of consumers and direct care staff
  - o Microphones for panel participants as needed
  - o Table/chairs for panel participants
  - o Water/glasses for panel participants
  - o Stipends for consumer participants
- Apply for permission to use *Hartford Courant* articles

Module 3
- Obtain Pennsylvania Model video
- TV/VCR
- 3 x 5 index cards

Module 4
- Obtain Pat Deegan video
- TV/VCR

Module 5
- Make designs for communication exercise

Module 6
- Obtain Advance Crisis Planning video from University of Illinois, Chicago
- TV/VCR

Module 7
- Jana Stanfield CD, *If I Were Brave*
- Boom box

ROADMAP TO SECLUSION AND RESTRAINT FREE MENTAL HEALTH SERVICES TRAINING MANUAL

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CONTENTS

Common Reactions to Trauma
Exercise: Common Reactions to Trauma (20 minutes)
Effects of Trauma on the Brain
Differential Response to Threats
Assessment of Trauma
Exercise: Assessment of Trauma (20 minutes)
Retraumatization via Hospitalization
De-Escalation Preferences
Exercise: De-Escalation Preferences (20 minutes)
What Survivors Want in Times of Crisis
Staff Trauma (Secondary Traumatization)
Healing from Trauma
Grounding Techniques
Exercise: Grounding Techniques (10 minutes)
Journal/Take Action Challenge (15 minutes)

Handouts for Participants

Journal Topics and Take Action Challenges for Modules 1 & 2
National Association of State Mental Health Program Directors (NASMHPD) Position Statement on Services and Supports to Trauma Survivors
Excerpts from Kate Reed's Speech
Position Paper on Trauma and Abuse Histories
What Can Happen to Abused Children
Some Common Reactions to Trauma
Trauma Assessment for Department of Mental Health Facilities/ Vendors
Guidelines for De-Escalation Preference Form
De-Escalation Form for Department of Mental Health Facilities/ Vendors
Excerpts from *Dealing With the Effects of Trauma: A Self-Help Guide*
Grounding Techniques
Web Sites Related to Trauma
Resources on Secondary Trauma
References

MODULE 3: Creating Cultural Change

Background for the Facilitators

Presentation

Exercise: "Flowers Are Red" (10 minutes)
Overview
Pennsylvania: A Model for Reform
Video: Leading the Way: Toward a Seclusion and Restraint Free Environment (17.5 minutes)
Cultural Change
Exercise: "My Organizational Culture Currently Is…" (30 minutes)
Exercise: "People With a Mental Health Diagnosis Are…" (15 minutes)
In Our Own Voices
Exercise: What Would Have Been Helpful to Hear (15 minutes)

Handouts for Participants

"Flowers Are Red"
"My Organizational Culture Currently Is…"
NASMHPD Review of Literature Related to Safety and Use of Seclusion and Restraint
What Would Have Been Helpful in Preventing the Use of Seclusion and Restraints for You?
What Would Have Been Helpful for You to Hear?
What Other Options May Have Been Beneficial?
References

MODULE 4: Understanding Resilience and Recovery from the Consumer Perspective

Background for the Facilitators

Presentation

Overview
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Exercise: Someone Who Believed in Them (20 minutes)
Recovery
Exercise: Recovery as a Journey of the Heart (35 minutes)
Exercise: What Are We Recovering From? (15 minutes)
Journal/Take Action Challenge (20 minutes)

Handouts for Participants

Journal Topics and Take Action Challenges for Modules 3 & 4
Someone Who Believed in Them Helped Them to Recover

MODULE 6: Sustaining Change Through Consumer and Staff Involvement

Background for the Facilitators

Presentation

Overview
Leadership
Exercise: National Technical Assistance Center Networks (15 minutes)
Exercise: Direct Care Staff Leadership (15 minutes)
Debriefing
Exercise: Debriefing Role Play (25 minutes)
Advance Crisis Planning
Video: Increasing Self-Determination: Advance Crisis Planning (13 minutes)
Data Collection
External Monitoring
Role of the Champion
Journal/Take Action Challenge (20 minutes)

Handouts for Participants

Journal Topics and Take Action Challenges for Modules 5 & 6
Protection and Advocacy List
National Technical Assistance Center Networks Newsletter
Debriefing Survey for Consumers
References

MODULE 7: Review and Action Plan

Background for the Facilitators

Presentation

Review
Personal Action Plan
Exercise: Personal Action Plan (1 hour)
Workplace Action Plan
Exercise: Workplace Action Plan (1 hour)
Certificates of Completion
Wrap Up and Evaluation

Handouts for Participants

Personal Action Plan
Workplace Action Plan
Certificate of Completion
Evaluation

RESOURCES

Web Sites
Policies and Position Statements

1. American Nurses Association
2. American Psychiatric Nurses Association
3. Federation of Families for Children's Mental Health
4. NAMI
5. National Association of State Mental Health Program Directors
6. National Mental Health Association
7. Pennsylvania: Restraints, Seclusion and Exclusion in State Mental Hospitals and Restoration Center