

Seclusion and Restraint Reduction in Maryland Child and Adolescent Facilities



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Overview of Maryland's initiative

- Began over 15 years ago with PMAB (Prevention and Management of Aggressive Behavior)
- In 2000, directive from MHA (Mental Hygiene Administration) Director, Brian Hepburn, MD to develop a committee to address issues regarding children's mental health within all public facilities: **MYPIC** (Maryland Youth Practice Improvement Committee) formed.
- Represented a collaborative effort with stakeholders, health care delivery agents, faculty from two major universities, and MHA



MYPIC

- **MYPIC developed three levels of intervention for working with children and adolescents:**

Level 1: verbal interventions aimed at maintaining the milieu and maintaining autonomy

Level 2: reduce target symptoms and continue to maintain milieu and autonomy with possible use of medications

Level 3: maintain safety and a possible use of seclusion and/or restraint only with imminent danger to self and/or others



MYPIC's Manual

- MYPIC's Levels developed into a manual * (**S.T.A.R.T.**) to be used at all child and adolescent facilities.
- Focus of the START manual is to form a partnership with youth and family in addressing aggression and maintaining autonomy.
- *START: A Systematic Training Approach for Refining Treatment
- ** (prior to the SAMHSA Roadmap to Seclusion and Restraint Free Mental Health Services being published).



Maryland's efforts

- Applied for SAMHSA grant: awarded Fall 2004
- Grant would be collaborative efforts supported by MHA and MYPIC
- Overseers would include MYPIC, Steering Committee, an Advisory Board and MHA
- NETI training November 2005 for all public MHA facilities
- *Focus and support initially to the child and adolescent facilities by the Project Coordinator (PC)



Maryland's efforts (continued)

- PC provides consultation and education to any facility if requested to address issues related to alternatives for the need to seclude or restrain.
- * The child and adolescent facilities supported by the grant are two hospital based inpatient units and three residential treatment facilities, or RICAs (Regional Institute for Children and Adolescents).

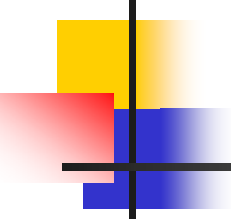


Prevention and education

Focus of grant efforts: prevention and education at all levels

Educational programs:

- Monthly teleconferences: part of the grant to have educational programs and case presentations by each child and adolescent facility. Workshops have included trauma informed care, conduct disorder and the used of DBT, side effects of medications, sexual abuse and weight gain with medications.



Prevention and education (continued)

- PMAB training: emphasizes the prevention aspect of training and has included the video “Behind Closed Doors” in its annual training of trainers.

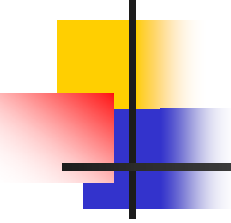


Prevention and education

Part of prevention and education was the initiation of START training with all child and adolescent facilities.

START emphasizes facilities need to be a “safe haven” for all.

- focus is on prevention, early intervention, understanding youth, their needs and partnering with youth and family.
- Recognition of triggers



Prevention and education (continued)

- Early warning signs
- Best interventions identified by youth and family
- July 2006: Training of the Trainers at each Child and Adolescent facility on START



Progress made by child and adolescent facilities

- Each child and adolescent facility has worked on NASHMPD's Six Core Strategies and have progressed at various levels.
- *The next 20 slides reflect their work:*

Six Core Strategies I: Leadership



- Regular executive management meetings address issues related to the use and prevention of S/R. Some of the facilities have direct care staff and/or consumers as part of the S/R reduction committee.
- One facility has established a goal to be the first S/R free facility in Maryland.
- CEOs and facility administrators have reviewed and revised policies and procedures related to reduction and or elimination of S/R.



Six Core Strategies I: Leadership (continued)

- Facilities have addressed their mission statements and overall philosophy related to the creation of a safe environment for everyone.
- Many of the facilities have administrators involve in witnessing and all are in the process of addressing this issue.



Six Core Strategies I: Leadership (continued)

- One facility has created a new de-escalation policy and procedure which incorporates input from youth and families.
- One facility has initiated changing school policies and residential regulations to have youth work out problems in the school during class time.
- One facility is working on revising problem solving skills for preventive measures in order to reduce operating at a crisis level.



Six Core Strategies I: Leadership (continued)

- While one CEO has breakfast with the youth, another CEO meets with the residential students first thing in the morning during their breakfast as well. This enables the youth an opportunity to meet with the CEO and receive support in an informal manner.
- Facilities have modified their seclusion and restraint prevention plans to determine at risk behaviors upon admission and identify preventive strategies.



Six Core Strategies I: Leadership (continued)

- Administrators have given support for training and the START program has begun.
- Several of the facilities are moving away from punitive 'levels' to skill sets or points which helps the youth focus on achievable goals. This is being developed with input from youth and staff.

Six Core Strategies II:

Use of Data



- Data is being collected and used as an ongoing process to examine the reduction of S/R.
- Data is compared to a particular point in time and addresses measures such as time, shift day, unit specific, medications, etc. Several facilities are reviewing the need to look at additional criteria which may include gender and race.
- Facilities are sharing data with staff to examine what works and what doesn't work.



Six Core Strategies II: Use of Data (continued)

- The Residential Treatment Centers (both private and public) in MD are sharing de-identified data in order to compare information.
- Some facilities post data for staff on the units while others share data in weekly or monthly team meetings.



Six Core Strategies III: Workforce Development

- The state of Maryland continues to require mandatory training in PMAB (the Prevention and Management of Aggressive Behavior), with the emphasis on prevention.
- Facilities offer educational programs in which staff have an opportunity to learn about recovery, trauma informed care, anti-stigma, working with difficult adolescents and related diagnoses, aggression, coercion free environment, resiliency, life space training, DBT, and many others.



Six Core Strategies III: Workforce Development (continued)

- Most of the facilities have identified other components which need to be addressed such as improving communication skills, respect, and avoiding power struggles.
- One facility set up an annual training to include consumer's perceptions on S/R.



Six Core Strategies III: Workforce Development (continued)

- Several facilities are giving recognition to staff who are involved in “near miss” situations in which a crisis was avoided.
- Staff are given “certificates of appreciation” which are put into their personnel file.
- Several facilities are giving recognition to units who have reduced S/R (including having a pizza party, a pancake breakfast, special lunches, dinners).



Six Core Strategies IV: S/R

Reduction Tools

- Facilities are reviewing their intake forms and assessments to determine risk factors. Most have modified their intake forms to reflect input from youth and families.
- START training for the C and A facilities has included an intake form which screens the youth for aggression, listed as triggers, warning signs and interventions.
- Some facilities are examining other tools which can be helpful in identifying aggression and or violence.



Six Core Strategies IV: S/R Reduction Tools (continued)

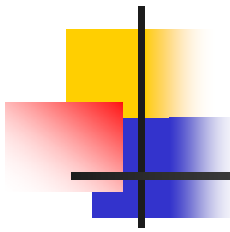
- Facilities are screening for trauma and assuming all children and adolescents being admitted have been traumatized.
- The facilities are examining the environment to address how the unit (s) can be safer.
- Several of the facilities are addressing the use of a trauma history screening tool, but most are revising their intake forms to include asking about trauma.



Six Core Strategies IV: S/R Reduction Tools (continued)

- The START training provides all facilities with a tool for looking at triggers, early warning signs and interventions which is done on admission and includes input form consumer and parents.
- *Another tool is the use of the “calming”, “chill out”/comfort rooms. This is addressed in “changing the environment.”

Six Core Strategies V: Consumer Roles

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- Some of the facilities have worked to modify their initial intake process based on input from youth.
 - One of the RICAs has employed a former student to work in residence.
 - Current and former parents are involved with a RICA Association Board.



Six Core Strategies V: Consumer Roles (continued)

- Former parents are involved with a Citizen Advisory Board.
- Most of the facilities have students offer input into programs and activities.
- At one of the RICAs, special dinners/activities are rewarded to cottages which have been restraint free.
- Consumers and families attend a family fun night.



Six Core Strategies V: Consumer Roles (continued)

- Families are invited and encouraged to attend and be an integral part of the ITP meetings with their youngster.
- Families are provided with cab or bus tokens if needed to attend meetings/functions at the facility.
- Each cottage in the RICA facilities has student officers who conduct student government meetings.



Six Core Strategies V: Consumer Roles (continued)

- One facility is evaluating the need for babysitting services for family and student meetings.
- One of the RICAs has a peer mediation system.
- One of the RICAs developed “relaxation rooms” based on input from consumers.



Six Core Strategies V: Consumer Roles (continued)

- One RICA has reunions with former students, and elicit feedback on their experiences.
- At several facilities consumers are able to provide feedback at meetings with the CEO.



Six Core Strategies VI: Debriefing

- All facilities have debriefing with consumers and usually have two or more debriefing sessions.
- Debriefing for the facilities includes a formal written report.
- One facility has instituted a policy in which the psychiatrist directs the debriefing.
- Some of the facilities are requiring staff to address what they could have done differently.



Six Core Strategies VI: Debriefing

- Some of the facilities are addressing the need to develop a forum to debrief the other consumers who witnessed.
- One facility uses the information from the 'post conference' in planning future education training for staff.



Changing the Environment

- One of the hospitals conducted a study on usage of their new comfort room on an adult unit, which was found to be very effective. This “pilot” then has been expanded to two comfort rooms for the child and adolescent unit.
- One of the hospitals has a sensory/comfort room which uses music, comfortable furniture, a “water fall”, visual relaxation images and aroma therapy. Staff encourage youth to use this room as needed.



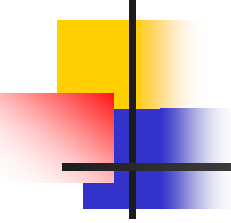
Changing the Environment (continued)

- One of the RICAs has a “chill out” room for youth in the cottages.
- One of the RICAs has “relaxation rooms” for youth in the residences.
- One of the RICAs has as it’s mission that the entire cottage be considered a safe haven and every room seen as providing comfort.



Changing the Environment

- *Supportive environment*
 - In one facility, two relaxation rooms were created based on input from youth. One room was designed by the girls and the other for the boys.
 - In another facility, a stark white unit was painted and decorated with youth's input. The unit became "kid friendly" because of the redecorating. A seclusion room was altered to become a "calming room" and a closet was emptied to be another comfort room.



Changing the Environment (continued)

- One of the RICAs found a small room (“fun room”) for the youth to use while in school. Supportive items are in a tool chest and easily accessible for youth to use when they want to do so.



Supportive environment

- One facility provides youth with a welcome bag, complete with a blanket, stuffed animal, and supplies.
- One facility recently had youth redecorate the gym to include art work and sayings which were meaningful to the individual youth.
- Supportive bags: One hospital gives each youth a “tool kit” canvas bag on admission to have when they feel upset. Youth can decorate the bags and add items which help them feel secure.



Culture Change

Facilities are working to expand awareness of the individual and in providing care which meets their specific needs.

Facilities are recognizing the need for personal safety plans for the individual.

Facilities are working to increase sensitivity to the person's cultural references.



Culture Change (continued)

Facilities are improving their communication skills and staff are changing attitudes.

Facilities are asking for more education and are working on trauma informed care and anti-stigma.

There is an increase in flexibility of regulations and offering choices



Additional support

- Youth MOVE: In conjunction with MHA, a program was recently started at the University of Maryland which is designed to enhance youth consumer involvement. This will provide assistance to the RICAs and hospital unit to help youth advocate on mental health policies and practice issues.



Additional support

Increase in workshops for child and adolescent facilities:

Trauma informed care

Violent behaviors in youth

Gang awareness

Difficult adolescent

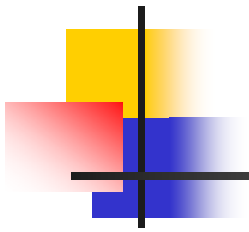
Increase use of video "Behind Closed Doors"

Working with private Therapeutic Group Homes



Additional information

- Expansion into the Children's Mental Health Institute: Focus is on Evidence-Based Practice
- JHU: Qualitative and quantitative studies being developed with data collected at two of the RICAs
- Use of timelines by facilities help to document progress in S/R reduction
- START revision: for Adult facilities



“Do not follow where the path may lead, go instead where there is not path and leave a trail.”

Ralph Waldo Emerson