

Preventing Violence, Trauma, and the Use of Seclusion and Restraint in Mental Health Settings

Workforce Development: Elevating the Importance of Seclusion and Restraint A Core Strategy ©

A Primary Prevention Tool
(Module created by Huckshorn)



Objectives

- Understand the importance of elevating the visibility of the use of seclusion and restraint at all levels in the organization
- Describe the use of witnessing as an important and effective intervention in the *prevention and reduction* of seclusion and restraint
- Identify specific changes in the roles and responsibilities of staff at all levels in the organization
- Understand how to use human resources and staff development to develop the workforce

The Importance of Workforce Development: 3rd Core Strategy

- ❖ We realized early on that organizations needed to “change” the way S/R is viewed for CHANGE to occur and this occurs thru workforce development
- ❖ Workforce Development includes the following activities
 - Witnessing: Executive/Staff Oversight of Events
 - Human Resource Activities
 - Training Guidelines

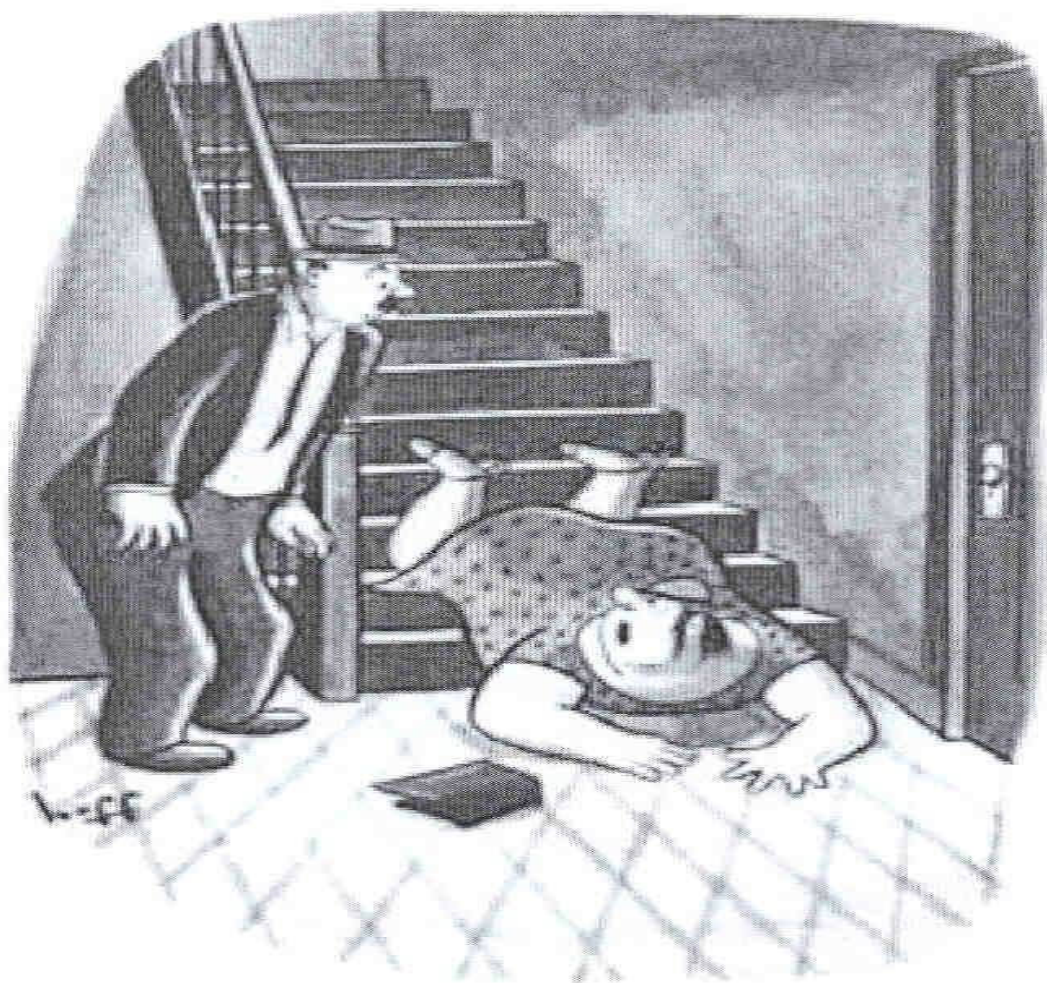
A. Witnessing aka... Executive/Staff Oversight

- “Witnessing” refers to significant organizational changes in the level and importance of:
 - oversight
 - accountability
 - timely communication
- a commitment to follow-through that will surround every seclusion and restraint event

(Huckshorn, 2001)

Goal of Witnessing

- To prevent and reduce the use of S/R by:
watching and elevating the visibility of every event, 24-hours a day / 7-days per week



“Don’t just stand there—get witnesses!”

Witnessing Example

- Organizational leadership ensures effective oversight and accountability by assigning specific duties and responsibilities to multiple levels of staff for every event such as:
 - On-Call Executive Role
 - On-Site Supervisor Role
 - Direct Care Staff (workforce development)

Example: On-Call Executive Role

- Specifically “On-Call Executive” role is:
 - 24hr/7day On-Call supervision by a member of executive team in an organization (includes CEO, COO, CNO, MD, CD)

Example: On-Call Executive Role

- “On-Call Executive” responsibilities include:
 - Responding to supervisor who is on-site when called (telephoned)
 - Asking “what happened” in detail
 - Using probing questions, ask “why?” the event occurred for example...

Example: On-Call Executive Role

- Asking which staff were involved, by name and title
- Asking about use of least restrictive measures or safety plans and what followed
- Asking about person's past history of violence and history of trauma

Example: On-Call Executive Role

- Asking about what the individual is doing now
- Asking to talk to someone who was directly involved, such as charge RN or lead staff on unit
- If initiated by a “power struggle” ask why person could not “win”
 - ✓ In other words: Discover “point of conflict” and what would have happened if...

Example: On-Call Executive Role

- Does not need to be a clinical person
- Does need to be someone who:
 - Can ask and get answers to questions due to formal power
 - Understands staff roles
 - Understands the “assumptions” re use
 - Is a “champion” for reduction

Example of Witnessing

Initial statement by staff (and what was documented on the report form):

“Terry was put in restraints because he hit two staff members.”

(Name changed for confidentiality purposes)

Example

Terry, a 22 year old, demonstrated hypomania and some cognitive and behavioral disorganization on admission. He had a diagnosis of bi-polar disorder and a history of abuse by father and foster care parent and use of street drugs. As with all new admits he was expected to participate in a community group activity on Day 2 of his admission.

Example

5 minutes after group started, Terry got up and started to walk out. One male staff stood and told him to sit down. Terry said, “I want to go to my room.” Staff said, “You can’t, you have to be here.” Terry said, “No I don’t, F-U [*expletive*].”

Example

Another male staff member came over and told Terry to sit down, then started to walk him into a corner. One staff member tried to take his arm. Terry kicked him and hit another staff person. Terry was “taken down” and put in restraints.

Example (Analysis)

- On-Call Executive finds that Terry was put in restraints because:
 - The organization had not used the information gathered in the risk assessment or trauma assessment regarding Terry's history with authoritative males
 - └ There was no safety plan done

Example (Analysis)

- Facility staff did not understand the meaning of the directive: “All least restrictive mechanisms need to be used before S/R” and staff had not been empowered to “change” unit rules in the moment
- Lacking was senior on-unit clinical supervision available that would have noted Terry’s probable inability to participate in a group

Example (Changes Made)

- Risk assessment information regarding past history of violence and antecedents were put into the treatment plan and the Kardex
- Policies were revised & facility staff educated that they could “change the rules,” unless it caused imminent danger, to avoid the use of S/R. Staff also learned to stop characterizing people as “non-compliant”

Example (Changes Made)

- Facility staff learned that, short of safety issues, “anything” could be done or changed to avoid the use of S/R including letting a resident “win” an argument
- Emerging repetitive behavioral issues would be forwarded to the treatment team the next day to handle
- On-site senior clinical staff agreed to respond immediately in any potential conflict situations (e.g. after hour nursing supervisors)

Example (Changes Made)

- Education on the effects of trauma and strategies for handling conflict also occurred (2002)
- All of the above changes informed changes in the S/R policy and procedure (in draft for 2 years)
- Job descriptions and competencies were revised to include de-escalation, negotiation, and problem solving with residents

On-Call Executive Responsibilities

- The On-Call duty is time-intensive and can be assigned to a rotating call list
- One of the Executive Staff needs to be overall lead on this new responsibility and given the time to perform these duties/follow-up on all levels

On-Call Executive Responsibilities

- ✦ Unless grievous misconduct occurs, the information gathered by the On-Call Executive needs to result in policy change, not disciplinary action
- ✦ However, emerging patterns of behavior on the part of individual staff or high rates of involvement in incidents need to be addressed

On-Call Executive Responsibilities

- Just as important, staff are rewarded for improvement and positive outcomes, successful near misses
- S/R becomes a standing agenda item in all unit and facility meetings (data reports, policy and procedure changes, staff recognition, etc.)
- All of these actions will only occur if executive staff assure for them

On-Site Supervisor Responsibilities (days, off shifts, weekends, holidays)

- ✦ S/R event requires 24-hour on-site supervision by trained, qualified and “on-board” supervisors or senior staff
- ✦ These folks respond to S/R event like a cardiac arrest

On-Site Supervisor Responsibilities

- these staff usually work shifts
- are the “eyes and ears” of administration on the evening, night and weekend shifts respond to all events and near misses, and
- assist/observe what occurs (to help avoid use or mitigate effects)

On-Site Supervisor Responsibilities

- Specific responsibilities for “on-site supervisors” are:
 - Lead “acute” post event analysis (Debriefing)
 - Gather event information in real time
 - Document an event occurrence timeline
 - Interview the lead on unit staff person and other involved staff
 - Interview the adult or youth (and/or coordinate interview by consumer advocate or family/youth advocate)

On-Site Supervisor (RN) Responsibilities

- Review the documentation
- Review the Kardex / treatment plan and note inclusion of de-escalation preferences, safety plans, risk factors, past violence, etc.
- Be alert for post event sequelae (e.g., feelings of anger, shame, fear, etc.)

On-Site Supervisor (RN) Responsibilities

- Report to on-call executive
- Report to next shift on-site supervisor
- Send event report to hospital administrators next day

B. Human Resources Activities

- Integrate S/R prevention/reduction in HR Activities
 - New hire procedures
 - Job descriptions
 - Competencies
 - Supervision
 - Performance evaluations
 - New employee orientation

New Hire Interview

- New hire interview
 - Include discussion of organization's philosophy of S/R reduction, recovery/resiliency values, and staff roles in this process
 - Need to query applicant regarding past training, beliefs, and attitude about S/R
 - ┌ Usually know pretty quickly if there is a good "fit" here

Job Descriptions

- Job Descriptions

- Insert expected knowledge and skills regarding S/R reduction in job descriptions
- Keep it simple, few statements that cover clinical skills and attitude
- Create objective competencies to measure

Job Descriptions

- Job Descriptions

- Insert in all job descriptions a sentence or two on S/R reduction (knowledge, skills and abilities)

- **For Example:**

The RN is responsible for understanding and demonstrating the theory and skills required to reduce S/R and other restrictive measures

Job Descriptions (continued)

- The *RN* is responsible to be informed and skilled in the safe use of S/R including knowledge of physical/emotional risk factors
- *Mental Health Technicians* are responsible for understanding and using the least restrictive interventions per hospital policy and to successfully avoid the use of seclusion and restraint, whenever possible.

Competencies

- Insert competencies for all licensed staff (and direct care paraprofessionals) on annual training and demonstration of core competencies
 - Therapeutic communication/negotiation skills
 - De-escalation training
 - Trauma informed interventions
 - Specific S/R procedures including application and monitoring

Competencies

■ Technical/clinical competence

- Stating that “The use of S/R demonstrates treatment failure”
- The development and use of safety plans
- Demonstrate crisis communication skills
- Use trauma assessment info
- Knowledge and use of risk factor assessment
- Creative use of less restrictive alternatives

Competencies

■ Attitude Competence

- The staff member consistently demonstrates an attitude of respect and empowerment to C/S/X and other staff by:
 - Using person-first language
 - Understanding “choice” as evidenced in negotiation skills
 - Minimizing the display of keys and other signs of “control”

SUPERVISION

- Strength-based
- Proactive – observations and meetings
- Informal and Formal
- Group and Individual
- Supervisor evaluated on successful outcomes (e.g., staff demonstrate competencies; consumers/youth and staff satisfaction)

“....sometimes you have to help them [staff] find their gifts and graces in other places....”

- Keith Bailey

Performance Evaluations

- Performance Evaluations
 - Measure performance on both skills and attitudes in annual evaluations
 - Reward best practice by noting exemplary work
 - Take corrective action - usually training or mentoring
 - Identify champions (highly skilled staff) and ask them to help with peers

New Employee Orientation

- New Employee Orientation
 - Use 30 minutes to overview S/R project
 - Include Organizational Policy Statement that includes vision, values, rationale for reduction
 - Include Data (where we've been, current status, and goals)
 - ┆ Discuss what has worked and lessons learned

C. Staff Education and Training

- Staff will require education on key concepts:
 - Public Health Prevention Approach
 - Common Assumptions about S/R
 - Experiences of Staff and adults/kids with S/R
 - The Neurobiological/Psych Effects of Trauma
 - Roles of Consumers, Families and Advocates
 - ┆ Negotiation and problem solving

Staff Education and Training

- Creating Trauma Informed Systems and Services
- Principles of Recovery/Building Resiliency
- Matching Interventions with Behaviors
- Use of S/R Reduction Tools (violence, death/injury, de-escalation, safety plans, environmental changes)
- Roles in rigorous Debriefing

(30-40 minute sessions with handouts; can also do by self study and post tests)

Staff Education and Training

- Mental health leaders need to be aware of the current research on workforce practices
- Multiple studies have indicated that staff responses to service users are implicated in aggression, violence and the use of S/R

C.1 S/R Application Training

- S/R Application Training is important!
 - Necessary to prevent injury or deaths
 - Holds an important place while we learn to reduce
 - Organizational policies and procedures must include questions on admission on risk factors for aggression and injury

Application Training Guidelines

Purpose

- To provide guidelines to facility staff to use in choosing S/R reduction application training vendors.

Note: S/R application policy and procedures is of high priority and necessary to assure safer use. Attention must be paid to this issue while we are working on Prevention Strategies

Application Training Guidelines

- All facilities must require formal training to meet goal of R/S reduction/elimination
- Training typically includes de-escalation skill development and the safe and humane application of and monitoring of R/S
- Written and demonstrated competencies must accompany training
- Leadership needs to be trained so they know what information their staff are receiving.

(Smith et al, 2002)

Workforce Development In Summary

Workforce Development is a Core Strategy
designed to:

A. *Elevate the Oversight* of events in real time to:

- Provide you, your own report card
- Gather “people specific” information
- ▮ Improve communication and analysis
- ▮ Assure that learning transfers quickly to policy/practice change

Workforce Development In Summary

- B. Include HR in key roles to develop your workforce by assuring staff receive adequate orientation, education, training, supervision, feedback and recognition whenever possible
- C. Provide training on new knowledge, skills and attitudes toward creating a recovery-oriented system of care.