

# Creating Violence Free and Coercion Free Mental Health Treatment Environments for the Reduction of Seclusion and Restraint

## *Real Reduction Experiences: What Worked?*

### Massachusetts Statewide Seclusion / Restraint Prevention Initiative

Janice LeBel, Ph.D. & Nan Stromberg, MSN, APRN, BC  
Department of Mental Health



# MA Mental Health System



- State population: 6.4 million
- DMH Operating budget: \$642 million
  - Child & adolescent services
    - (11% / \$72.4 million)
- Public & private inpatient capacity:
  - Private: 60 Hospitals LOS = 8-14 days
  - Public: 11 State Hospitals LOS = 180 days
  - Adults 3,000 beds
  - Children & adolescents 550 beds

# MA Department of Mental Health

- **State Mental Health Authority**

- Licensing oversight of acute care system
- Contract monitoring of continuing care/state system

- **Emphasis of SMHA**

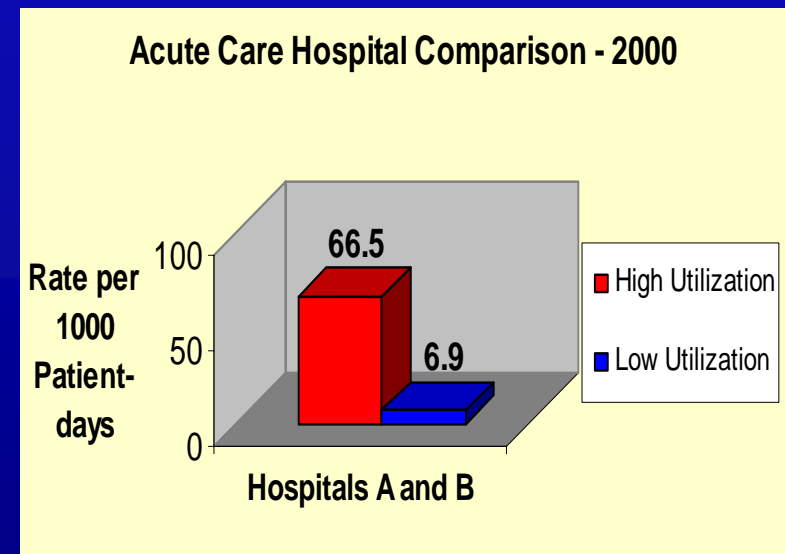
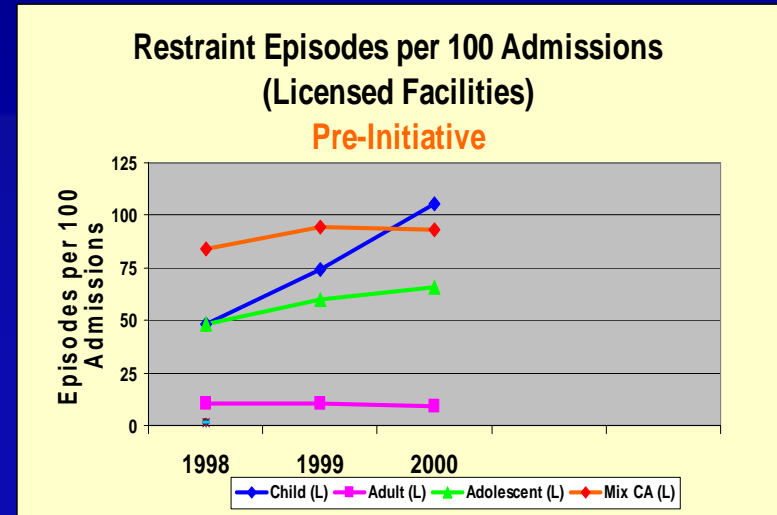
- Raising the standard with S/R prevention and low/no utilization
- Promoting change

- **Statewide Restraint Reduction Initiative**

- 2001 began with child/adolescent inpatient units (550 beds)
- 2002 involved acute inpatient units (2,000 beds)
- 2004 SIG Grant connected effort to include adult state hospitals (1,000 beds) and further supported above statewide service sectors

# Why Focus on Seclusion & Restraint?

- Restraint use with kids increasing each year
- Population discrepancies (4 -17x)
- Systemic discrepancies



# Trauma: Pervasive & Pernicious

- ***“It’s the kids ...”***
- Extent of trauma under-recognized (87%+)
- Out-of-control behavior reflected prior experience
- Capacity to self-control & self-soothe severely disrupted
- ***“Restraint recipe”*** evident

# Changing Paradigm & Culture: *Sorting Myth from Reality*

## Does *not* require

- More money
- More staff or new staff
- Micro-management & didactic training of staff
- State of art environment
- Control / limit setting
- Strict data collection

## *Does* require

- Using resources flexibly
- Core staff, open to change
- Pragmatic teaching, mentoring & supervision
- Flexible use of environment
- Collaboration / negotiation
- Active use of data

# Leadership:

## *Commitment, Direction & Courage*

- 2000 Commissioner's Directive  
S/R Reduction becomes a top priority
- 2001 Initiative Kicked - Off
- 2004 Philosophy Statement issued
- 2005 New draft S/R Regulations released  
Resistance addressed
- 2006 New S/R Regulations promulgated
- 2007 New S/R Policy issued: calls for S/R  
elimination

# Multi-Year Strategic Planning

## The Goal

Change culture, practice & “root” the Initiative

## Fundamental Plan

- Build a *S/R Reduction Team*
- Strategic Planning: DMH & Providers
- Partnership with Consumers & Families
- Kick-Off / Grand Rounds / Annual Forums
- Technical Assistance
- Elevate practice standards (regulations / guidelines)

*(LeBel et al, 2004)*

# Broadening the Perspective: *Changing the Clinical Lens*

- Public Health / Prevention Approach
- Planning
  - Individual Crisis Planning
  - Organizational Strategic Planning
- Understanding Trauma
- Empathy & Trauma-Sensitive Practice
- Child, Adolescent & Family Perspective
- All things Sensory

*(LeBel et al, 2004)*

# Coming to our Senses

- Sensory Intervention: A universal experience
- Sensory Assessment: ***What's your diet?***
  - *Sensory-seeking? Sensory-avoiding?*
- Broad Application
  - Crisis planning, early intervention, treatment, skill development, post-discharge support
- Touch: Renewed consideration
  - Efficacy established by literature
  - Touch Assessments implemented
  - Massage & proprioception: weighted items, pressure

(Champagne & Stromberg, 2004)

# C/A Providers Model Success

- **Metro West** - 98%  
**Holistic Approach**
- **Cambridge Hospital** - 100%  
**Collaborative Problem-Solving Model**
- **Westwood Lodge SCU** - 86%  
**Resiliency Model**
- **UMass Adol Units** - 82%  
**NTAC 6 Core Strategies**
- **Boston University IRTP** - 100%  
**Trauma Systems Model**



# Adult Providers *Model* Success

- *Anna Jaques Hospital* - 50%
- *Westwood Lodge* - 53%
- *Lowell Treatment Center* - 89%
- *U. MA Adult Acute Unit* - 50%
- *U. MA Psych. Tx. Center* - 70%

**Implementation of: Prevention Regulations,  
Six Core Strategies & Sensory Approaches**

# Important Culture Changes

- **Training:** complete redesign of statewide training program. Shift from application and self-defense to:
  - Compassionate Alternatives and techniques
  - Trauma Informed Care
  - Communication Skill Development
- **Developing Consumer Liaison Positions**
  - Debriefers post S/R with peer
  - Provides Consumer Perspective Training to staff
  - *“Patient Improvement Committees”*
- **Implementing new S/R Regulations and Prevention Policies**

# What Have we Learned?

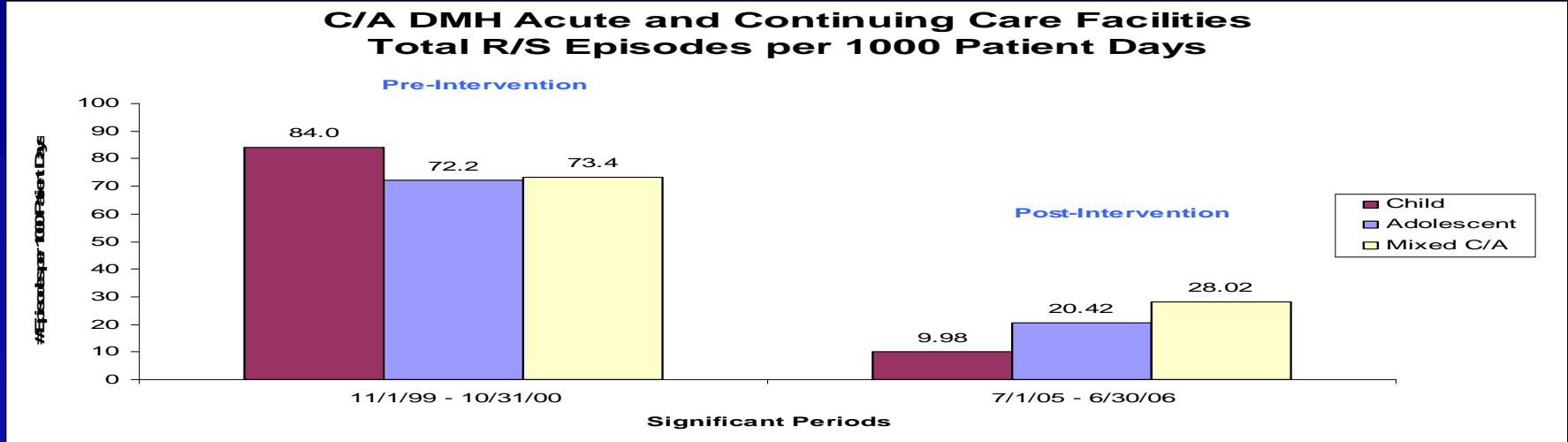
- **S/R Reduction benefits persons served**
  - Decreased injuries, length of stay, readmissions
  - Significantly increased functioning at D/C
- **S/R Reduction benefits staff & facilities**
  - Decreased injuries, sick time, replacement staff,
  - Decrease staff turnover, hiring costs, worker's compensation (medical claims & compensation)
  - Increase in \$ savings, redeployed staff time

Post S/R Prevention  
Initiative Implementation,

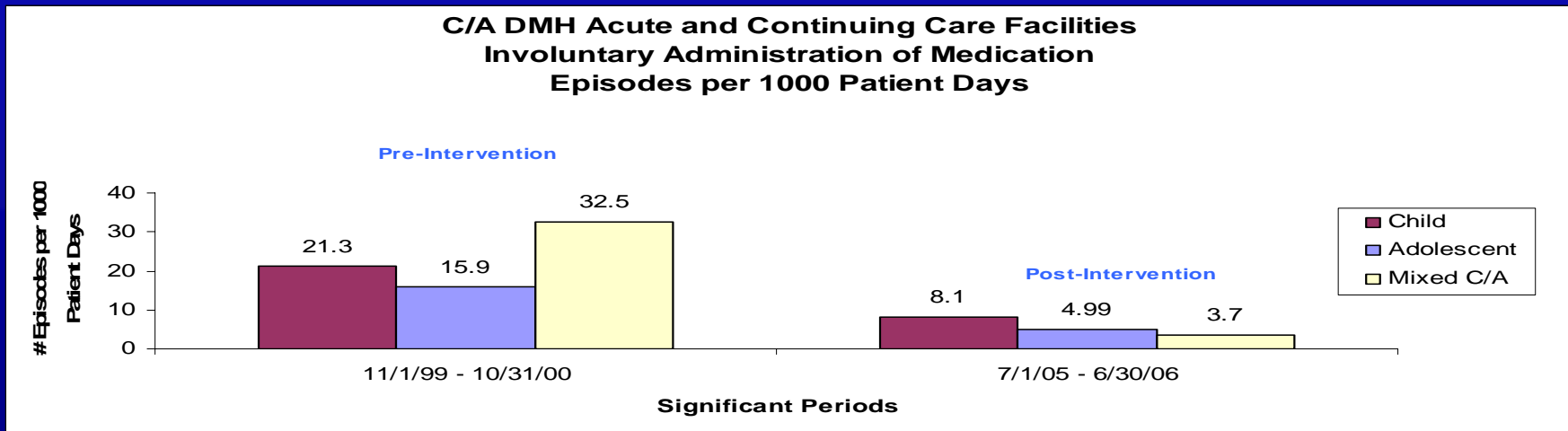
*Where is MA Headed?*

# C/A S/R Episodes Reduced

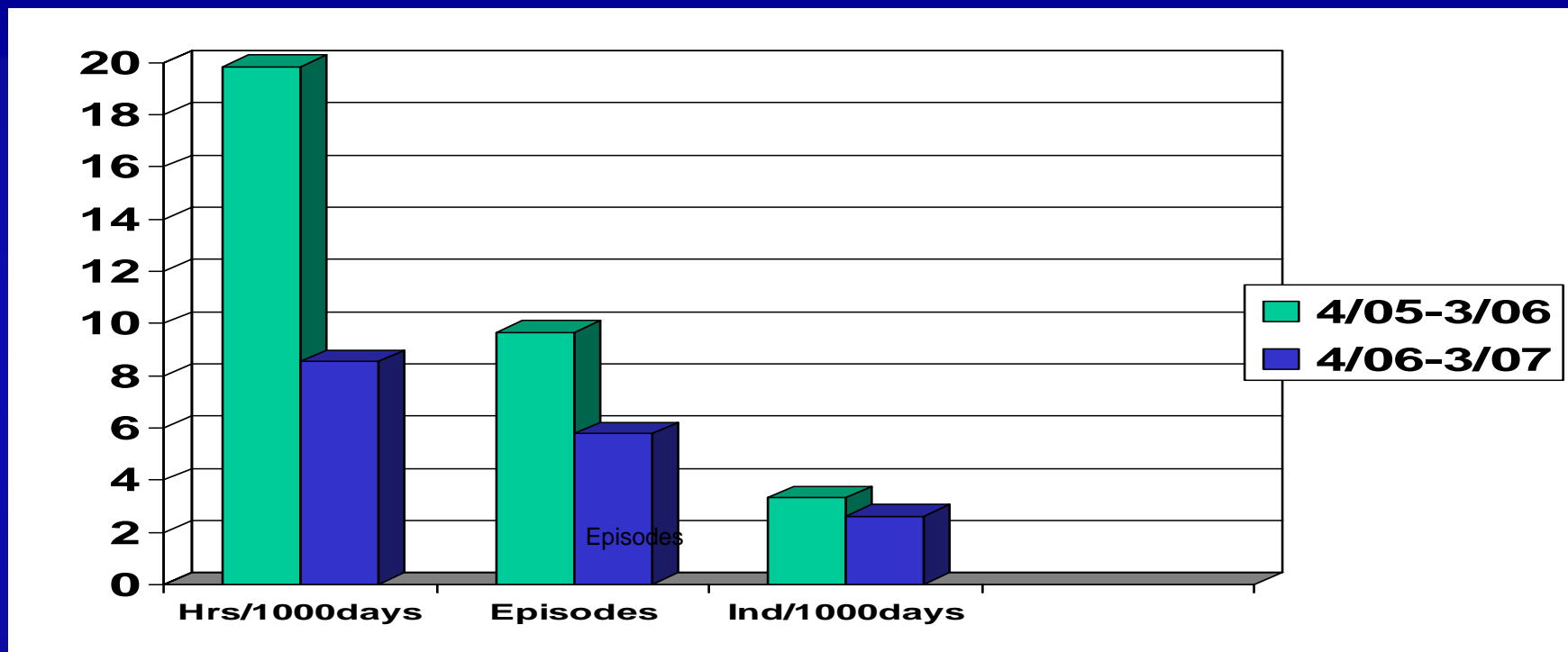
- 85%



# C/A Medication Restraint Reduced - 88%

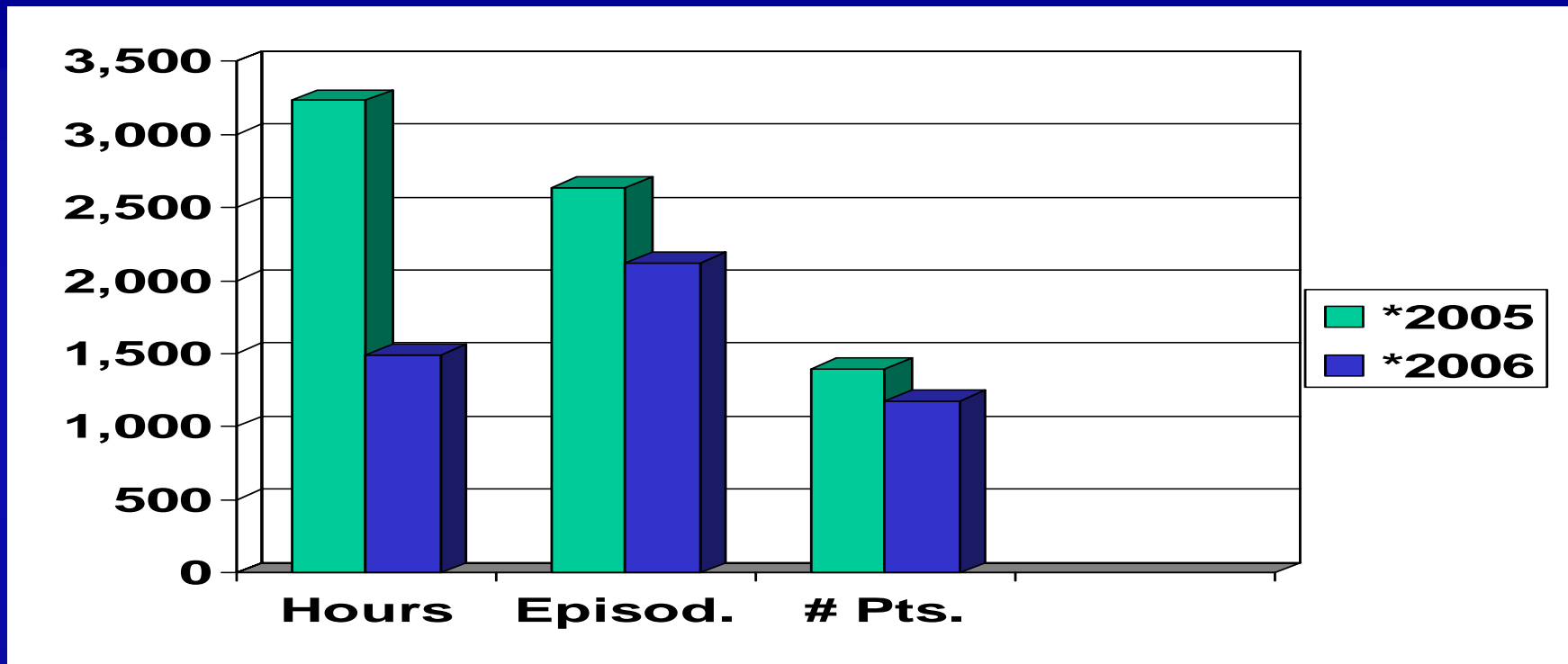


# Statewide Data Results: Adult State Hospitals



- Total Hours -57%
- Total S/R Episodes -40%
- # Individuals -32%

# Statewide Data Results: Adult Acute Care Hospitals



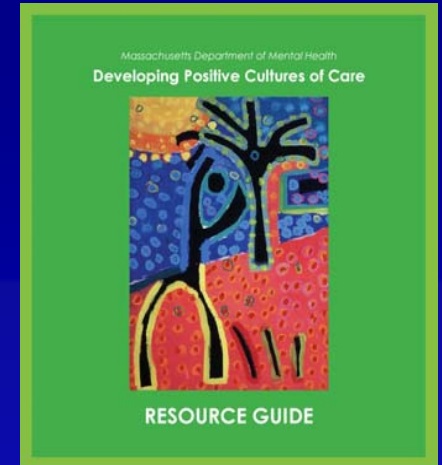
- Total Hours -54%
- Total S/R Episodes -20%
- # Individuals -16%

\*4-05 -9-05  
\*4-06 -9-06

Raw Data

# MA Current Directions

- Resource Guide - 2007
- New S/R Policy - 2007
- TIC & S/R Reduction in contract language & performance indicators
- Hiring Peer Specialists; Youth Peer Mentors; Resident Support Teams, etc.
- Leading State Task Force in TIC Practice Guidelines for MA Emergency Departments
- Linking C/A & Adult efforts & connecting with community care



***“Good ideas are not adopted automatically. They must be driven into practice with courageous patience.”***

*Hyman G. Rickover*