

THERAPEUTIC OPTIONS DRAMATICALLY REDUCE RESTRAINT AND SECLUSION

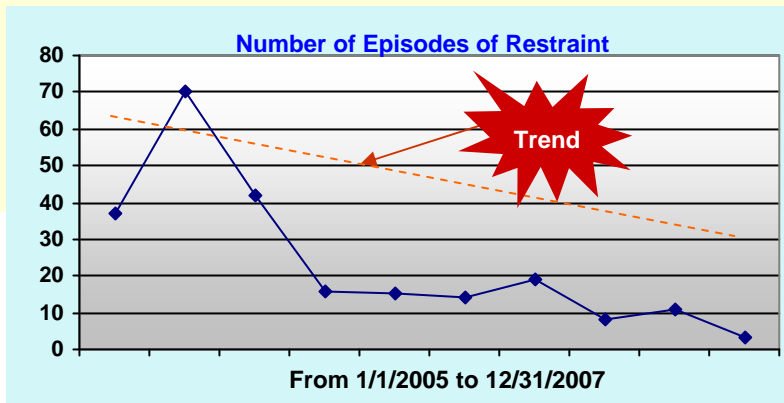
“Restraint or seclusion represents a treatment failure.”

Dr. Stephen Atkins
SWCMHS Medical Director

In 2005, DMHAS Southwest Connecticut Mental Health System (SWCMHS) became aware that its inpatient units were using restraint and seclusion (R/S) at an elevated rate and that staff injuries had increased during these episodes. “Restraint” is defined as the use of any measure or device that restricts or prevents the voluntary movement of any portion of a patient’s body or that restricts a patient’s access to his/her own body. SWCMHS strongly believed that use of R/S represents a traumatic experience for the patient and also for the staff, and that these procedures should only be used as an absolute last resort. SWCMHS decided to take action to reduce R/S.

What did SWCMHS do to reduce the use of restraint and seclusion?

- ➔ **They made it a big deal!** Executive leadership let everyone know that reducing restraint and seclusion was an **organizational priority**. They talked it up.
- ➔ **They paid attention and learned why restraint and seclusion episodes occur.**
 - Debriefing sessions after each episode included a manager/executive staff person.
 - Events prior to episodes were analyzed to identify underlying causes.
 - Actual *and* averted restraint and seclusion episodes discussed in debriefing sessions to highlight positive activities.
- ➔ **They established a positive/welcoming/therapeutic environment.**
 - More on and off-unit therapeutic activities based on consumer feedback
 - Examined necessity for long-standing unit rules and made changes
- ➔ **They introduced environmental changes.**
 - Comfort room—soothing environment to help in calming people
 - Sensory carts—contains items that stimulate all the senses (sight, smell, taste, hearing, touch) to provide a calming effect
 - Decor (neutral colors), soothing music
 - New common-area furniture
- ➔ **They provided specific staff training**
 - Assessment of risk factors as early as possible
 - Therapeutic/respectful communication
 - Sensory modulation—helping to calm people
 - Control to collaboration—relaxing rigid rules to control people and collaborate instead.



Great Results!

Over the past three years SWCMHS has radically reduced the number of episodes of both restraint and seclusion. During the first year that we examined the data there were 165 episodes of restraint. In contrast, during the past year there were 26, a reduction of 84%. Similarly during the same period, seclusion use was reduced from 41 episodes to 8, a reduction of 80%.