

Creating Violence Free and Coercion Free Service  
Environments for the Reduction of Seclusion and  
Restraint

## Leadership Toward Organizational Change A Core Strategy ©



A Primary Prevention tool  
Module created by Huckshorn, 2004



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## Outline

- The Fundamental Role of Leadership
- Leadership Principles
  - Vision
  - Values
  - Human Technology
  - Data
  - Staff Performance
  - Plan Development

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## Successfully Reducing S/R Use

- Changes the way we do business
- Changes the way we view our customers
- Changes the way we see our own roles
- Requires and results in a culture change that occurs over time
- **Requires effective, committed leadership...**

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## How Does this Practice Change Occur?

- Leadership – “Carrying the mantle”
- Leadership – Planning the strategy
- Leadership – Taking action
- Leadership – Following through
- Leadership – Mentoring and developing new leaders

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## The Role of Leadership

- The **most important** component in successful reduction projects.
- Only Leadership has the authority to make the changes that are necessary for success:
  - Make S/R reduction a high priority
  - Assure for Reduction Plan Development
  - Reduce/eliminate organizational barriers, including changing policy and procedures
  - Provide or re-allocate the necessary resources
  - Hold people accountable for their actions

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## The Power of Leadership

- The power of Leadership in creating change is mostly within our **control**
- Used ineffectively, or not at all, it becomes the **major barrier** in any effective organizational change
- Leadership can be considered the most important and fundamental resource in any project seeking culture change

(Anthony, 2004)

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## Fundamental Principles of Leaders Creating the Vision

- 1) *The essence of Leadership is the ability to motivate one's staff to action around a shared vision* e.g...
- ✦ Reducing the use of seclusion and restraint
  - ✦ Creating non-violent and non-coercive treatment cultures
  - ✦ Implementing a trauma-informed system of care.
- (Anthony, 2004; Huckshorn, 2004) 7

## Fundamental Principles of Leaders Creating the Vision

- ✦ A shared organizational vision is like a magnet - it attracts to it people with special characteristics.
- ✦ Organizational Vision or Policy Statements can be pieces of paper *or* they can *energize and mobilize* the organization in common cause

(Anthony, 2004)

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## Fundamental Principles of Leaders Creating the Vision

- ✦ Vision/policy statements can provide a sense of purpose and meaning to staff, service recipients, families and the community
  - ✦ Must appeal to reason *and* emotions to be effective
  - ✦ Must be shared with staff...
- (Anthony, 2004)

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## Leadership Sets Clear Goals Based on A Vision or Policy goal

- ✦ To reduce the use of seclusion and restraint by defining and articulating a vision, philosophy, **action plan** and then holding people accountable
- ✦ To create a system of care that is fully informed and directed by the principles of trauma informed care that has as one outcome the reduced use of S/R

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## Leaders Articulate Agency Policy on S/R Use Based on Clear Goals

- ✦ Clear and unambiguous
- ✦ Restricts use only for "safety in response to imminent danger"
- ✦ Includes statement of agency's expressed goal to reduce/eliminate and why
- ✦ Links reduction with agency philosophy of care and expressed values

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## Fundamental Principles of Leaders Living Organizational Values

- 2) *Leaders create an organizational culture that identifies and tries to live by key values*
- ✦ Values are the "organizational Velcro" that binds vision to operations
  - ✦ Leaders must be clear about the values that underlie reducing violence and coercion
  - ✦ Then they can start to team build...

(Anthony, 2004; Huckshorn, 2004)

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## Fundamental Principles of Leaders Living Organizational Values

- Leaders must get clarity and consensus on the values that underlie a different culture of care and service...
- For recovery/resiliency based settings..."From one that is rule-based, institutional, impersonal and at times coercive to one that is based on person-centered care, that is respectful, never shame-based and that strives to avoid homogenous approaches and generalities"

(Anthony, 2004; Huckshorn, 2004) 13

## Fundamental Principles of Leaders Living Organizational Values

- Policy, procedures, treatment activities, language and rules need to be held up to this "values threshold" and measured against it
- When this happens, practices change...
- Agencies become "informed" about becoming congruent (what we say is what we do)

(Anthony, 2004; Huckshorn, 2004) 14

## Leaders provide Values Clarification

- Takes thought, work, and time in meetings
- Requires planning from multiple stakeholders
- Many facilities still use consequence-based philosophies, not strength-based
- Often staff mistake the signs and symptoms of illness or learned coping strategies for willful acting out
- Review your treatment values and objectively critique whether current practices are working

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For Example...

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## Crosswalk Values with Practices: Some Examples

Value: Person Centered Care

Practice: "Everyone goes to bed at 10:00 PM and lights out"

Change: A range for bedtime that identifies and adapts to individual's difficulty with night-time, bedrooms, and different bio-rhythms

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## Crosswalk Values with Practices: Some Examples

Value: Consumer (adult, child/family) inclusion in treatment planning and care

Practice: Consumers are "invited" to team meeting (but no one really cares if they do attend), and fill out satisfaction survey at discharge

Change: Inclusion of consumers in committees, procedural reviews, Governing Body, unit rule reviews, employment opportunities, new employee orientation **AND** real work to educate patients in their place and power in treatment planning

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### Crosswalk Values with Practices: Some Examples

Value: Facility is trauma-informed

Practice: Trauma not formally assessed or included in treatment/crisis plans.

Environment gives "mixed messages": Rules posted, no welcome signs, institutional décor/color, metal detectors, searches, S/R rooms, does not feel warm...

Change: Soften environment & reflect trauma awareness in treatment & facility operations

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### Crosswalk Values with Practices: Some Examples

Value: Avoidance of triggers/shaming

Practice: Public and verbal redirections and "deletion of points or privileges" for what staff deem undesirable behavior

Change: Respectful, private discussion of level status/privileges and practices that immediately reward for pro-social behavior but avoid punitive subtractions

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### Crosswalk Values with Practices: Some Examples

Value: S/R only used for "imminent danger"

Practice: "Any kind of property destruction, threats, physical acting out results in S/R use"

Change: People who engage in "one time only" hitting, break furniture, kick a staff person, throw something, lie down in middle of floor, or otherwise act out and calm down are not S/R; this behavior is addressed in treatment team planning WITH the individual

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➤ A note about language

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### See how we speak...

- De-humanizing Labeling and Language
  - Target populations, line staff, "in the trenches", "take downs", "aggression control"
  - Units, wards, lock downs, surveillance, strip searches, curfews, consequences, "handling"
  - Schizophrenics, THE mentally ill, borderlines; non-compliant, manipulative, attention-seeking, needy, juvees,
  - Case managers, Case workers, "cases"

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### Reality

- Please do not ever believe that language is unimportant
- How would you like to be referred to as a "case" or to be "handled or controlled"?
- Of course the people we serve have needs (needy), require attention (attention-seeking), and have learned that to get attention they need to beg (attention-seeking)

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### Person First Language

- Chosen language to use for Recovery-Oriented systems of care
- A major change/shift from usual language
- Is culturally competent, respectful and person-centered
- Based on linguistic philosophy e.g. "How we speak about something is indicative of how we value and treat it"

(IAPSRs, 2003)

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### Person First Language

- Promotes the use of words like *individual, consumer, given names, service user* in place of patient, client, inmate, resident or using a diagnosis when referring to persons served in the mental health system
- Never uses phrases like "the mentally ill" or "the retarded" or "a borderline personality disorder"

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### Person First Language

- Says that people are "people first" and that the routinized, consistent use of "one word" to describe groups of diverse individuals is dehumanizing, demeaning, ignores individuality, encourages a herd mentality and institutionalizes
- \*Using one word, like "patient, client, or resident" is for staff convenience. Does not honor individuality. Use kids' names!
- Encourages individualized/respectful descriptors that do not label

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### Fundamental Principles of Leaders Using Human Technology

#### 3) Leaders create processes that develop & empower their staff

- Workforce development is imperative
- Staff become empowered to negotiate and empower customers; provide choices that are win:win
- Leaders allocate resources that assist in this process

(Anthony, 2004; Huckshorn, 2004)

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### Fundamental Principles of Leaders Using Human Technology

- Avoidance of trauma and re-traumatization becomes valued over rules, property damage and negotiation time
- Staff become change agents, without fear of repercussions
- A safe culture of CQI is embedded; one that understands that mistakes will be made but learning will occur

(Anthony, 2004; Huckshorn, 2004)

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### Fundamental Principles of Leaders Using Human Technology

- Leaders find champions and create teams
- Leaders put in place practices that provide staff with "prevention tools" and skills to use
- Adult, children, staff and families views are sought in all decisions

(Anthony, 2004; Huckshorn, 2004)

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## Fundamental Principles of Leaders Using Human Technology

Especially important:

- ✦ The oversight of coercive events are elevated and consistently “witnessed” by staff who can objectively evaluate and make changes

(Huckshorn, 2004)

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## Fundamental Principles of Leaders Using Human Technology

- ✦ Executive leadership creates opportunities to hear staff concerns on a routine basis
  - Informal “no management” Rap sessions with direct care staff
  - Lunch with CEO, COO, Med Director
  - Total staff “Town Center” meetings
  - Suggestion boxes
  - Feedback provided after meetings

(Huckshorn, 2004)

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## Fundamental Principles of Leaders Using Data to Inform Practice (Six Core Strategies ©)

### 4) Leaders use information to drive change

- ✦ Gather historical data by event/hours (6 months to 1 year) to use as baseline
- ✦ Set goals as 100% reduction (as you would for adverse med errors or suicide attempts)
- ✦ Mandatory: Gather and track multiple variables (S/R events & hrs; injuries, Stat meds)
- ✦ Post reports on units monthly

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## Fundamental Principles of Leaders Using Data to Inform Practice (Six Core Strategies ©)

- ✦ Use Data To Identify & Analyze Events:
  - Unit/Day/Shift/Time of day
  - Age/Gender/Race
  - Date of admission/Diagnosis
  - Attending Physician
  - Pattern of staff involved in events
  - Number of Grievances
  - Precipitating Events
  - Safety issues justifying seclusion/restraint

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## Fundamental Principles of Leaders Using Data to Inform Practice (Six Core Strategies ©)

- ✦ Use Data To:
  - Monitor Progress
  - Discover new best practices
  - Identify emerging staff S/R champions
  - Target certain units/staff for training
  - Create healthy competition (PA, MA)
  - Assure that everyone knows what is going on

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## Fundamental Principles of Leaders Valuing Exemplary Performance

### 5) Leaders build their organization around exemplary performers

- ✦ Best practices are recognized and rewarded
- ✦ Efforts are made to encourage reports of “near misses” and what worked
- ✦ Knowledge is transferred and sustained in policy, procedures, and practices

(Anthony, 2004; Huckshorn, 2004)

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## **Fundamental Principles of Leaders Develop a SR Reduction Plan**

### **6) Leaders develop plan and approach**

- ↘ Safety needs to start with a Prevention Umbrella
- ↘ Performance Improvement Principles (CQI)
- ↘ Create Facility/Unit Accountable Team
- ↘ Inclusive of person served

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## **Leadership Responsibilities: Summary of Key Points**

- ↘ S/R Reduction is PRIMARILY a leadership responsibility, not your staff's
- ↘ Create the Vision
- ↘ Clarify Values
- ↘ Use Human Technology to change practice
- ↘ Use Data to Inform
- ↘ Value Top Performers
- ↘ Develop an Organized Plan

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## **Leadership Specifics in Reducing the Use of Seclusion/Restraint**

- ↘ These fundamental principles help set the stage
- ↘ Actions are characterized by the required denominator...

### **Leadership Effectiveness and Responsibility to ACT**

*"Do not follow where the path may lead,  
go instead where there is no path and leave a  
trail..." R.W. Emerson*

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