

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

Seclusion & Restraint Prevention Tools

A Core Strategy ©

A Primary Prevention Tool



Seclusion/Restraint Prevention Tools

Developing Safety or Soothing
Plans

Improving the Environment &
Using Sensory Approaches

Module created by Stromberg, LeBel, Bluebird, Huckshorn, 2003
Updated 2006

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Individual Crisis Prevention Plans

Define
Clarify Use
Discuss Elements

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What is a Crisis Prevention Plan?

- An individualized plan developed proactively by youth and staff *before* a crisis occurs
 - A therapeutic process
 - A task that is trauma sensitive
 - A partnership of safety planning
 - A youth-owned plan written in easy to understand language

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Why Are They Used?

- To help youth during the earliest stages of escalation before a crisis erupts
- To help youth identify coping strategies before they are needed
- To help staff plan ahead and know what to do with each person if a problem arises
- To help staff use interventions that reduce risk and trauma to individuals

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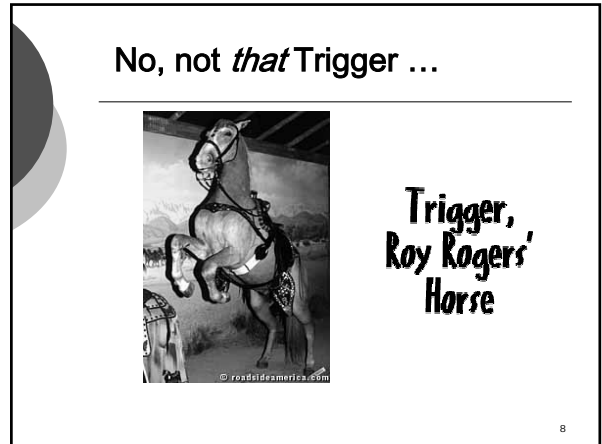
Essential Components

- Triggers
- Early Warning Signs
- Strategies

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First, Identify Triggers

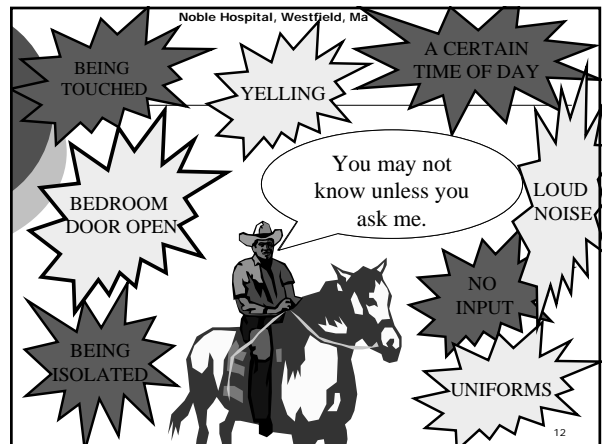
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- ### These Triggers
- A trigger is something that sets off an action, process, or series of events (such as fear, panic, upset, agitation)
 - Also referred to as a "threat cue" such as:
 - bedtime
 - room checks
 - large men
 - yelling
 - people too close
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- ### More Triggers: *What makes you feel scared or upset or angry and could cause you to go into crisis?*
- Not being listened to
 - Lack of privacy
 - Feeling lonely
 - Darkness
 - Being teased or picked on
 - Feeling pressured
 - People yelling
 - Arguments
 - Being isolated
 - Being touched
 - Loud noises
 - Not having control
 - Being stared at
 - Room checks
 - Contact w/family
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- ### More Triggers:
- Particular time of day/night
 - Particular time of year
 - Contact with family
 - Other*
- * Youth have unique histories with uniquely specific triggers - essential to ask & incorporate
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Second, Identify Early Warning Signs

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Early Warning Signs

- A signal of distress that is a physical precursor and/or manifestation of upset. Some signals are not observable, but some are, such as:
 - restlessness
 - agitation
 - pacing
 - shortness of breath
 - sensation of a tightness in the chest
 - sweating

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Early Warning Signs

What might you or others notice or what you might feel just before losing control?

- | | |
|---------------------------|-----------------------|
| ○ Clenching teeth | ○ Eating more |
| ○ Wringing hands | ○ Breathing hard |
| ○ Bouncing legs | ○ Shortness of breath |
| ○ Shaking | ○ Clenching fists |
| ○ Crying | ○ Loud voice |
| ○ Giggling | ○ Rocking |
| ○ Heart Pounding | ○ Can't sit still |
| ○ Singing inappropriately | ○ Swearing |
| ○ Pacing | ○ Restlessness |
| | ○ Other _____ |

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Third, Identify Strategies

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Strategies

- Strategies are individually-specific calming mechanisms to manage and minimize stress, such as:
 - time away from a stressful situation
 - going for a walk
 - talking to someone who will listen
 - working out
 - lying down
 - listening to peaceful music

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What do strategies and a kitchen sink have in common?



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Strategies:
What are some things that help you calm down when you start to get upset?

- Reading a book
- Pacing
- Coloring
- Hugging a stuffed animal
- Taking a hot shower
- Deep breathing
- Being left alone
- Talking to peers
- Therapeutic Touch, describe _____
- Exercising
- Eating
- Writing in a journal
- Taking a cold shower
- Listening to music
- Molding clay
- Calling friends or family (who?)

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More Strategies

- Blanket wraps
- Using cold face cloth
- Deep breathing exercises
- Getting a hug
- Running cold water on hands
- Ripping paper
- Using ice
- Having your hand held
- Snapping bubble wrap
- Bouncing ball in quiet room
- Using the gym

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Even More Strategies

- Male staff support
- Female staff support
- Jokes
- Screaming into a pillow
- Punching a pillow
- Crying
- *Spiritual Practices:* prayer, meditation, religious reflection
- Touching preferences
- Speaking with therapist
- Being read a story
- Using Sensory Room
- Using Comfort Room
- Other

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If a person is getting agitated, don't forget to use **HALT**.

ARE THEY...

Hungry?

Angry?

Lonely?

Tired?

If it prevents just one restraint, it was worth it.

Noble Hospital, Westfield, Ma
 Screensaver – staff reminder

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What Does Not Help When you are Upset?

- Being alone
- Not being listened to
- Being told to stay in my room
- Loud tone of voice
- Peers teasing
- Humor
- Being ignored
- Having many people around me
- Having space invaded
- Staff not taking me seriously

"If I'm told in a mean way that I can't do something ... I lose it."

-- *Natasha, 18 years old*

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The Universal Trigger Program-Based Rules

"Every restraint/seclusion I've reviewed started with a staff member enforcing a rule" (Ross Greene, Ph.D., 2004)

We need to evaluate whether our rules *make sense* or if it is just how we have always done things.

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Example of Successful Prevention Planning: Talia

Talia:

Is a 16 year old adolescent with a history of sexual abuse and aggressive behaviors. When made to follow the routine, she often becomes aggressive and ends in a restraint.

Warning Signs:

Talia gets up from what she is doing and starts to pace.

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Example of Successful Prevention Planning: Talia (continued)

Effective Strategies:

Pacing inside is often disruptive to the rest of the adolescents. Staff ask Talia if she would like to be able to go out and 'swing on the swing set' whenever she feels frustrated – (a 'swing PRN'). Successful "vestibular alternative" strategy!

Institutional Obstacles:

Rules had been more important than individual support

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Example of Successful Prevention Planning: Rasheed

Is a 10 year old boy with ADHD, a history of physical abuse, and multiple failed placements in foster homes. He often strikes out at staff physically when he gets frustrated.

Effective Strategies:

Rasheed was given a fanny pack to wear, with a stress ball, sugarless suckers and a small soft stuffed animal to rub. When he feels frustrated, he takes something out of his pack to calm himself.

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Example of Successful Prevention Planning: Rasheed (continued)

Effective Strategies:

Rasheed goes to the calming room on his own if he feels very frustrated.

Benefits:

Rasheed learns to recognize when he is getting frustrated and chooses to 'self-soothe'. Staff, who used to be exasperated with Rasheed, now feel that they can support him and work together with him to stay calm.

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Example of Successful Prevention Planning: Lois

Lois has a diagnosis of PTSD and Dissociative Identity Disorder. Dissociative states and voices tell her she is bad and leads to cutting behavior and running around and screaming.

Warning Signs:

Inability to focus in school, in group and with staff. Moving her legs all around.

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Example of Successful Prevention Planning: Lois (continued)

Effective Strategies:

A weighted blanket, initially suggested by staff, did not work all of the time. Staff asked her if she would like a tailored sleeping bag to help her legs 'stay calm'. She liked this idea. "I feel like a mummy. I feel safe"

Historical "Myth":

"Required restraint for uncontrollable self-injury" Considered "impossible to manage, manipulative and difficult"

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Example of Successful Prevention Planning: Raymond

Raymond is a 15 year old male adolescent with a history of gang behaviors, arrests, and aggression. He watched his father beat up his mother. He has a violent temper when he does not 'get his way'. Most restraints occur after meals.

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Example of Successful Prevention Planning: Raymond (continued)

Effective Strategies:

Raymond wants to go out and shoot baskets after meals and not clean up. He would rather clean the floors after everybody else has left the kitchen. (It was later found out that his father beat up his mother after dinner.)

Institutional Obstacle:

"We do not have staff who can stay in the kitchen. All chores need to be done by 7:00 p.m."

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Example of Successful Prevention Planning: Raymond (continued)

Effective Strategies:

Raymond is first allowed to go out and shoot baskets after meals and clean the floors after everybody else has left the kitchen. Over time, he chose to bring the basket ball with him into the kitchen and have it 'with him' when he did chores. He was allowed to carry the basketball everywhere.

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Example of Successful Prevention Planning, Shoniqua

An 14 year old girl diagnosed with Post-Traumatic Stress Disorder and Schizoaffective DO who impulsively attacks other residents and staff.

Effective Strategies:

Shoniqua is able to feel safe and smile during pet therapy hour. She is able to verbally express discuss upsets when stroking her favorite golden retriever.

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Example of Successful Prevention Planning, Shoniqua (continued)

Effective Strategies:

Shoniqua is given the "job" of meeting pet therapists at hospital door and walking them out.

Institutional Obstacle:

"We could never allow animals into a general hospital."

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Common Attributes of Each Plan

- Linked to the person's history of trauma
- Tied to specific environmental resources
- Encourage staff & youth creativity
- Incorporate sensory interventions
- ***Needs of the individual supersede the rules of the institution***

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Individual Safety or Soothing Plans

Population-specific Considerations

- Fully adaptable across the lifespan
- Consider strategies that are developmentally responsive & population specific:
 - Adolescents may need intense physical work-outs or write rap music
 - For dementia - rely more on family and caregivers, inquire early as part of admission process
 - Children or cognitively impaired may use pictorial descriptions of difficult states and non-language based strategies

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What makes you feel upset?

(Circle all that make you feel sad, mad, scared or other feelings)

Being touched



Too many people



Darkness
bedroom



Certain time of year



Certain time of
day/night



Having my
door open



Loud noises



Yelling



Thunderstorms



MA DMH, Manual,
Promoting
Strength-Based
Care, 2006

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How do I know I am angry, scared or upset?

(Circle all that apply)

Cry



Clench teeth



Loud voice



Red/hot face



Laughing/giggling



Being mean
or rude



Swearing



Racing
heart



Breathing
hard



Wringing
hands



Clenched
fists



Tantrums



Rocking



Hyper



Pacing



MA DMH, Manual, Promoting Strength-Based Care, 2006 40

Safety Plan Essential Elements for Success

- *How* the discussion is initiated
 - Authentic interest, development of relationship, time spent
 - Involve family members in the process
- *Where* discussion occurs
 - Calm, quiet space
- *Continuously* addressing tool throughout stay with client, and in treatment team
 - Practice, revise, use

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Guidelines for Use: Staff Education

- Understand the safety tool terminology
- Understand the purpose behind the safety tools
- Understand the integration of the safety tools, information, client's treatment plan and the unit programming

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Safety Plan Communication

- Discussed in team
- Information reviewed from shift to shift
- Safety Plan information positioned for easy staff access and modification
 - Cover of chart
 - Blackboard
 - Checks sheets
- Successful strategies communicated!

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Making the Plans Youth-Centered

- Post on doors, bedrooms or bulletin boards
- Review in groups
- Create a “pocket” version for consumers – laminated card
- Develop a computer version to email

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Safety or Soothing Plans Additional Guidelines for Use

- Revise and re-tool after escalation using all debriefing information
- Help youth “practice” strategies before they become upset
- Teach about the impact of external and internal triggers and stressors & learn new skills to manage reaction
- Support in “coping skills” group

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What do youth say they need in crisis planning?

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What do Youth Find Helpful?

- MA DMH conducted a point in time survey: (MA DMH, 2003)
 - 185 adolescents participated (average age = 16)
 - 19 hospitals (acute & continuing care)
- Response to the question: *“What could staff do differently to avoid using restraint and seclusion?”*

● Talk to me	80
● Leave me alone	75
● Distract me	54

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How can we create positive therapeutic environments?

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Sensing A Change

- Understand sensory experience, modulation & integration
 - Incorporate role of Occupational Therapy
 - Assessment: what is the **sensory diet** for youth served?
 - Identifying sensory-seeking & sensory-avoiding behaviors
- Develop sensory rooms & use the physical environment to respond to differing sensory needs

(Champagne, 2003)

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Sensory Input

The 5 well-known senses & 2 "hidden" senses

- How we **feel** is directly impacted by information received through the different senses:
1. Sight
 2. Sound
 3. Smell
 4. Touch
 5. Taste
 6. Proprioception
 7. Vestibular input



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Sensory Approaches

- Sensory modulation and integration activities can be particularly beneficial for those with symptoms of:
 - Attention Deficit
 - Impulse control
 - MR/DD & other cognitive impairments
 - Psychosis
 - Affective Disorders: Depression & Anxiety
- Activity examples include:

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Sensory-based Approaches

- **Grounding physical activities:**
 - holding
 - weighted blankets – vests, blankets
 - arm & hand massages
 - push-ups
 - "tunnels"/ body socks
 - walk with joint compression
 - wrist/ankle weights
 - aerobic exercise
 - sour/fireball candies



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Sensory-based Approaches

- **Calming self-soothing activities:**
 - hot shower/bath
 - Wrapping in a heavy quilt
 - decaf tea
 - rocking in a rocking chair
 - beanbag tapping
 - yoga
 - drumming
 - meditation



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Soothing and Grounding Options



Converted seclusion room now offers: a net swing, rock climbing wall, mini-trampoline

Everett House, Boston, Ma

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Simple Sensory Enhancements

- Add calming, attractive features:
 - art work; wall mural
 - plants
 - curtains
 - music
 - comfortable seating options
 - bedrooms with new bedspreads
 - place to exercise
 - low lighting (dimmer switches)



Cooley-Dickinson Hospital
Unit renovations, 2005 55

Franciscan Children's Hospital, Replaced nurses station with a "relaxation station"



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Sensory Room: Definition

- Appealing physical spaces painted with soft colors & filled with furnishings and objects that promote relaxation and/or stimulation.
- A room that provides opportunities and choices for youth to experiment with different sensory activities to determine:
 - what stimulates
 - what promotes calming
 - practice using sensory interventions to develop skill at self-calming

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Sensory Room Equipment

- Sensory Room Equipment:
 - Lava & fiber-optic lamps / motion objects
 - Gliding/rocking chairs
 - Padded mats
 - Weighted blankets
 - Quiet Music
 - Large balls - bouncing
 - Small balls - pressure
 - Aromatherapy: scent machine/oils
 - Fish tanks
 - Large Tupperware container with raw rice

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Sensory Room: Guidelines for Use

- Select fire resistant items, latex free, generally safe and washable
- Place selected items in locked cabinet
- Create policies and procedures for use and maintenance of room and equipment
- Train staff and supervise for appropriate use
- Schedule access 7-days/week & across shifts
- Use sensory room items on the Individual Safety or Soothing Tool (Champagne, 2003)

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Examples of Sensory Rooms

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**Cohannet Academy IRTP
Taunton, MA - "The Getaway"**



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**"Sensory Modulation Room"
Cooley-Dickinson Hospital, Northampton, MA**



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**Lowell Youth Treatment Ctr.
Lowell, MA**



Staff need a little comfort, too

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**No Room for a
Sensory Room?**

Sensory interventions don't have to be in a dedicated room.

Develop your own mobile sensory cart
("Self Soothing Cart")

Interventions may be brought to different locations where people need them.



Franklin Medical Center
Greenfield, MA

(Robyn Miller, 2005)

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**Snoezelen
Sensory Rooms**



Developed in the 1970's by 2 therapists in Holland who learned of positive responses from severely challenged clients after they were exposed to a sensory environment.

- "Snoezelen" is a blended term meaning to **relax & explore/seek out**
- Used to stimulate, relax, calm or energize. It can provide a multi-sensory experience or single sensory focus.

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Snoezelen Sensory Rooms

- Used in more than 30 countries in many care settings for people with:
 - autism spectrum disorders
 - dementia
 - mental illness
 - chronic pain, challenging behaviors, acquired brain injury, and more

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Comfort Room (Gayle Bluebird, RN)

Definition

- A room that provides sanctuary from stress, and/or can be a place for persons to experience feelings within acceptable boundaries.
- It is a preventative tool that may help to reduce the need for seclusion and restraint

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Comfort Room

The Comfort Room is set up to be physically comfortable and pleasing to the eye, including a recliner chair, walls with soft colors, murals (images to be the choice of persons served on each unit), and colorful curtains.



Citrus Health Care
"The Rainforest"
Pembroke Pines, FL

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Names of unit-specific Sensory Rooms

- Snoezelen Rooms
- Sensory Integration Rooms
- Multi-sensory Rooms
- Sensory Gardens
- Comfort Rooms
- The Soothing Room
- Peace Rooms
- Chill Rooms
- "Chillville"
- "Zen Falls"
- The Sanctuary
- The Retreat

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Evaluating Sensory Approaches

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Cooley-Dickinson Hospital Quality Improvement Study (Tina Champagne, OT/L, Edward Sayer, Psy.D.)

Data collected on the effects of sensory-based treatment

- delivered in the sensory room
- 46 people with varied diagnoses and cognitive abilities
- 96 sensory sessions conducted

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Cooley-Dickinson Hospital Quality Improvement Study (Tina Champagne, OT/L, Edward Sayer, Psy.D.)

○ Results:

- 89% reported: + results
- 1% reported: - change
- 10% reported: no change

○ 75% reduction in R/S over two year period (2001 – 2003)

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Incorporating Sensory Approaches into Treatment

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- ### How are sensory approaches being integrated into treatment?
- Incorporated into:
 - daily activities
 - individual treatment plan
 - safety plans (MA survey -75%)
 - groups
 - Resource available upon consumer or staff request
 - In place of PRN's
 - Help with detoxification
 - Integrated into DBT skills building (i.e., distress tolerance)
 - To soothe agitated older individuals
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- ### Innovative Strategies Used?
- Relaxation
 - Visualization
 - Deep Breathing
 - Self-Massage
 - Sand Therapy
 - Art Therapy
 - fabrics
 - painting
 - clay
 - Frozen Oranges
 - Mural of restful country scenes
 - Quiet Dark Environment
 - Physio Balls
 - Vibration
 - Clinical Aromatherapy
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Sensory interventions considered more helpful with certain disorders?

<u>PTSD</u>	<u>Anxiety</u>
Ice to wrists	Relaxation
Grounding	Aromatherapy
Breathing	Weighted Blankets
Relaxation exercises	Calming Methods
Weighted blankets	Music
Weighted vests	

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- ### Sensory interventions considered more helpful with certain disorders?
- Cognitive Limitations/Dementia/Very young
- De-stimulation - music, quiet
 - Should not be sensory-deprived
 - Aromatherapy & Touch
 - Holding hands
 - Rocking chair
 - Folding & Sorting Laundry
 - Warmed Blankets
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- ### Benefits of sensory interventions?
- **MA Survey findings:**
(only 64% of adult units studied impact)
 - Restraint Use - 36%
 - Property Damage - 15%
 - Self-destructive Behavior - 31%
 - Physical assaults - 21%
- (MA DMH, 2003)
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Benefits of sensory interventions?

- Other Benefits
 - Increased options for youth in crisis & daily activities
 - Increased alternatives for staff to offer/assist consumer
 - Decreased agitation for youth
 - Clear, measurable way to decrease levels of distress (can do pain assessment before and after use)
 - Improved quality of care & therapeutic experience

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The “Sensory Summation”

- Offers a greater range of responses to individuals
- Useful in avoiding or resolving crises that could lead to R/S
- Expands the toolbox of therapeutic interventions
- Promotes self-awareness, self-care and self-regulation
- Strengthens the therapeutic relationship

(Champagne & Stromberg, 2004)

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