Changing policies and practices in Texas

Reducing seclusion and restraint leads to fewer staff and consumer injuries and deaths. It has been linked to less use of sick time, lower staff turnover, and fewer workers' compensation claims. Facilities that use seclusion and restraint as a last resort are better able to create patient-centered, trauma-informed care environments that lead to more positive outcomes for consumers and service providers.

Reducing seclusion and restraint in Texas is possible with changes in policies, procedures, training and work environments. Some facilities in Texas are embracing these changes by taking relatively simple, cost-effective steps. Examples:

• Using more verbal de-escalation and calming techniques in place of seclusion and restraint.
• Hiring consumer staff to provide peer support and operate a drop-in center on the ward.
• Inviting consumers to share their experiences with seclusion and restraint and alternative methods during new employee orientation.
• Debriefing staff after conflicts with clients to identify early warning signs and alternative approaches that can reduce future conflicts.

Positive results reported by these facilities include:

• 61% reduction in campus-wide seclusions.
• 66% reduction on the children's unit.
• 67 days without use of restraints after creating a more soothing environment.
• 56 days without use of restraints after adopting a seclusion and restraint reduction campaign.

"Reducing reliance on seclusion and restraint is essential to ensuring effective and efficient treatment for all Texans."
—Texas legislator

The Texas Seclusion and Restraint Reduction Leadership Group seeks to build upon these successes. Members have the expertise and experience to support the necessary changes. They can be a knowledgeable resource and guide to state lawmakers, agencies, advocates, service providers and consumers.

Texas Seclusion and Restraint Reduction Leadership Group

Advocacy, Inc.
Consumers
Hogg Foundation for Mental Health
Peer providers
Private and state hospitals
Private mental health providers
Project Janus, Inc.
Residential treatment facilities
Texas Department of Aging and Disability Services
Texas Department of Family and Protective Services
Texas Department of State Health Services
Texas Health and Human Services Commission
Texas Juvenile Probation Commission
Texas Youth Commission

Learn more and get involved

Together, Texans can create a new culture of care and lead the nation in minimizing the use of seclusion and restraint in all settings. To help achieve this goal or to learn how the leadership group can help you and your organization, please contact:

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It's Time for Positive Change:

Reducing Seclusion and Restraint in Texas

What is seclusion and restraint?

"Seclusion and restraint" is using physical force, restricting movement, or involuntarily medicating or isolating people to manage their behavior. These methods often are used to control clients in settings such as schools, psychiatric hospitals, juvenile detention centers and residential treatment facilities.

Why is seclusion and restraint a problem?

Use of seclusion and restraint is considered a failure in treatment. It can be traumatic and dangerous to clients and staff. It can cause severe physical and psychological harm and, in some cases, death.

Research documents the harsh reality and dangers of seclusion and restraint:

- Thousands of children and adults in the U.S. have died or been severely injured in the past 10 years.
- Physically violent episodes of restraint are traumatic for clients, bystanders and staff, especially those who have dealt with physical or emotional trauma in the past.
- Power struggles and negative relationships between staff and clients conflict with a supportive therapeutic environment and hinder recovery.

"Being restrained, or even watching others being restrained, was terrifying. It made me feel violated and taught me that I couldn't trust anybody."
—Texas consumer

What's being done to address the problem?

States across the country, including Texas, are working to reduce seclusion and restraint. In 2005, the Texas Legislature passed Senate Bill 325 establishing a work group to recommend alternatives and solutions.

Texas has made progress, but more must be done to curb the use of seclusion and restraint. Further reducing use of coercive or violent physical controls is a priority for many consumers, advocates, service providers and policy experts in Texas.

Leaders working for change in Texas

The Texas Seclusion and Restraint Reduction Leadership Group is working to reduce seclusion and restraint in all settings across Texas. Members include state agency leaders, consumers, service providers, advocates and philanthropists from across the state.

The group identifies and promotes alternatives through research, policy analysis, consultation and education. Members share ideas and information and coordinate activities. Subcommittees work in three key areas – public policy and data collection, outreach and peer support, and children.

Members represent a broad spectrum of interests and can provide expertise, perspective and guidance on how to best address seclusion and restraint in Texas. They welcome opportunities to inform decision makers and the public about ways to reduce seclusion and restraint in the Lone Star state.

The group also advises the Texas Health and Human Services Commission on the State of Texas Alternatives to Restraint and Seclusion (STARS) project. This federally funded project aims to reduce seclusion and restraint in four public psychiatric hospitals by using evidenced-based methods and strategies and is sharing lessons learned with other agencies across Texas. Learn more at www.hogg. utexas.edu/PDF/StarsProject.pdf.

"Having to restrain patients was upsetting and counterproductive. It set up power struggles instead of collaborative relationships. I never signed up for this."
—Texas mental health provider

MYTHS	FACTS
"Restraints keep consumers safe."	• Nearly 150 people in the U.S. die as a result of seclusion and restraint each year. • At least 16 children in Texas died after being restrained between 1988 - 2002. • The use of seclusion and restraint is traumatic and can trigger existing symptoms of post-traumatic stress disorder or other mental illness. *Sources: Harvard Center for Risk Analysis, 1998; Austin American-Statesman, 2003; Alliance to Prevent Restraint, Aversive Interventions and Seclusion, 2009*

"Restraints keep staff safe."	• Reported injury rates are higher in the health care industry than in lumber, construction or mining.
	• Training staff to use alternatives has had positive results:
	  - 18.8% fewer staff injuries.
	  - 13.8% reduction in annual restraint rates.
	  - 54.6% decrease in average duration of restraint incident.
	Sources: Weiss et al., 1998; U.S. Department of Labor, 2005; Forster, Cavness & Phelps, 1999

"Staff don't need training to recognize and respond to clients in crisis."	• Staff and managers' cultural biases, perceptions and attitudes are more likely than clinical factors to influence the use of seclusion and restraint. • Training and experience can change how staff chooses to respond to people showing signs of agitation, self-harm or violence. • In one study, nurses agreed on how to proceed only 22% of the time. Nurses with fewer than three years of clinical experience recommended the most restrictive responses. *Sources: Fisher, 1994 as cited by Haimowitz, Urff, and Huckshorn, 2006; Holzworth & Wills, 1999*