Seclusion and Restraint Reduction Initiative:
Evaluation Executive Summary

INTRODUCTION

This report summarizes the results of an evaluation of the Seclusion and Restraint Reduction Initiative funded by the Hogg Foundation for Mental Health at The University of Texas at Austin.[1] The evaluation was conducted by the Human Services Research Institute and Susan Stone and Associates, and it focused on the process of implementing seclusion and restraint (S/R) reduction projects in a subset of facilities that participated in the Hogg Foundation initiative.[2,3] The evaluation described the challenges, innovations and recommendations for implementing S/R reduction programs in Texas.

> The *Six Core Strategies*© comprise the following:
>
> 1) Leadership toward organizational change
> 2) Use of data to inform practice
> 3) Workforce development
> 4) Use of seclusion/restraint prevention tools
> 5) Inclusion of consumers and family members
> 6) Debriefing techniques

BACKGROUND

The Hogg Foundation has committed to reducing the use of S/R in Texas through conferences and training seminars, technical assistance for facilities, dissemination of educational materials, the development of an S/R leadership group and several grant initiatives.

In 2006, the Hogg Foundation sponsored a National Executive Training Institute (NETI) training, which involved 29 Texas facilities that provided mental health services. This training focused on the *Six Core Strategies to Reduce the Use of Seclusion and Restraint*©, an evidence-based practice listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, which facilitates organizational change through a set of practices and recommendations based on research evidence and expert opinion.[4] The training helped organizations develop an implementation plan to take back to their facility. To promote learning across the facility, the Hogg Foundation required facilities to send staff from all levels of the organization, not just senior management. The foundation

training differed from the norm by including a variety of facility types, such as state and private psychiatric hospitals, juvenile justice facilities, residential treatment centers and emergency shelters. The foundation did not provide facilities with funding to implement the strategies, but it held a follow-up training to address specific challenges seven months after the initial training.

EVALUATION FINDINGS

The evaluation, conducted three years after the NETI training, consisted of three parts. The first was a survey completed by representatives from 10 of the 29 facilities that had participated in the NETI trainings. Second, the 10 facilities completed a checklist known as the Inventory of Seclusion and Restraint Reduction Initiatives (ISRRI) which measured implementation of the *Six Core Strategies*.[5] Third, six facilities representing diverse organizational types and experiences with implementing the *Six Core Strategies* were selected for more intensive case studies that included telephone interviews, site visits and additional interviews.
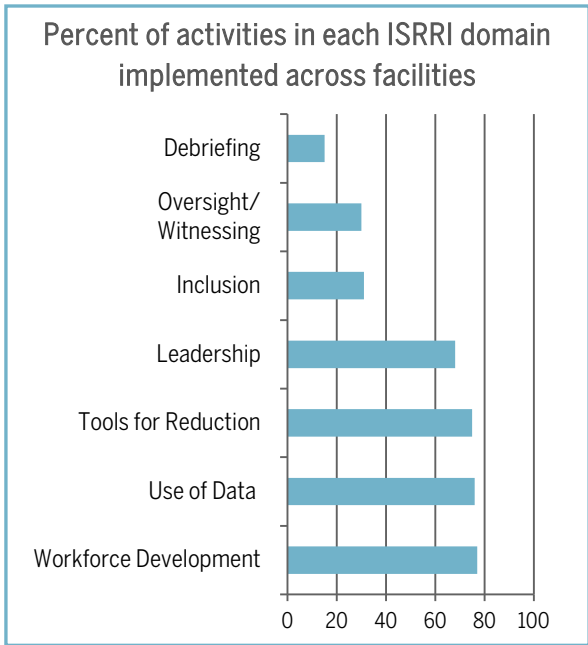
PARTICIPATING FACILITIES RATED THIS INITIATIVE AS EFFECTIVE. During the telephone interviews, respondents from the six facilities were asked to rate the effectiveness of the Hogg Foundation initiative at identifying and promoting solutions to reduce the use of S/R. Of the 11 respondents, 55 percent rated the initiative as very effective and 45 percent as being somewhat effective at identifying and promoting solutions. No respondents considered the initiative as not effective.

> *Interviewees noted that culture change from a more authoritarian orientation to one that is client-centered, collaborative and respectful is critically important for S/R reduction.*

In promoting the use of alternatives to S/R, 64 percent rated the initiative as very effective and 36 percent as somewhat effective. Participants generally valued the opportunities for cross-learning that resulted from the participation of diverse organizations, although a minority commented that the initiative did not always address the particular circumstances of each type of facility.

AGENCIES IMPLEMENTED THE *SIX CORE STRATEGIES* WITH SOME VARIABILITY. The ISRRI checklist was used to measure the degree of implementation of the *Six Core Strategies* as separate domains. Each domain consists of a set of recommended activities. On average, the 10 sites implemented just over 68 percent of the total number of activities included under the core strategies within three years of attending the trainings. The chart demonstrates the average percent of activities implemented by domain for all facilities combined.

Participants reported that debriefing (a thorough analysis of every S/R event) and inclusion of consumers and family members were the most difficult strategies to implement. Leadership (providing a clear direction and action plan) and workforce development (creating a treatment environment that is less likely to be coercive) were seen as the most important strategies. Inclusion of consumers and families and oversight/witnessing (an investigation of issues and policies or procedures that may lead to conflict) were ranked as the least important for reducing the use of S/R.

Inclusion of consumers and family members can be challenging because, in many cases, families live a considerable distance from the facility, which makes it difficult for them to participate continuously.

AGENCIES NOTED IMPLEMENTATION CHALLENGES AND CREATED INNOVATIONS. Agencies cited that one of the challenges in implementing the *Six Core Strategies* was deciding whether reduction or elimination of S/R is the most appropriate goal. Additionally, facilities noted that maintaining agency commitment to the *Six Core Strategies* and changing agency culture to promote client-centered, collaborative and respectful staff-client relationships were important and difficult to implement. Other challenges arose when rates of S/R decreased to a degree that staff skills deteriorated due to lack of use. Although including diverse facilities in this initiative was regarded positively, it also contributed to implementation

Percent of activities in each ISRRI domain implemented across facilities

issues such as the difficulty of developing safety plans in short-stay acute care facilities and the need for different training models due to differences in the education level of direct care staff.

In addition to general implementation issues, specific aspects of each of the *Six Core Strategies* were reported as challenging to implement. Examples include policy and resource constraints that hinder goals in the leadership domain, as well as high staff turnover rates which create problems in the workforce development domain.

Leadership towards organizational change can be accomplished by a champion, a leader fully committed to the program.

In contrast, creative activities at the local level facilitated implementation and added to the effectiveness of the *Six Core Strategies*. Different facilities produced innovations in each of the domains. Examples of these innovations include the use of video in the debriefing domain to analyze the situation and identify where alternatives may have been introduced as well as gathering consumer feedback through surveys and group interviews in the inclusion of consumers and families domain.

CONCLUSION

This report shows that overall, key informants viewed the implementation of the Seclusion and Restraint Reduction Initiative positively. It was reported that on average the sites implemented two-thirds of the *Six Core Strategies*. This varies by strategy as some (like workforce development) have been well implemented and others less so. It is important to note that the foundation did not provide funding to support the implementation process.

Moving forward, it would be beneficial for initiatives to address the challenges associated with the implementation of strategies such as staff resistance and varying staff expertise. Unique innovations such as the use of technology and competition (rewarding units that achieve greatest reductions) to reduce restraints could also be explored in future initiatives.

See the following box for further recommendations for future consideration.

Additionally, it is important to note that the progress of these ongoing initiatives may have been slowed due to limited resources. In the future, it would be beneficial to assess further progress on the implementation of the *Six Core Strategies,* as well as the long-term impact of the initiative.

HIGHLIGHTED RECOMMENDATIONS FOR FUTURE INITIATIVES

- ❖ Address ambiguity caused by multiple missions (e.g. mental health treatment and corrections).
- ❖ Assess whether youth facilities need to adapt the tools for reduction to better address issues like self-injury and group misbehavior.
- ❖ Adapt implementation strategies to the characteristics of the direct care workforce.
- ❖ Monitor organizational readiness as well as areas in need of study and development.
- ❖ Examine barriers preventing the hire of peer support specialists.
- ❖ Consider adding training modules on IT requirements and data management techniques.
- ❖ Disseminate new concepts throughout facilities rapidly and thoroughly to address change anxieties.
- ❖ Follow up on input and suggestions from direct care staff about the initiative.
- ❖ Develop advantageous approaches for utilizing electronic medical records.
- ❖ Adapt oversight/witnessing for facilities of different sizes and operational structures.

REFERENCES

1. Hogg Foundation for Mental Health (2012). Reducing Seclusion and Restraint in Texas. Retrieved from http://www.hogg.utexas.edu/initiatives/seclusion_restraint.html.
2. Mental Health America of Texas, Susan Stone & Associates, & Human Services Research Institute (2010). *Evaluation of the Hogg Foundation for Mental Health Initiative: Reducing Seclusion and Restraint in Texas: Draft Final Report.*
3. Human Services Research Institute, Susan Stone & Associates, & Mental Health America of Texas (2011). *Seclusion and Restraint Reduction Initiative Summary Report.*
4. SAMHSA (2012). Six Core Strategies to Prevent Conflict and Violence: Reducing the Use of Seclusion and Restraint. Retrieved from http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=278
5. Human Services Research Institute (2009). Evaluation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) Alternatives to Reduce and Eliminate the Use of Restraint and Seclusion. Retrieved from http://www.hsri.org/project/evaluation-of-the-substance-abuse-and-mental-health-services-administr/overview/.