Promoting Quality Services
Lessons Learned from the Positive Alternative to Restraint and Seclusion Conference

by the Office of Quality Management


The conference theme was Preventing Violence, Trauma, and the Use of Seclusion and Restraint in Mental Health Settings. Presentations were built around the principles articulated in the Six Core Strategies to reduce the use of seclusion and restraint, developed by NASMHPD (the National Association of State Mental Health Program Directors). These strategies include: commitment of leadership to organizational change; use of data to inform practice; workforce development; use of seclusion and restraint reduction tools; involving consumers in the planning development and implementation of programming; and post-event debriefing techniques.

The PARS Project

Sponsored by a three-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant, PARS was designed to expand the use of positive alternatives to restraint and seclusion in OMH-operated and licensed inpatient and residential treatment programs. The emphasis on restraint and seclusion reduction reflects the national recognition that these restrictive interventions are dangerous and work in direct contradiction to the principles of person-centered, recovery-oriented, trauma-informed care.

PARS focused its efforts on three children’s providers: Western New York Children’s Psychiatric Center (WNYCPC), a state-operated psychiatric center; BryLin Hospital, a private psychiatric hospital; and the House of the Good Shepherd a Residential Treatment Facility (RTF). Each PARS site received extensive training and support, including financial assistance and the assignment of half-time trainer/mentors. Over the three year period, rates of use of restraint and seclusion dropped dramatically at all three sites.

During the grant period, PARS sponsored two statewide conferences on tools and strategies useful in working with children to prevent restraint and seclusion. PARS also awarded $5,000 to several providers that had demonstrated a significant commitment to restraint and seclusion reduction. This money was used to enhance treatment environments and to promote trauma informed care.

In 2010, PARS initiated a series of monthly learning collaborative teleconferences on restraint/seclusion prevention. Over 30 hospitals and RTFs participated in five separate Learning Collaboratives led by four national experts: Dr. Maggie Bennington-Davis, Beth Caldwell, Janice LeBel, PhD, and Caroline McGrath. For more information on the Learning Collaboratives and the extensive credentials of these leaders, see the December 2010 issue of OMH News.

Purpose of Conference
The Lessons Learned Conference provided an opportunity for the PARS sites to share their successes, challenges, and lessons learned with providers from across New York State. It provided an opportunity for national experts to promote and support trauma informed therapeutic environments, and inspire the mental health providers who attended to use the six core strategies to reduce the use of restraint and seclusion and move from coercion to collaboration.

Jayne Van Bramer, OMH Director of Quality Management and leader of the PARS project, provided the keynote address on creating positive environments of care. Two panels of consumers representing the Office of Consumer Affairs and YOUTH POWER! promoted the importance of consumer involvement in decision making. The presentations by the PARS sites and the national experts further developed this theme.

**PARS Site Presentations**

Leaders from BryLin Hospital addressed the importance of executive leadership in setting the clinical direction of the hospital, and endorsed the PARS model as a successful strategy for Article 31 hospitals. They described the changes in attitudes that occurred over the course of the PARS initiative, and spoke of how the six core strategies helped them to understand the importance of engaging kids rather than controlling kids. They spoke about how the milieu drives behavior; and noted that encouraging staff to try out new ideas, as opposed to mandating change, leads to permanent and positive changes.

The administrator of the House of the Good Shepherd's RTF observed that change is not linear, that the six core strategies are not sequential, and that culture change occurred in her program as a result of embracing the six core strategies. She provided clear illustrations of collaboration with and empowerment of both staff and residents and how this led to the elimination of their level system. The RTF shared survey results that illustrated what staff learned from the PARS project.

**Highlights included:**

- There is always an alternative you can use rather than restraint.
- Success comes through empowering children. When a child knows that they will not automatically be placed in a restraint, they are more able to talk about what is troubling them.
- Networking with people who have been able to reduce restraints gives you hope.
- Don't be afraid to try new things. You will learn from your mistakes.

Noting that there is no single tool to success, WNYCPC's Executive Director gave vivid examples of child-centered, family-driven care that is individualized and flexible. WNYCPC's described how they use data to identify and celebrate staff achievements. The Executive Director also discussed the benefits of gathering information about calming choices in advance of admission, and described an abbreviated PMCS (Preventing and Managing Crisis Situations) training program for support staff. A highlight of the conference and a monumental factor in WNYCPC's culture change was the purchase of Tommy, a special needs dog, whose presence transformed the therapeutic environment.

Each of the PARS site leaders emphasized the importance of integrating the six core strategies, and advised that culture change is a long-term process that requires constant vigilance, flexibility and creativity.

**Presentations by National Experts**

Dr. Maggie Bennington-Davis introduced six components of leadership. Among many insights on how to achieve effective change was her observation that the first task of leadership is to give power away to both staff and clients. She noted that aggregated data is more likely to provide information that can lead
to change than simply looking at individual events. She also promoted the use of root cause analysis as a means to understand why restraints occur.

Beth Caldwell presented a rich array of primary prevention tools and strategies. She also promoted the need to help consumers engage in normalized community settings and activities in order to build a natural community support network.

Janice LeBel described a variety of novel approaches to hiring, orienting new staff, and promoting growth in the workforce. She stressed the importance of hiring the right staff, and advocated including consumers in the hiring process.

Caroline McGrath discussed debriefing activities, stressing the importance of conducting a thorough debriefing after a restraint. She spoke to the importance of saying "sorry", and advocated including an apology as a critical component in the debriefing process. She also emphasized the need to identify organizational values and treatment philosophy, and incorporate them in policies and practices.

Conference planners were encouraged by the overwhelmingly positive spirit of conference attendees. Attendees' questions focused on specifics regarding how to achieve meaningful culture change within their organization. Participants were confident that they would be able to overcome any obstacle they encountered as they moved to a restraint free environment.