Evaluation FastFacts

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The NTAC Training Curriculum for the Reduction of Seclusion and Restraint

Jeremy Conley, Research Associate, Human Services Research Institute and Kevin Huckshorn, R.N., M.S.N, C.A.P, Director, Office of Technical Assistance NTAC/ NASMHPD

Consumers, followed by providers and other stakeholders at many levels of the behavioral healthcare system have identified violence and coercion as major barriers to a comprehensive recovery-based treatment system. This awareness has focused attention on the deleterious consequences of seclusion and restraint (SR) in psychiatric settings. SR is now known to cause injury and retrauma-tization, and to restrict consumer self-determination and other recovery-oriented functions. The Harvard Center for Risk Analysis has linked SR to as many as 150 deaths per year . In response to these facts, the Substance Abuse and Mental Health Services Administration (SAMHSA) under the leadership of director Charles Currie, and many others in state and local mental health systems and provider organizations, are now promoting a search for evidence-based alternatives to the use of SR.

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Address:

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Cambridge, MA 02140

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The National Association of State Mental Health Program Directors (NASMHPD) and its National Technical Assistance Center for State Mental Health Planning (NTAC) have identified the creation of a violence- and coercion-free mental health treatment environment as a priority. Reducing and eventually eliminating SR is a key element of that goal. Accordingly, NTAC has developed a curriculum designed to reduce the use of SR, and is making this program available to mental health service providers in every state as quickly as possible. Under the direction of Kevin Huckshorn, R.N., M.S.N, C.A.P

NTAC has initiated the evaluation process to establish an evidence base for its effectiveness and continues to modify the program based on experience in the field.

Development of the Training Curriculum began with a meeting of physicians, nursing professionals, consumer/survivors, family members, Alternative Dispute Resolution professionals, trauma/violence experts, and representatives from SAMHSA, who brought together promising and best practices known to be successful in reducing the use of SR. NTAC also conducted a survey of state commissioners, state medical directors, and state hospital administrators. Using this information, the group produced the Draft Training Curriculum for the Reduction of Seclusion and Restraint.

The training Curriculum is designed for mental health administrators who are interested in reducing the use of SR in their treatment settings. It consists of six Core Interventions presented over the course's 17 Modules. The Core Interventions incorporate ideas and techniques from the successful SR reducing practices that were reviewed by NTAC and the initial meeting participants. The goals of the Core Interventions are:

- **Leadership**: Developing and articulating a mission and philosophy toward reducing SR, developing and implementing a performance improvement plan, and holding people accountable through improved SR oversight and "witnessing."
- **Use of Data**: Using data in non-punitive and competitive ways, including adding analysis of facility usage by unit, shift, day, and staff member, and identifying facility baseline, setting improvement goals, and monitoring changes over time.
- **Workforce Development**: Creating a less coercive and conflictual treatment environment with policies, procedures, and practices based on the principles of recovery and understanding of trauma to inform care through staff training.
- **SR Reduction Tools**: Integrating a variety of tools and assessments into the treatment of each consumer; including assessments to identify to identify risk for violence, risk for death and injury, SR history, and trauma history, as well as de-escalation and safety tools.
- **Consumer Roles in Inpatient Settings**: Including consumers fully and formally in roles throughout the organization to reduce SR.
- **Debriefing Tools**: Gaining knowledge and informing policy toward the reduction of SR and mitigation of adverse effects of SR events, through rigorous analysis of all SR events.

The initial evaluation of the Training Curriculum required four key actions. First, the project staff manualized the curriculum for consistent replication, and developed fidelity measures for the six core interventions. These are essential

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steps for the development of an evidence-based practice, as they allow any evidence of effectiveness that is shown in subsequent evaluations to be attributed to the intervention as it was designed if fidelity is shown. Baseline information, including a description of the facility, consumer populations, organizational culture, and the historical pattern of SR, was then compiled for each facility to be trained. Finally, the implementation of the interventions was monitored at each facility while SR data was collected and analyses of the curriculum impact, facility change, and trends in SR were conducted.

The curriculum was used at four regional trainings between February and August of 2003, each of which was attended by teams of directors and administrators from five to ten states. In total, facility administrators from twenty-six states were trained with the curriculum. Initial post-training data received from eight states have been very encouraging:

- 5 of 8 hospitals showed reduced hours of restraint,
- 7 of 8 had fewer consumers restrained,
- 5 of 7 had fewer restraint events,
- 5 of 7 showed a reduction in seclusion hours,
- 6 of 7 had fewer clients secluded, and
- 6 of 6 had fewer seclusion events.

SR hours were reduced by as much as 79%, the proportion of consumers in SR was reduced by as much as 62%, and the incidents of SR events in a month were reduced by as much as 68%.

NTAC has revised the Training Curriculum based on these findings and other feedback from the initial evaluation. Partnering with SAMHSA's National Registry of Effective Programs and Practices (NREPP), NTAC is now in the process of designing a second, more rigorous evaluation. In the coming months a larger number of facilities nationwide will receive the SR reduction training as part of this new evaluation.

NTAC has integrated research, partnership, and rigorous evaluation to speed the development of an evidence-based practice for reducing seclusion and restraint, a powerful example of how to move science to services for immediate impact on system transformation and consumer recovery. For more information about the Draft Training Curriculum for the Reduction of Seclusion and Restraint or how to participate in current or future trainings and evaluations, please contact:

Kevin Huckshorn, R.N., M.S.N, C.A.P

Director, Office of Technical Assistance

NTAC/NASMHPD

66 Canal Center Plaza

Alexandria, VA, 22314

Email: kevin.huckshorn@nasmhpd.org

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