

Culture Change:

Advancing Trauma-Informed Care in Texas

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Audience

- Who is in the audience today?
- What do you hope to gain from this presentation?

Reducing the Use of Restraints

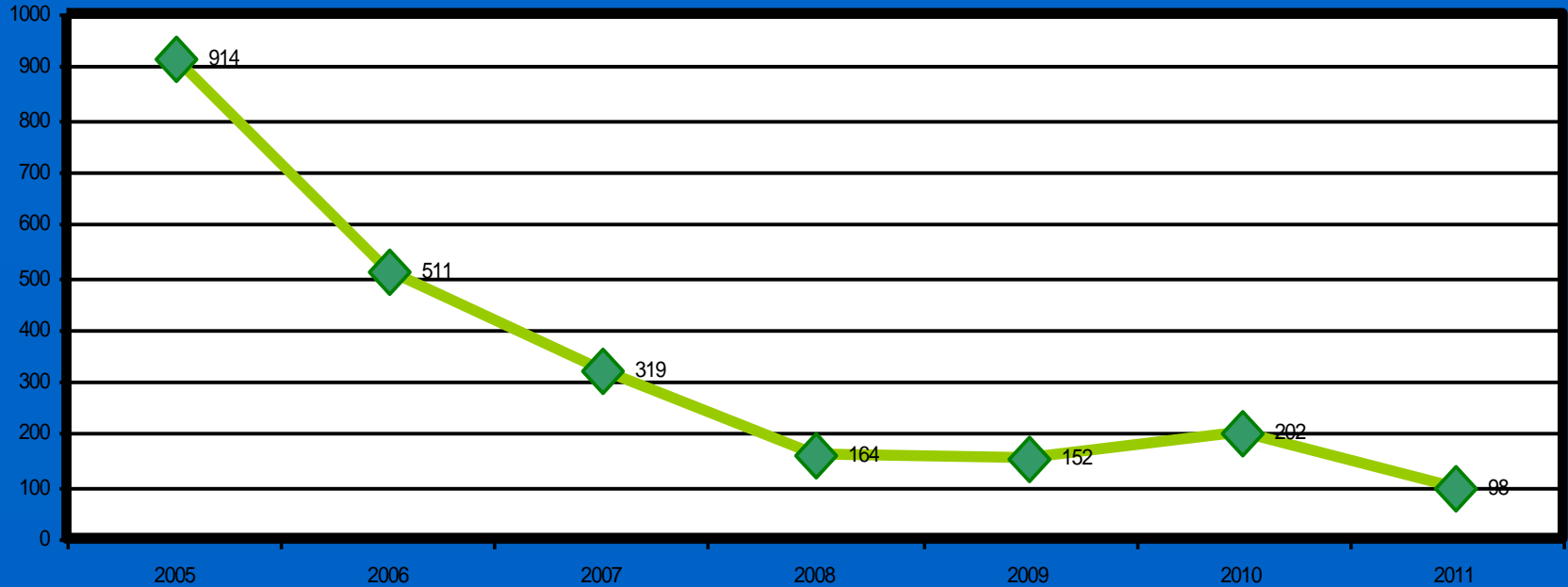
The Administrative and Clinical Revolution
at The Settlement Home

Annual Restraints

The Settlement Home

Annual Restraint Totals

January 2005 - July 2011

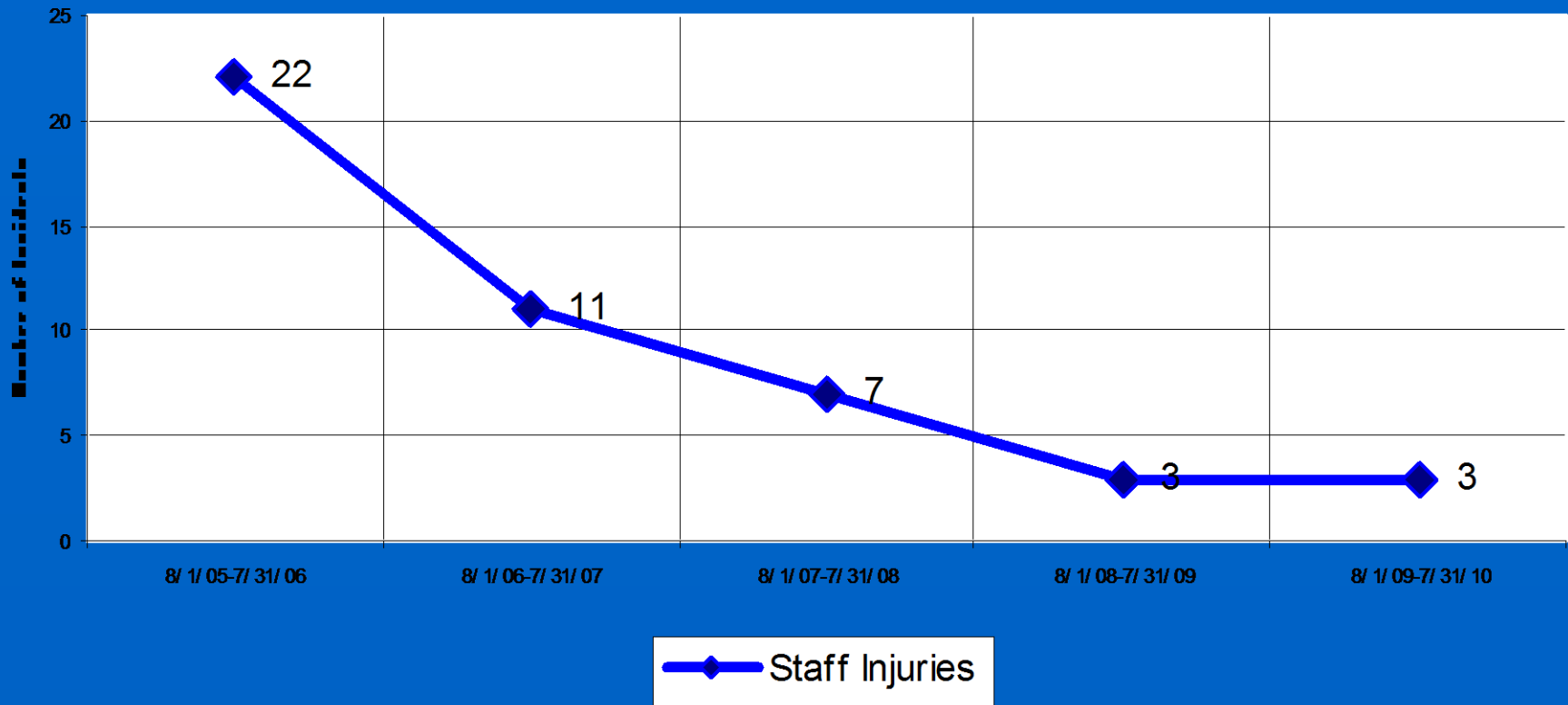


◆ Total Annual Restraints

Number of Staff Injuries

The Settlement Home

Number of Staff Injuries



Comfort Room Photo



Coping Cart Photo



Why do we care about
trauma-informed care
and reducing reliance
on restraint and
seclusion?

Seclusion & Restraint— *A Patient's Experience*



“Eight men jumped on me and wrestled me to the floor. They held me face-down on the floor, restrained me, and then shot me up [with] Thorazine. I then waited in restraints for hours until they thought my behavior was appropriate to be released. I remember begging with them like a dog to release me. I was totally powerless and at their mercy. As a survivor of sexual abuse, I personally have found the use of restraints on me more traumatizing than being sexually assaulted. Being put in restraints is a much longer, traumatic ordeal than being raped.” -Marcia Kelly

(Lane et al., 2002)

Coercive Treatment— *A Practitioner's Experience*

“The first time that I helped with a restraint, a four-point restraint, I walked out of the room in tears because it was one of the most horrible things I had ever seen.” -Female direct care staff

(Lane et al., 2003)



Coercive Treatment— *A Practitioner's Experience*

“When you get to that point you feel as though you have failed. It seems like you’ve missed something when you could have prevented it beforehand. I never liked doing that, but it’s about maintaining safety and you just never want that to happen....you feel like you’ve failed. There’s always something you could have seen earlier if you had been there a little sooner, if you had known the client a little better. You could have prevented the situation.”

- Male direct care staff



(Lane et al., 2003)



Hogg Foundation
for Mental Health

ADVANCING RECOVERY AND WELLNESS IN TEXAS

www.hogg.utexas.edu

- Who we are
- What we do
- Interest in trauma-informed care and seclusion/restraint reduction

Seclusion and Restraint Reduction Leadership Group

- **SB 325**
- **STARS/SAMHSA Grant**
- **Training**
- **Policy**



Assumption—*Defined*

- Assumption: A belief that is supposed to be factual; something taken for granted; a supposition (Webster, 2004)
- Some assumptions are based on facts, some are based on myths

Assumption #1

“Restraints keep people we serve safe.”



Reality: National

- **142 deaths in the US from 1988 – 1998 due to S/R, one-fourth being children, reported by the *Hartford Courant* (Weiss, et al., 1998)**
- **Each year nearly 150 people die as a result of S/R, estimated by the Harvard Center for Risk Analysis (SAMHSA 2009)**
- **Coalition Against Institutionalized Child Abuse tracked 75 child deaths due to restraints over the past decade (APRAIS 2009)**

Reality: National

- **Use of control procedures such as S/R may recapitulate previous traumatic experiences and thereby exacerbate symptoms of PTSD or other mental illness (Frueh, et al., 2005)**
- **JCAHO implemented a Restraint Death Sentinel Event database in 1996; In the first 10 years, 138 restraint deaths were reported (Joint Commission on Accreditation of Healthcare Organizations, 2005)**

Reality: State

- **111 fatalities over 10 years in New York facilities due to restraints** (Sundram, 1994 as cited by Zimbrot, 2003)
- **At least 14 people died and at least one has become permanently comatose while being subjected to S/R from July 1999 to March 2002 in California** (Mildred, 2002)
- **At least 16 children (<18 y.o.) died in restraints in Texas programs from 1988 – 2002** (*Austin American-Statesman*, May 18, 2003)
- **10,143 restraints were applied to 751 consumers in Texas state schools from January to September 2008** (U.S. Department of Justice, 2008)

Assumption #2

“Restraints are staff safe.”



Reality

- The injury rate in health care is higher than what was reported for workers in:
 - Lumber
 - Construction
 - Mining industries (Weiss et al., 1998; U.S. Dept. of Labor, 2005)
- 2001 study of a residential treatment program found that staff injuries due to S/R were reduced from 36 in 1998 to only one in 2000 after policies aimed at reducing S/R were implemented (Masker, 2001)

Reality

- **Implementation of staff training to reduce the use of restraints resulted in:**
 - **13.8% reduction in annual restraint rates**
 - **54.6% decrease in average duration of restraint per admission**
 - **18.8% reduction in staff injuries**

(Forster, Cavness, & Phelps, 1999)

Reality

- **One study found that reducing the application of restraints could cut facility costs by 92%. The reduction of restraints was also associated with more effective usage of staff time and a decrease in the use of sick time and staff turnover.**

(LeBel, 2005)

Assumption #3

**“Unit staff know how to
recognize potentially
violent situation.”**



(Mohr & Anderson, 2001)

Reality

- **Local non-clinical factors, such as cultural bias, staff role perceptions and the attitudes of hospital administrators, have a greater influence on the use of these practices than any clinical factors.**

(Fisher, 1994 as cited by Haimowitz, Urff, and Huckshorn, 2006)

Reality

- **Holzworth & Wills (1999) conducted research on nurses' decisions based on clinical cues of patient agitation, self-harm, inclinations to assault others, and destruction of property**
 - **Nurses agreed only 22% of the time**

Reality

- **When data was analyzed for agreement due to chance alone, agreement was reduced to 8%**
- **Nurses with the least clinical experience (less than 3 years) made the most restrictive recommendations**

(Holzworth & Wills, 1999)

Implementing Trauma-Informed Care and Successfully Reducing Seclusion & Restraint Use...



- **Changes the way:**
 - We do business
 - We view our customers
 - Our customers view us
 - We see our own roles
- **Requires and results in a culture change that occurs over time**
- **Requires effective leadership!**

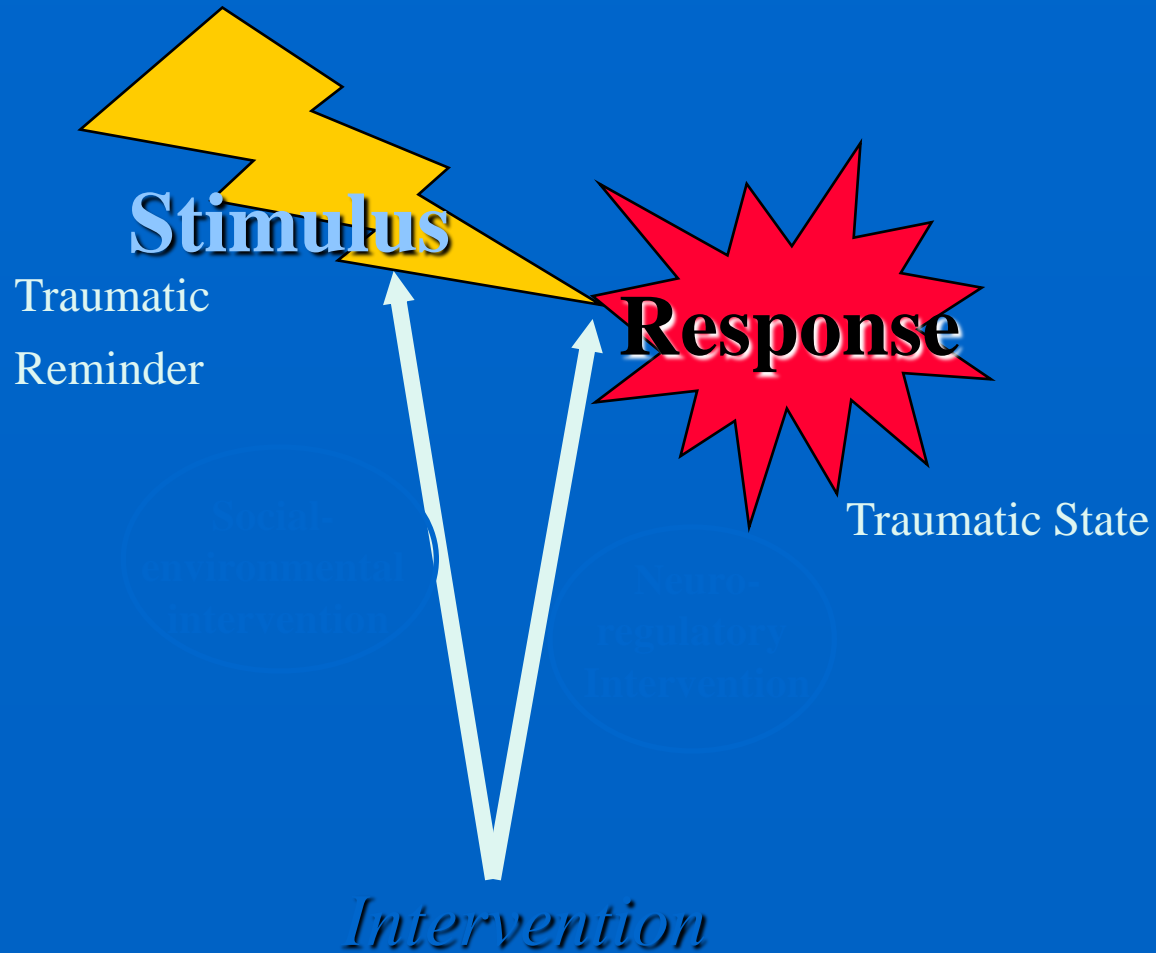
Trauma Informed Care

- Psycho-Biology of Trauma
 - Effective Treatment
 - Culture of Caring for Traumatized Children

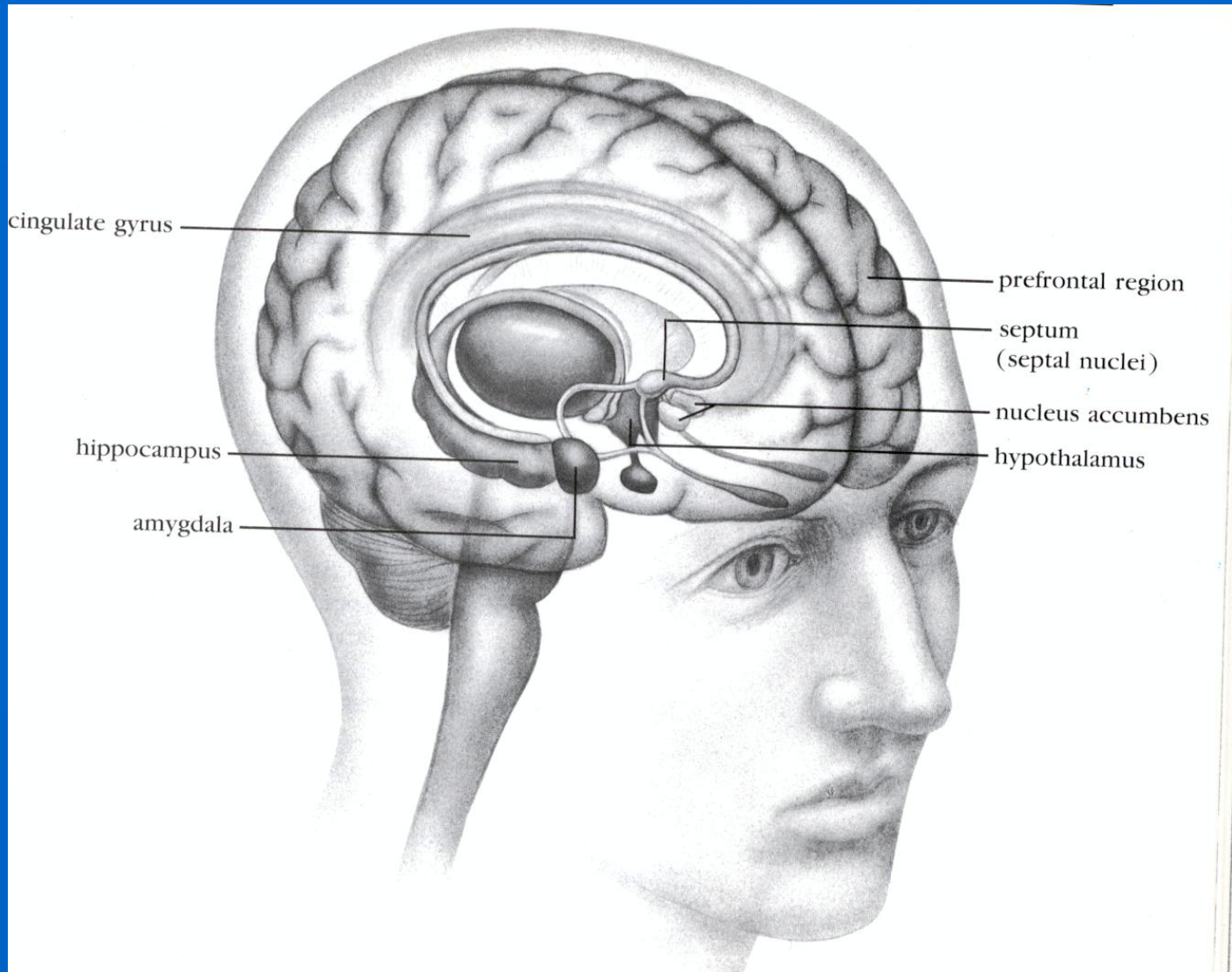
Effective Treatment Must Account For:

- A Dysregulated Nervous System
- A Social – Environment that Cannot Contain this Dysregulation

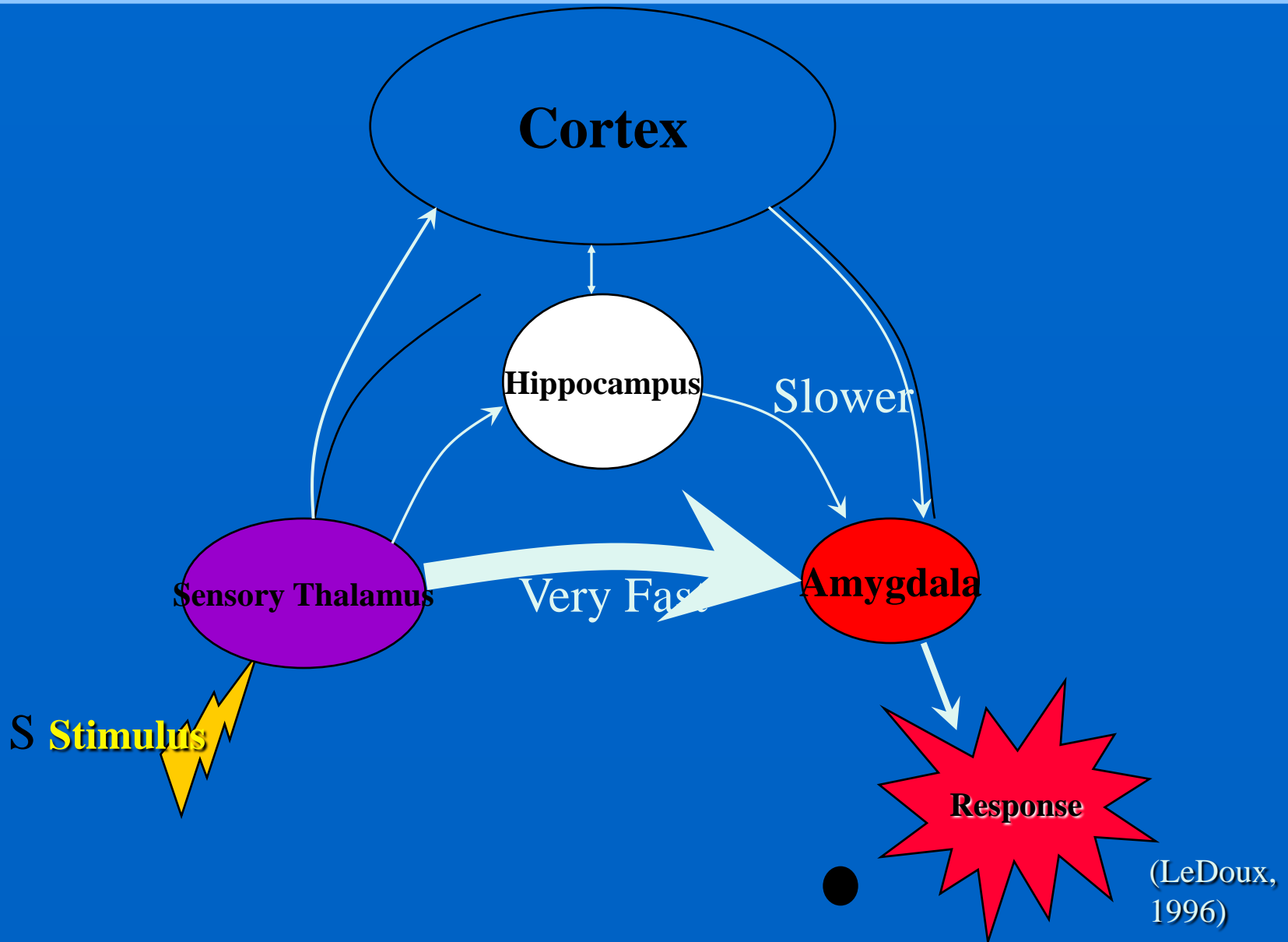
Between Stimulus and Response



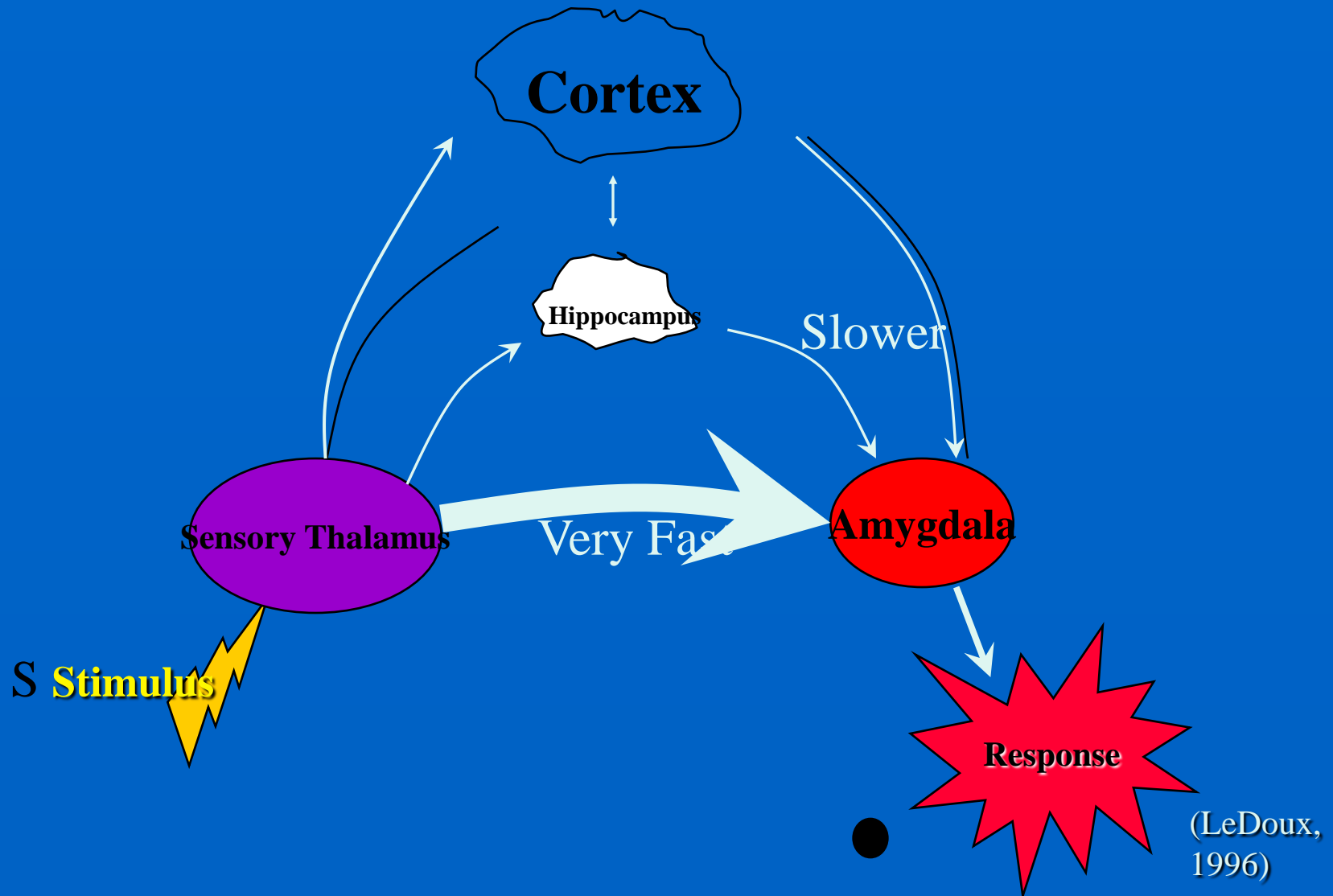
Emotional Brain



Between Stimulus and Response



Between Stimulus and Response



Trauma Informed Care

- Our children and youth are valuable people.
- They deserve courtesy and respect.
- They have been hurt/traumatized.
- We serve them.
- We are guests in their home.
- Our staff may be traumatized as well and need help to be helpers.

Three Biggest Challenges

Based on a recent survey of Texas RTCs, the most frequent precipitators of S/R are:

- Self-abusive behavior
- Aggression toward another child
- Aggression toward staff

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Six Core Strategies

- Leadership towards Organizational Change
- Using Data to Inform Practice
- Workforce Development
- Use of Restraint Reduction Assessments and Tools
- Use of Consumers/Kids
- Debriefing Techniques

Strategy Four: Use of S/R Reduction Tools

GOAL:

- To reduce S/R through the use of a variety of tools and assessments that are integrated into each individual consumer's treatment stay.

Assessments

- How Can We Help?
- All About Me.

Essential Components

- Coping Strategies that Help Youth Stay Regulated
- Safety Strategies

Strategies

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

More Strategies

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

Safety Plans

- Assess Potential Triggers
- Identify Early Warning Signs
- Individualize Strategies

Triggers

- A trigger is something that sets off an action, process, or series of event (such as fear, panic, upset, agitation):
 - bedtime
 - room checks
 - large men
 - yelling
 - people too close

More Triggers

- Not being listened to
 - Lack of privacy
 - Feeling lonely
 - Darkness
 - Being teased or picked on
 - Feeling pressured
 - People yelling
 - Room checks
 - Arguments
 - Being isolated
 - Being touched
 - Loud noises
 - Not having control
 - Being stared at
 - Other (describe)
-

Early Warning Signs

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

Consumer Roles

- Participate in own Treatment Planning
- Leadership Council
- Peer Mentors
- Paid Peer Specialists
- Youth Participation in DFPS Groups
- Youth Advocates with the Legislature

Experiential Challenges

- Form groups of staff from your RTC or join a group of staff from an RTC.
- Each group address the presented challenge that could precipitate a restraint.
- Pick a volunteer to present to the larger group your group's strategies.
- Three challenges will presented.

- We hope to learn from each other!

Challenge: Self-abusive Behavior

- A 15-year-old boy with a history of hitting his fist hard against walls is threatening to hurt himself.
- Proactive: What coping strategies would help him become or stay regulated?
- Reactive: What safety strategies in this crisis would help him deescalate?

Challenge: Aggression toward another Child

- A 17-year-old girl is provoked by a younger girl and is threatening to hurt her.
- Proactive: What coping strategies would help her become or stay regulated?
- Reactive: In a crisis like this, what safety strategies would help her deescalate?

Challenge: Aggression toward Staff

- An 11-year-old girl with a history of biting threatens to hurt a staff member.
- Proactive: What coping strategies would help her become or stay regulated?
- Reactive: In a crisis like this, what safety strategies would help her deescalate?

Leadership Council Responses to “What helps to reduce restraints at The Settlement Home?”

“You get turn around opportunities”

“Staff don’t hold your problems against you”

“Staff say positives about kids”

“You get individual attention”

**“For coping skills, you get more options and
different options”**

“Peer support helps”

“I like the weighted animals”

“The focus isn’t on consequences”

“You get incentives for little things”

“For me, sticker charts help”

“Frozen yogurt helps”

“Staff spend time with you”

Thanks for your participation!

For more information, please contact:

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