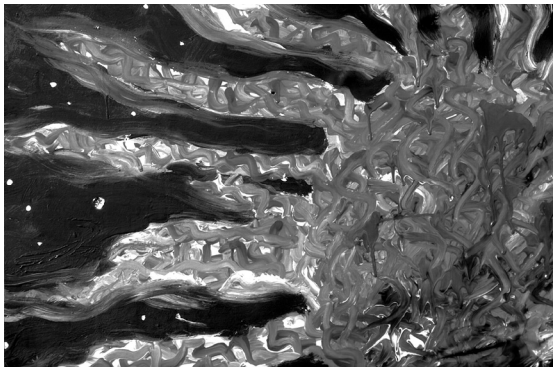

Overview

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> “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”
>
> Margaret Mead

Overview of *Resource Guide*

Introduction

For the last nineteen years, the Commissioners of the Massachusetts Department of Mental Health (DMH) have supported a formal initiative to reduce and eliminate the use of restraint and seclusion in child and adolescent treatment programs. This commitment by DMH leaders demonstrated their determination to decrease the use of coercive interventions in inpatient and intensive residential treatment settings and their belief that these approaches were unacceptable.

With this support from the highest level of DMH administration, key staff from the Department's Licensing and Child, Youth, and Family Services Division embarked upon the journey to improve the care of children, protect them from further life trauma within the mental health system, and support nurturing care to facilitate healing in these programs.

This *Resource Guide* was written to document much of what has been learned since the inception of this project and is meant to capture a portion of the creativity, innovation, and skill that many of our inpatient and residential staff developed as part of their efforts to meet the goal of preventing the use of restraint and seclusion.

We wish to acknowledge the members of the provider community in Massachusetts who are responsible for leading the way nationally in changing culture and raising the bar in terms of care standards and staff expectations. Mental health workers, nurses, physicians, occupational, art and recreation therapists, and social workers have shared their programmatic improvements, new approaches, and transformative practices that have made a difference in the lives of children and families.

Setting the stage: State & national framework

The goal of hospital and residential treatment for children and adolescents and their families is to help them achieve personal growth, recovery, and healing. Treatment should focus on helping children (by "children" we mean both children and adolescents) develop skills to manage themselves safely by emphasizing strengths, developing skills, and working with families to address difficulties.

Caring for children with emotional difficulties and mental illness and assuring their safety is very challenging, and programs have typically used external controls and coercive interventions for behavior management. These interventions, such as strict consequences, seclusion, and physical and mechanical restraint (S/R), are often traumatizing and harmful for children.

DMH, as the Massachusetts state mental health authority, and the National Association of State Mental Health Program

Directors (NASMHPD), as a nationally recognized organization representing the public mental health system in fifty states and territories, is committed to changing inpatient and residential treatment environments from coercive to collaborative settings. This shift in focus emphasizes the core values of respect, nurturance, and empowerment and underscores abilities rather than pathology (LeBel, Stromberg, Duckworth et al., 2004; NETI, 2006).

The purpose of this *Resource Guide* is to provide suggestions and information and share what has been learned as programs adopt a strength-based framework for children, adolescents, and their families. The guide will attempt to describe ways to make and sustain significant programmatic changes with the goal of creating non-violent, trauma sensitive treatment cultures.

Through its statutory authority, DMH licenses and provides regulatory oversight to acute psychiatric units in private and general hospitals and Intensive Residential Treatment Programs (IRTP's). It also monitors long-term inpatient facilities, Clinically Intensive Residential Treatment Programs (CIRT's), and IRTP's through its operational or contractual role.

In 2001, DMH undertook an initiative to promote strength-based care and reduce the use of S/R in licensed and contracted child and adolescent hospitals and intensive residential treatment programs. The project was developed and led by DMH staff in the Child/Adolescent Licensing divisions. Their work was based on extensive research, site visits to programs that had

eliminated or had very low rates of S/R, and consultation with national experts in establishing and implementing strength-based, trauma-sensitive, and non-violent treatment approaches (LeBel, Stromberg, Duckworth et al., 2004).

DMH staff provided clinical support, teaching, technical assistance, and regular feedback to support working partnerships that transcended the traditional model of authority. The goal of the effort was to help programs shift from an external management paradigm to a paradigm emphasizing skills in the service of self-management for children. Many programs in Massachusetts participating in this initiative have had significant reductions in the use of S/R, and some have eliminated these practices altogether. Although these initial results are impressive, there is a need for ongoing training, supervision, and quality management to sustain these changes over time.

The DMH Child/Adolescent Initiative obtained a great deal of useful information by assessing the different paths that individual hospitals and residential programs took towards achieving their goals. It was striking that all of the programs that significantly reduced or eliminated the use of S/R made changes in their program philosophies, practices, and policies.

Many programs found that they had to review and reframe the way they approached their work of caring for and providing treatment for children. These new ideas and practices emphasized helping children become more competent by

teaching them self-management skills and providing them with opportunities to practice these skills.

While Massachusetts was working on its initiative, a number of other mental health programs for adults and children throughout the country also began to work toward reducing the use of S/R. In 2002, the National Association of State Mental Health Program Directors (NASMHPD), through its National Technical Assistance Center for State Mental Health Planning (NTAC), was given the resources to create a national training initiative called "Creating Violence Free and Coercion Free Mental Health Treatment Environments for the Reduction of Restraint and Seclusion" (NETI, 2003). Mental health leaders from Massachusetts contributed what they learned from their programs to support the development of this national initiative.

Nationally, the President's New Freedom Commission on Mental Health issued a report and guidelines in 2003 designed to transform the way we care for people with mental health needs (New Freedom Commission on Mental Health, 2003). Massachusetts identified a number of areas that needed improvement in its programs that dovetailed with many of the recommendations in this report. This *Resource Guide* was created to support programs that want to become part of this national movement to provide better services to children and families.

This *Resource Guide* and the New Freedom Commission Report promote emerging promising practices and interventions, sensitivity to trauma, respecting and empowering

children and families, and focusing on resiliency. The children and families we serve deserve a renewed commitment to strength-based care, and programs can accomplish this by establishing and sustaining affirming, trauma sensitive, non-violent treatment cultures.

Purpose of the *Resource Guide*

This *Resource Guide* was designed to provide administrative, clinical, and direct care staff with a menu of approaches, tools, and treatment strategies that can be used to establish positive treatment cultures. It is a compilation of effective strategies that were used in Massachusetts programs to reduce and/or eliminate S/R to date. The interventions that are described in this *Resource Guide* are not an exhaustive list, and it is important to note that new ideas about improving program practices are evolving as the Massachusetts programs continue to advance and make changes and as other programs across the country join in the effort.

This *Resource Guide* discusses core interventions that are meant to provide readers with a basic understanding rather than an in-depth or step-by-step implementation plan. There is additional material at the end of each chapter for more information about each topic.

The *Resource Guide* was originally written to support hospital and residential programs, but the interventions have been found to be effective in other settings such as day programs, partial hospitalization programs, schools, juvenile justice, and

correctional setting. It is intended to be useful for staff members of all disciplines.

The *Resource Guide*:

- provides information and tools that support organizations, leaders, clinicians, and direct-care staff in implementing strength-based care and reducing/eliminating the use of coercive interventions;
- addresses administrative considerations that are vital to sustaining changes in philosophies of care and program treatment cultures;
- introduces the concept of strength-based care, describes its value in treatment settings, and provides examples of adaptable interventions and current best practices;
- focuses on empowering and collaborating with children and families and suggests tools and strategies for accomplishing these goals;
- provides information about using alternatives to point and level systems and examples of programs that have successfully done this in Massachusetts;
- emphasizes valuing families and provides guidelines for becoming more “family friendly”;
- provides information and resources from the national Building Bridges Initiative to help achieve positive outcomes for youth and families served in residential programs and their community counterparts;

- addresses the impact of trauma on children and suggests treatment strategies for use in inpatient and residential treatment that include but are not limited to individual crisis prevention tools and sensory-based treatment approaches;
- emphasizes a multifaceted approach in creating a supportive environment, from innovative use of physical space to creating partnerships between children, families, and staff members;
- includes references to emerging promising practice literature that links the reduction of coercive interventions to treatment benefits and clinical outcomes;
- contains narratives from clients about their experiences of S/R;
- includes information on legal limitations and liability in the use of S/R;
- draws on state-of-the art knowledge from national and local experts in key areas related to improving inpatient culture;
- discusses the use of S/R in schools and current efforts to educate families and increase public awareness;
- addresses the need for clients with unique needs, such as physical disability, cognitive and language limitations, cultural differences, hard of hearing, and blind;
- includes parent narratives about their experiences with S/R in a variety of settings, including schools; and

- provides an extensive list of additional resources in the final chapter that includes journal articles, books, websites, and videos.

Program leaders may want to introduce the guide to staff members, explain its purpose, and encourage them to read it and learn about the different elements that provide the foundation for strength-based treatment cultures.

Overview

LeBel, J., Stromberg, N., Duckworth, K., Kerzner, J., Goldstein, R., Weeks, M., Harper, G., LaFlair, L., & Sudders, M. (2004). Child and adolescent inpatient restraint reduction: A state initiative to promote strength-based care*. Journal of the American Academy of Child & Adolescent Psychiatry*, *43*(1), 37-45.

National Executive Training Institute (NETI). (2018). *Training curriculum for the reduction of seclusion and restraint. Draft curriculum manual.* Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD), National Technical Assistance Center for State Mental Health Planning (NTAC).

National Executive Training Institute (NETI). (2018). *Training curriculum for the reduction of seclusion and restraint.* Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD), National Technical Assistance Center for State Mental Health Planning (NTAC).

New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report.* (DHHS Pub. No. SMA-03-3832). Rockville, MD: U.S. Government Printing Office.