

Oral presentation

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Regulatory, clinical, and educational approaches to eliminating restraint and seclusion

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from WPA Thematic Conference. Coercive Treatment in Psychiatry: A Comprehensive Review
Dresden, Germany. 6–8 June 2007

Published: 19 December 2007

BMC Psychiatry 2007, 7(Suppl 1):S133 doi:10.1186/1471-244X-7-S1-S133

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/S133>

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Background

In response to national media attention on restraint and seclusion (R/S), state and national efforts in the USA have organized around the goal of eliminating their use. Several states/organizations have significantly reduced and stopped using these violent procedures. Participants will learn: 1) How some states/organizations changed treatment practice to prevent inpatient violence, 2) Why an understanding of trauma and factors contributing to treatment violence are essential, 3) Why the consumer and family voice is of key importance, 4) What state and national data indicates about the success of these efforts.

Methods

Massachusetts implemented a R/S prevention initiative after a process of data, literature, and better practice reviews. Leadership prioritized the effort and promoted education for staff. Ongoing training, strategic planning, and teaching helped to shift the ownership of the effort. Inpatient providers became equally responsible for the outcome. Effective culture change constructs/strategies were identified, helped to inform a federal initiative (SAMHSA/NASMHPD-NTAC), and were included in an emerging evidence-based curriculum of "Core Strategies" [1] to prevent and reduce treatment violence and coercion.

Results

Massachusetts' child/adolescent hospitals decreased their use of mechanical restraint by 85% and medication restraint by 88%. Some programs stopped using R/S altogether. These changes induced hope and reduced costs [2].

Conclusion

The use of R/S can be prevented and reduced to a level where it occurs rarely. Effective strategies have been identified and are being implemented. Courageous, focused leadership, at all levels of each organization involved in this type of process, is key to the success of this culture change effort.

References

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