COMMONWEALTH OF PENNSYLVANIA
Department of Public Welfare
January 30, 2006

SPECIAL TRANSMITTAL

SUBJECT: **Strategies and Practices to Eliminate Unnecessary Use of Restraint**

TO: **Child Residential and Day Treatment Facilities**
State Youth Development Centers/Youth Forestry Camps
County Chief Juvenile Probation Officers
County Children and Youth Social Service Agencies
County Mental Health/Mental Retardation Offices
Juvenile Court Judges

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PURPOSE:

The purpose of this transmittal is to provide guidance to child residential and day treatment programs that are licensed by the Department of Public Welfare (DPW) under Title 55 Pa. Code, Chapter 3800 (relating to child residential and day treatment programs) to assist in the implementation of strategies and practices that lead to the elimination of unnecessary restraint and that promote environments free of violence and coercion through safe and best practice management of children.

BACKGROUND:

The use of a restraint as an intervention continues to be a concern within Pennsylvania, nationally and internationally. This concern is based upon the risk of serious injury and/or death of the child, youth or staff; emotional harm and trauma to the child, youth, or staff; and the disruption of the relationships between the youth, family members, peers and provider staff, as a result of restrictive procedure use. As such, DPW seeks to support child residential and day treatment providers in promoting environments that enhance a child or youth's quality of life and ensures the safety of the youth and provider staff. DPW through a cross system stakeholder workgroup is developing technical assistance and training options that can be accessed by providers. As information becomes available it will be disseminated to providers.

DISCUSSION:

DPW believes that restraint is to be utilized only as an emergency measure of last resort in order to ensure the safety of all children and provider staff. §3800.202 (relating to appropriate use of restrictive procedures) provides for the use of restrictive procedures only to prevent a child from injuring himself or others. This could include situations to prevent a child from absconding from a court ordered shelter or residential placement. Except in situations where the child is endangering himself or others, restrictive procedures may only be used after attempts to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures. DPW expects that providers use positive practices, prevention and early intervention techniques and trauma informed care to reduce the use of restraints and/or other restrictive procedures. The use of child-focused approaches and implementation of individualized plans by staff has proven to be effective in helping children and youth to develop self-monitoring and self-control skills. These positive approaches bring about more positive reactions thereby creating a culture of mutual respect between the youth and provider staff.

DPW firmly believes that restrictive procedures should only be used after less intrusive behavioral interventions have been employed. Less intrusive interventions include the use of verbal and non-verbal de-escalation techniques by trained staff, such as, reducing environmental stimuli, providing a quiet/comfort room[2] and allowing time for the individual to verbalize concerns. In addition, at times it may be appropriate to modify certain facility rules when a child is dealing with a difficult emotional situation. This is not to imply that rules should not be

[2] A quiet/comfort room is a room that provides sanctuary from stress and/or can be a place for persons to experience feelings within acceptable boundaries. The quiet/comfort room is not an alternative to seclusion and restraint; it is a preventive tool that may help to reduce the need for seclusion and restraint. (LeBel and Stromberg 2004 – National Executive Training Institute)

followed, but instead that we should strike a balance toward changing the environmental rules, if and when, certain situations may jeopardize the health and safety of other children and staff. Observation of our youth and knowledge of their history and triggers should lead staff to engage in early intervention of escalating behaviors which remains our best tool for prevention of restraint.

Consistent with §3800.205 (relating to staff training) restraints or restrictive procedures should only be used by trained staff in emergency situations. Restrictive procedures that respect the dignity of the child or youth should be properly applied by trained staff. Staff should be attentive to the individual's history, underlying needs and ability to regain control.

Through utilization of the strategies and best practices, outlined in this transmittal, providers can continue to improve their intake screening and assessment processes, case documentation and restrictive procedure planning; increase data collection to show utilization trends; increase the quality and quantity of training provided to staff; and increase the use of effective debriefing of incidents with the child, the child's family and provider staff. As these best practices are implemented the following objectives can be achieved:

- Eliminate the unnecessary use of restrictive procedures;
- Eliminate the use of unnecessary physical restraint;
- Eliminate the risk of death;
- Reduce injuries and trauma to youth and staff;
- Reduce the costs which are often incurred by the use of restrictive procedures, such as staff absence, staff turn-over, property damage and workman's compensation claims; and
- Increase family participation in decisions related to their child, which respects the family's culture and perspective and promotes the child and family's health and quality of life.

Severe, chronic trauma in childhood and adolescence often leads to emotional, cognitive, behavioral and additional problems adversely affect a child's development. Therefore, children who display inappropriate behaviors may only be displaying adaptive responses to the life-threatening experiences or trauma that they have faced. Developing supports and skills for children which promote their mentally healthy functioning, in partnership with their families, and the youth themselves, becomes in fact the means to positive long-term outcomes. Children need to be involved in systems which can provide trauma informed care and utilize positive and proactive approaches. Providers that employ trauma informed care make it a priority to listen to children and their families more carefully, so that they can better understand their lives and the challenges they are facing. When children's lives are understood, children can be more successful in overcoming inappropriate behaviors and behavioral health issues.

To achieve trauma informed care, providers and their staff need to:

- Be respectful of the child and family's perspective and not see themselves as only rule enforcers;
- Meaningfully partner with families, recognizing their complex needs;
- Recognize that a child's placement into an out-of-home setting can also be a source of trauma to children and their families;
- Be educated and committed to providing care sensitive to the child's history of past trauma and current needs;
- Understand that trauma can be measured through the use of various assessment tools;
- Recognize that programmatic changes within the organization may be necessary in providing successful trauma informed care; and
- Understand that staff are the professionals and children who have been exposed to trauma will often provoke staff to get attention.

PRACTICE STRATEGIES AND CONSIDERATIONS:

55 Pa. Code, Chapter 3800 establishes the minimum requirements for residential and day treatment facilities. Facilities will still be reviewed for compliance with the regulations; however, DPW provides the following information to enhance provider efforts to eliminate the need for unnecessary restraint. DPW recognizes that many 3800 licensed programs are already using best practice tools to reduce the use of restraint and provide trauma informed care. In addition, DPW recognizes that providers are at different stages of implementation and require unique implementation plans based on the needs of the children and families served and type of service provided. The following six best practice strategies will help facilities to focus on improving the provision of care for children and youth resulting in the reduction of restraints and coercive practices. At a provider's annual inspection or during other site visits, DPW program representatives will discuss with provider staff how this guidance is being used to eliminate the use of unnecessary restraint.

1. **Leadership must support organizational change and adhere to best practice standards.**

   Management and leadership within DPW licensed facilities are responsible for the attitude and culture in their facilities and have the authority to make the changes that are necessary for achieving success in eliminating the use of unnecessary restraint. Consideration should be given to establishing a committee consisting of management and line staff, youth and families to review policy and restrictive procedure use within the facility. Managers must motivate and train staff to implement needed changes and must establish clear policy on the use of restrictive procedures. The policy should restrict the use of restraint to emergency situations when the safety of children or staff is jeopardized, where prior efforts at de-escalation were not effective.

In order to avoid the risk of serious injury and/or death of the child, youth or staff; emotional harm and trauma to the child, youth or staff; and the disruption of the relationships, agency policy should also address the threshold that exists for behaviors that result in restraint and the duration of restraint. Research indicates that most deaths occur within the first 6 minutes of restraint.[3] Following the death of a resident as a result of a restraint, the United Kingdom implemented a best practice approach recommending that a restrictive procedure last no more than 3 minutes. Recognizing that restrictive procedures may last longer than 3 minutes, agency policy should include parameters for intensive monitoring of the child's vital signs. However, the Department firmly believes that in most situations a restrictive procedure should not last longer than 10 minutes. In addition, agency policy should include criteria for referral for a clinical evaluation if a child's behavior is not modified or escalates as a result of the restrictive procedure. This may include an evaluation by in-house clinical staff, an outpatient provider or at times, a crisis intervention evaluation to determine the need for inpatient hospitalization. Training on agency policy should be provided to staff outlining when to initiate a clinical evaluation.

The agency's policies may need to be revised to reflect that the child or youth not be required to submit to unreasonable expectations in order for the restraint to end. Consistent with §3800.202, the individual shall be released immediately from the restraint when there is no longer a threat or risk to the individual or provider staff, even in the event that the individual does not immediately comply with staff instructions.

The facility should ensure effective communication among staff during and across shift changes. Staff are to be informed of changes to a child's restrictive procedure plan in a timely manner. Facilities are strongly encouraged to conduct child specific assessments to determine effective alternatives to the use of restrictive procedures and the types of restrictive procedures to be used that minimize the potential for additional trauma. The outcome of these assessments should be reflected in the child's record. In addition, medications that are used as part of the child's treatment plan may change during the course of treatment. As a result of the medication change, a child's behavior may change based upon the potential side effects. Direct care staff should be aware of the medication change, in addition to the potential side effects.

Staff must be trained on agency policy and should demonstrate the ability to effectively transfer the application of policy and procedure to their direct care work with children, youth and their families. In addition, family members and youth should have input into

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[3] Tracy, Donnelly, and Stultz, 2002. Decreasing the risk of death during restraints: A Logansport State Hospital Initiative. Eisenburg Award Nomination, System Innovation. Logansport, IN: Logansport, State Hospital.

the development of facility policy and procedure. Children and families should be oriented to the individualized planning processes and understand that responses to youth may vary according to their individual needs.

2. **Use of Data to inform practice change.**

Some 3800 facilities have begun to collect data on the use of restraint. Data collection is an essential component in developing quality improvement protocols. Thorough analysis of utilization trends including staff training, prevention steps, the associated antecedents, type of restraint, duration, injuries to youth or staff, and debriefing practices is necessary to implement effective systemic change within the facility. DPW is currently working with providers to determine what data elements are being collected so that a common set of elements can be used to measure the reduction of restraint statewide.

3. **Workforce development and training for all staff.**

Staff must first be aware of the facility's internal guidelines regarding the use of restraint and other restrictive procedures. Each staff person must be trained on the facility's interventions for specific behaviors. In addition, training must offer alternatives to the use of restrictive procedures. Staff members must be trained to recognize a child's specific triggers, warning signs, and how to identify strategies of calming the child, all of which can aid in avoiding the use of restraint. These triggers and strategies shall be identified in partnership with the child and family beginning at the assessment period and continuing thereafter recognizing that triggers may change over time as a child progresses through his/her service/treatment plan.

Facility management is responsible to ensure that direct care staff are transferring the knowledge gained in training into practice. Despite thorough training of staff, DPW recognizes that restrictive procedures may still need to be used in emergency situations for safety reasons; therefore, training in the appropriate use of restrictive procedures shall occur annually to avoid technique erosion.

Technique erosion is when a specific technique is learned in training and, over the course of time; personal adaptations to the technique are applied making the technique unsafe. Technique erosion is very dangerous and can cause injury or even death to the child or youth as well as cause severe injury to the staff applying the technique.

Appropriate topical areas for training include:

- Child development;
- Family and youth driven care;
- Trauma informed care;
- Prevention and de-escalation techniques;

- Neurobiological/psychological effects of trauma;
- Intake and screening processes (interviewing and observation for triggers of aggression);
- Relationship building, negotiation and problem solving skills;
- Alternatives to restraint (use of reduction tools);
- Matching behaviors with interventions;
- Psychological effects of restraint and seclusion;
- Signs of physical distress;
- Legal issues;
- Positional asphyxia;
- Addressing problematic restraint;
- Documentation;
- Debriefing and follow-up with youth and staff;
- Investigating injuries and complaints; and
- Data collection and analysis.

4. **Use of restraint reduction tools.**

For the purpose of best practice, it is recommended that all facilities review their admission and intake assessment tools to determine if changes are needed. A thorough assessment of each child will aid staff in gaining valuable knowledge about the child's history, attending to the child's daily needs, avoiding future trauma or recurrence of trauma, and the development of a restrictive procedure or crisis management plan. Involvement of the youth and family in the early and ongoing identification of child specific triggers and approaches to mitigate these triggers are essential in our restraint reduction efforts.

5. **Include the child and family in organizational change.**

Families, children and youth are essential members of the organizational change team. Meaningful family and child input in the design, implementation and monitoring of a quality improvement process provides the facility with valuable information that will lead to improved outcomes for children, families and staff. In addition, the participation of the child and family in the agency's organizational change process will lend increased credibility to these efforts and ensure that the child and family perspectives help inform internal system change.

6. **Debriefing techniques**

Debriefing requires rigorous analysis of the critical event and should work to reverse or minimize the negative effects of the use of restraint and help management and staff to revise or develop additional strategies to prevent future restrictive procedure use.

Generally, there are two types of debriefing, post acute and formal debriefing. Post acute debriefing should occur immediately after an incident to stabilize the environment and determine why the incident happened and what could have been done differently, by both staff and the child to improve the outcome. Depending upon the situation, post acute debriefing may need to occur separately for the staff involved and the child. In this case, the staff debriefing should be led by the on-duty supervisor and should allow staff the opportunity to express their feelings regarding the incident.

Formal debriefing is the "formal" review of the incident and includes a broader scope of people. Formal debriefing should occur within 48 hours after the use of a restrictive procedure. Each agency should develop and document, in writing, an internal review process for formal debriefing. The formal debriefing process will aid staff, the child, family members and other involved partners in determining ways of preventing future episodes and decreasing the frequency of restrictive procedure use. Formal debriefing will aid facilities and programs in providing the best services possible to children and youth and may lead to identification of staff training needs and necessary revision to provider policy and procedure.

Attendance at the formal debriefing may occur in person or through means of electronic communication and should include representation from the following individuals and/or groups: staff who implemented or witnessed the restrictive procedure; supervisory/management/executive staff (with at least one representative who has the authority to make operational and programmatic changes); clinical staff assigned to the youth (clinical lead, therapist, psychiatrist, etc.), the youth involved in the incident, family members, child advocates and county representatives. Facility staff should provide a culture that is welcoming and non-blaming towards families so that families understand and believe that their input is both valued and results in positive action. A welcoming culture would include scheduling meetings at times and locations that support family participation, including evenings and weekends.

During the debriefing the restrictive procedure record, as defined in Title 55 Pa. Code, § 3800.213 (relating to restrictive procedure records), should be reviewed. In addition to the restrictive procedure record, it is recommended that the following items also be addressed:

- a thorough discussion about the event which addresses the events precipitating the restrictive procedure;
- changes to the child's plan to determine behavioral management alternatives to avoid crisis for similar situations;
- skills or methods to prevent a future crisis;
- skills to decrease the length of the restrictive procedure which was used;
- recommendations and outcomes (i.e. additional staff training, operational and

programmatic changes);
- developing new methods of interacting with individuals; and
- methods to rebuild and enhance the relationship between the child, family and staff as a result of the restraint.

Questions regarding this protocol should be directed to the appropriate DPW regional office. Questions specific to the Restraint Initiative may be directed to:

Juvenile Justice Services
Jamey Welty 717-705-2457 jwelty@state.pa.us
Mental Health and Substance Abuse Services
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