Leading the Change from Control to Collaboration: Restraint & Seclusion Reduction

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Role of Change

(F. Alwon)

- To improve quality of services
- To insure healthy survival of the organization
- To provide a stimulating and growth producing environment

Impact of Change on People

- Loss of control, feeling powerless?
- Anger if surprised?
- Simple effect of “difference”?
- Loss of face?
- Concern about future competence/acceptance in group?
- Ripple effects? Uncertainty?
- More work?
- Past resentments surface?
- Sense of entitlement emerges?
- Reality that sometimes the “threat” is real

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Impact of Change on People

- Happy that better way may result?
- Excited about growth and new learning?
- A new chance to excel or shine, an opportunity to become a leader or exhibit a previously unseen talent?

Six Reactions to Change (Dreiford)

- Opposition
- Resistance
- Toleration
- Acceptance
- Support
- Joining

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Understanding and Communicating Change

- Why is the change happening?
- What actually will have to change?
- How will the change be implemented? (some of the "what" may shift)
- Visualized success?

Why Move from Control to Collaboration?

The underlying philosophy and spirit of "collaboration" is treating everyone with dignity and respect. It respects people's strengths.

Defining "Control"

The Dictionaries Say…….

- To exercise restraint or direction over. To dominate. To command.
- To "hold in check". To curb
- To eliminate or prevent the flourishing of
- To bridle, as in "Bridling a horse"

**In research studies the "Control Group" is the one that does <u>not</u> receive treatment

Collaboration Approach

Adults who focus on collaboration do not engage in interactions that are demanding, disrespectful, dominating, coercive or controlling. Rather, adults respond to children's behaviors with empathy, active listening skills and questions that engage the child's strengths in finding solutions (NYS OMH)

Types of Aggression

- Affective Aggression: Comes after a perceived stress. Generally takes the shape overwhelming stress and rage

- Predatory Aggression: goal directed, often planned, used to obtain goods, revenge, etc.

The key is to assess and differentiate. Structure and control work best with predatory aggression, NOT with affective aggression, where engaging and safety are key

“Trauma Informed” (SAMHSA)

A definition of trauma-informed incorporates three key elements:

- Realizing the prevalence of trauma
- Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- Responding by putting this knowledge into practice

Trauma Informed Care

"Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment." (consensus definition)

Trauma Informed Care (Alvarez and Sloan)

- Aims to avoid re-victimization.
- Appreciates many problem behaviors began as understandable attempts to cope.
- Strives to maximize choices for the survivor and control over the healing process.
- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background.

All clients have strengths and coping abilities. In trauma cases distress and disorganization are so much in the forefront that the strengths can be lost to awareness. Therefore specifically identifying them can be a useful reminder (Geller, Madsen and Orenstein)

"Mind-set" Keys

Working with people who have experienced significant trauma requires a basic shift of mind set. We must "stop asking ourselves what is wrong with them and start asking what happened to them" (S. Bloom)

- "Symptoms" should be viewed as "adaptations"
- Violence causes trauma…and trauma causes violence

Leading the Way…

- Philosophy about restraint/seclusion: Therapeutic last resort intervention or therapeutic failure?
- Role of Senior Administration
- "Messages": An honest look up and down the organizational ladder
- Training and staff development
- Involvement of children and families
- Getting staff to buy in. Dealing with staff feeling not supported
- Security/Crisis Intervention teams

Leading the Way…

- **Philosophy?**

1. Commitment to trauma informed care
2. Is a restraint a last resort therapeutic intervention or a therapeutic failure?
3. "Best Practice" concepts, interpretations

- **Role of Senior Leadership**

1. Level on involvement?
2. Connected to training?
3. Willingness to be tough when needed with those locked into the "control" approach

Leading the Way…

- **“Messages”**

1. An *honest* look at “messages” up and down the organizational ladder
2. Level systems
3. Subtle rewarding of “control” as success… “good shift, no problems”
4. Staff demeanor, body language, informal conversations, etc.
5. Physical set up of common areas, entry areas, etc.
6. Use of language
7. Program “Re-creating” trauma experiences??

Leading the Way…

- **Data driven practice**

1. Use of data to inform practice
2. Patterns, high critical incident periods
3. Demographics
4. Staff patterns

- **Involvement of children and families**

1. Meetings with kids for buy in
2. Involvement in post crisis follow up
3. Notification, transparency, involvement of parents
4. Who is the customer??

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Leading the Way…

- **Security/Crisis Intervention teams**

1. Leadership of team
2. Who are the players?
3. Whom do they report to?
4. "Messages" being sent

- **Staff buy-in and pit falls**

1. Need for support but clarity on commitment to reduction/elimination of restraints. Emphasis on listening and dialogue. Need for some tough "judgements"
2. Middle level supervisors and communication flow

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Leading the Way…

- **Every one is a "big damn deal" (Cornell TCI)**

1. Post crisis debriefing for child (Life Space Interview)
2. Post crisis debriefing for staff (Supervisor support)
3. Structure of critical incident reports
4. Connections to data driven practice
5. Leadership (senior) in post crisis follow up
6. Inclusion in quality assurance meetings
7. Inclusion in team meetings

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Some Resources

- United States Senate Majority Committee Report-2014

http://www.help.senate.gov/imo/media/doc/Seclusion%20and%20Restraints%20Final%20Report.pdf

- The role of effective, positive practice in reducing restraints of young children

http://challengingbehavior.fmhi.usf.edu/do/resources/documents/brief_preventing.pdf

- Experience of Oak Hill Boys Ranch in Alberta

http://www.cyc-net.org/cyc-online/april2011.pdf

- SAMSHA Alternatives to seclusion and restraint

http://www.samhsa.gov/trauma-violence/seclusion