Restraint and Seclusion: a survey of the Current Situation in our nation’s institutions
Hello!

I am Patricia Godsey
C/S/X activist of 10 years
Social Work student
NCMHR Intern
NCMHR Policy priority alignment

Protect and Promote the Human Rights of Americans Diagnosed with Mental Health Related Conditions

- Ending involuntary treatment and coercive treatments
Questions to Ponder:

What moved you most about these results?

What would you like to see us highlight stronger in future presentations?

What recommendations would you make to our legislators based on what we learned here?

What feedback do you have about the specific recommendations we have proposed?

How can we get the word out?
Seclusion and Restraint Survey Design

Developed a steering committee made up of people with lived experience of having been secluded or restrained and people who have worked in places where seclusion and restraint are used.

Spoke with each steering committee member individually about the project and their experiences.

Drafted survey questions based on collective experiences. Steering committee approved surveys. Translated the questions into Spanish for increased accessibility.

Distributed surveys to c/s/x community and people/groups known to be working in settings discussed in survey.

Analyzed data and looked for themes, giving each open-ended response up to five tags based on content.

Created a draft of recommendations based on the data to share with this group for feedback.
Steering Committee

Alexis Garcia  David Oaks
Vic Savicki    Dan Fisher
Cindy Daniels Donita Diamata
Kela Lynn      Kathy Savicki
Surveys Received: 161

* In addition to experiences in the United States, two respondents described experiences abroad.
Survey Structure

- mdaNCMHR Steering Committee
  - Staff survey (74)
  - Lived Experience Survey (87)
    - Schools (43)
    - Psychiatric Institutions for Youth (47)
    - Psychiatric Institutions for Adults (71)
    - Nursing Homes (14)
    - Other (37)
**Staff Survey**

74 participants

<table>
<thead>
<tr>
<th></th>
<th>Schools</th>
<th>Youth Psych</th>
<th>Adult Psych</th>
<th>Nursing Homes</th>
<th>*Other</th>
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*Other settings may include: jails, prisons, emergency rooms, homes/community settings, hospitals, gymnasiums, migration facilities, and residential treatment settings*
In the setting you worked, were all staff informed of or trained in laws and policies regarding seclusion and restraint?

<table>
<thead>
<tr>
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<th>Schools</th>
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<td>9.5%</td>
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In the setting you worked, were all staff trained in de-escalation practices?

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<thead>
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</tbody>
</table>
Have you ever witnessed instances of seclusion or restraint that you perceived as **preventable**?

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</table>

“I saw instances in which staff chose a hands-on restraint intervention due to their own escalation, rather than using de-escalation techniques in which they had been trained.”
Have you ever witnessed instances of staff circumventing (going around) policies or laws when initiating seclusion or restraint?

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<td>5%</td>
<td>21%</td>
<td>25%*</td>
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</table>

“I have seen some staff ‘catch and release’ with the idea that if they let go before a certain amount of time they do not have to document the incident as a restraint.”
Have you ever witnessed instances of staff circumventing (going around) policies or laws to prolong instances of seclusion or restraint?

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Examples of Staff circumventing rules to Initiate or prolong seclusion and restraint

Intentional escalation to create less work for staff

Overstating the danger of the situation

Utilizing chemical restraints to sedate people including using them off-label

Keeping people longer because of the assumption that they would re-escalate if released when required by policy or law

Giving a medical reason for restraint because medical restraint have fewer regulations

Restraining or excluding as a punitive measure, for actions such as talking too loudly or refusing medication
Have you seen seclusion or restraint used as a punitive measure?

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<td>9.5%</td>
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<td>50%*</td>
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</tr>
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</table>

“For talking loudly, yelling, urination outside of the restroom in public area, for posturing at staff, refusing medication.”

“I never witnessed actual restraints as a punitive measure, but occasionally staff threatened to restrain someone in a punitive way. This happened more frequently on the child and adolescent units.”
Have you been **negatively impacted** by the seclusion and restraint practices in the setting where you worked?

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<td>67%</td>
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<td>60%</td>
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<td>21%</td>
<td>50%*</td>
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Staff Survey
Themes
Inappropriate Staff Behavior (113)

punishment
overreaction
retaliation
jaded
assault
abuse
preemptive
threat of punishment
go-to behavior control
power struggle
power control
Poor Working Conditions (87)

reduction possible with good leadership
understaffed
fear of retaliation
oversight needed
lack of training
fear
burnout
poor working conditions
Trauma (64)

traumatic for staff
retraumatizing

trauma

vicarious trauma

not trauma-informed
Morally Wrong (38)

need empathy
increased reactivity
creates mistrust
makes things worse
morally wrong
harmful
Impact

“It was pure and simple abuse and torture that will intensify earlier instances of trauma they have suffered and cause them to be more fearful and distressed in the future, possibly for their whole lives.”

Artist: Rachel Kitterman
Themes

Poor working conditions

Morally wrong/makes things worse
Inappropriate staff behavior
Trauma

Connection/Compassion/Talk to me
Training oversight needed/Change is possible
# Lived Experience Survey

87 participants

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*Other settings may include: jails, prisons, emergency rooms, homes/community settings, hospitals, gymnasiums, migration facilities, and residential treatment settings.
Had you not been restrained or secluded, would you have hurt yourself or someone else?

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Do you feel that the incident(s) could have been prevented?

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<tr>
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“The person can be talked to, in many cases my behavior was out of fear of what was happening.”
Staff: Have you ever witnessed instances of seclusion and restraint that you perceived as preventable?  
Lived Experience: Do you feel that the incident(s) could have been prevented?

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<tr>
<td>Unsure</td>
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</table>

“It makes people less likely to trust other people and makes recovery and healing harder to come to.”
Lived Experience Survey Themes
Inappropriate Staff Behavior (167)

threat of punishment
power punitive abuse
nothing helpful
injury neglect
force control
staff aggression
poor staff behavior
What was helpful?

32 of 87 (37%) respondents typed out a version of “nothing” or “not a thing” in response to a question about what staff did that was helpful.

Tending to injuries
Access to medical treatment
Not acting afraid
Allowing space

Legal assistance
Being understanding
Providing snacks, books, and entertainment
Morally wrong or makes things worse (145)

- fear
- scary
- made things worse
- loss of respect or trust
- morally wrong
- disempowered
- helpless
- hopeless
- avoid mental health treatment
- inhumane
- dehumanizing
- should not be practiced
Experience described as leading to mistrust and fear

“I am afraid to talk to mental health professionals for fear I will be locked up”

“I have had times when I needed intense therapy or more medication...I stay home rather than allowing myself to be institutionalized and risk being held and abused.”
Morally wrong / Makes things worse

Staff: 38

Lived Experience: 145

“These practices would in most cases be a crime if committed by anyone outside of an institution...”
Connection/
Compassion/
Talk to me (74)
“The person can be talked to, in many cases my behavior was out of fear of what was happening.”

Artist: Rachel Kitterman
PTSD
retraumatizing
trauma
lasting impact
“There was no one speaking...I was physically thrown against the wall, thrown to the floor. Four men sat on top of me...the brazen lack of care for my physical wellbeing...shows how little my life meant to those in charge of my life”
Training and oversight needed (61)

Change is possible

alternatives exist
support people needed
proactive preventative approaches needed
training needed
supervision oversight investigation
not enough staff
de-escalation skills needed
“They treated me as if I was a small child and talked to me as if I wasn’t able to make meaningful decisions for myself. They gave me no other choices that might have helped me deal in a more thoughtful way.”

“In the children’s world, the ‘adult’ staff are always believed. The child often doesn’t have a voice and that voice is discredited.”

Artist depicted in this piece: Judith Scott
Necessary/Helpful on occasion (Staff-26)

necessary for dangerous behavior

good outcome

necessary for threatening behavior

debriefing helps
Necessary/Helpful? (Lived Experience-12)

Necessary only if violent / on rare occasion (4)
No impact (3)
Take responsibility (1)
They were following rules (1)
Woke me up (2)
Kept me safe (1)
Questions to Ponder:

What moved you most about these results?

What would you like to see us highlight stronger in future presentations?
Questions to Ponder:

What recommendations would you make to our legislators based on what we learned here?
Recommendations

- Create state and federal restraint and seclusion oversight committees
- Track all incidences of restraint and seclusion and make this information available to the public
- Create statewide plans to reduce restraint and seclusion
- Require universal training in trauma informed care
- Improve working conditions for employees including:
  - Adequate staffing,
  - Increased supervision
  - High quality trainings in compassionate communication and de-escalation

Feedback/additional recommendations
Questions to Ponder:

How can we get the word out?
Contact information

Patricia Godsey
pgodsey@pdx.edu
ncmhr@googlegroups.com