

Seclusion and Restraint Reduction: Implementation of Graded Exposure by an Individual Support Team in a High Security Inpatient Service.

Mental Health & Specialised Services - Forensic & Secure Services - High Security Inpatient Service.
The Park – Centre for Mental Health Treatment, Research & Education.
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Background

- Reduction in the use of seclusion and restraint has long been a priority in the High Security Inpatient Service.
- In the context of complex mental health needs and challenging behaviours, some consumers have intensive therapeutic intervention needs to address the factors (i.e., fight/flight response) which precipitate and perpetuate use of prolonged seclusion (average approx. 13 years) and/or mechanical restraint.
- Allied Health Knowledge Translation in Healthcare project resulted in an implementation protocol for a Seclusion and Restraint Reduction Project.
- The Individual Support Team (IST) was established: a specialised team which provides multidisciplinary assessment, formulation, treatment planning and therapeutic intervention.

Aim

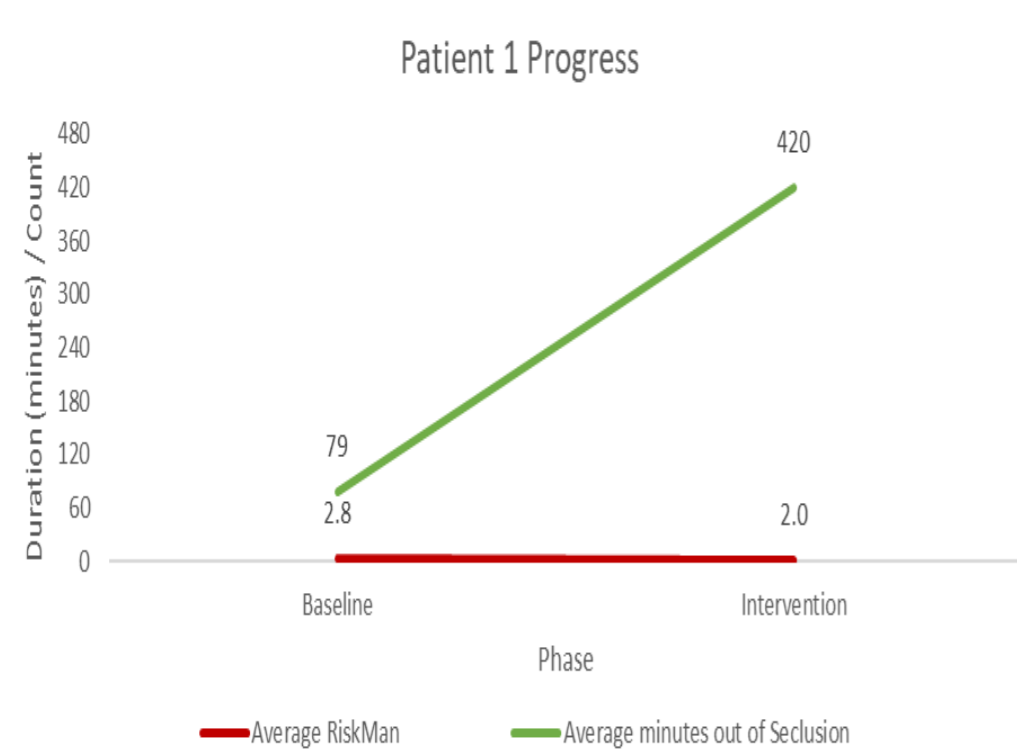
To investigate whether the application of Graded Exposure implemented by an Individual Support Team will reduce a patient's fight/flight response, thus safely reducing use of seclusion and restraint for patients experiencing protracted seclusion.

Methods

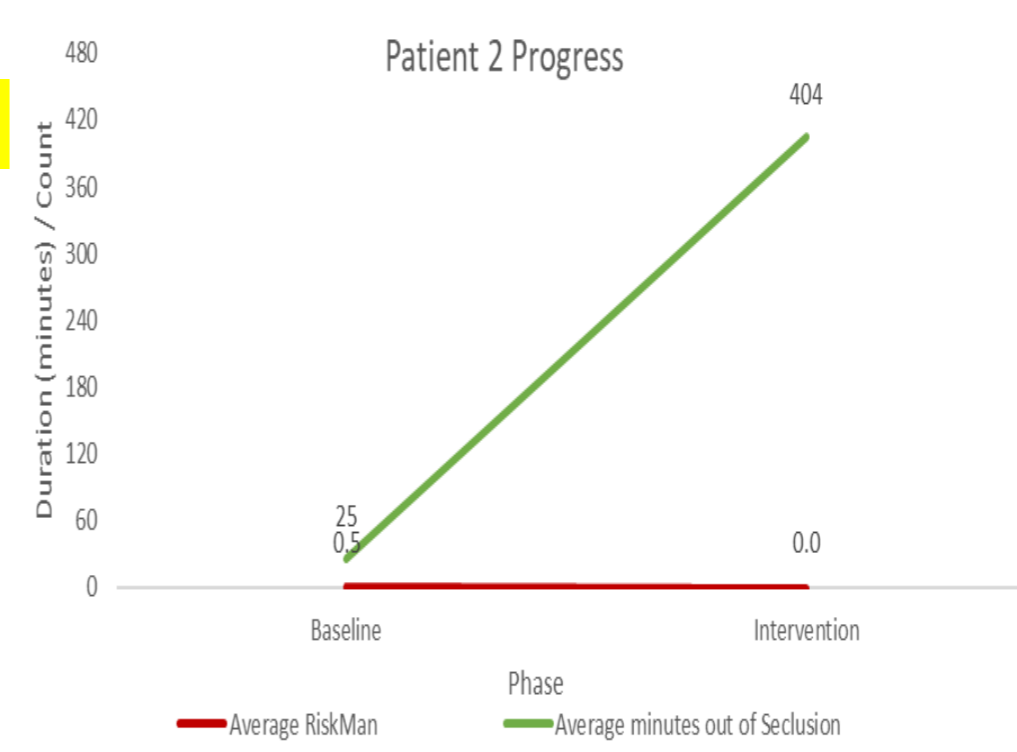
Study Design	Multiple single case study within-subjects design (Case Series, AB)
Study Data / Measures:	<ul style="list-style-type: none"> Minutes out of seclusion Use of mechanical restraint RiskMan incidents
Study group:	1 Group: Patients within High Security Inpatient Service experiencing protracted seclusion.
Number of participants in group:	4



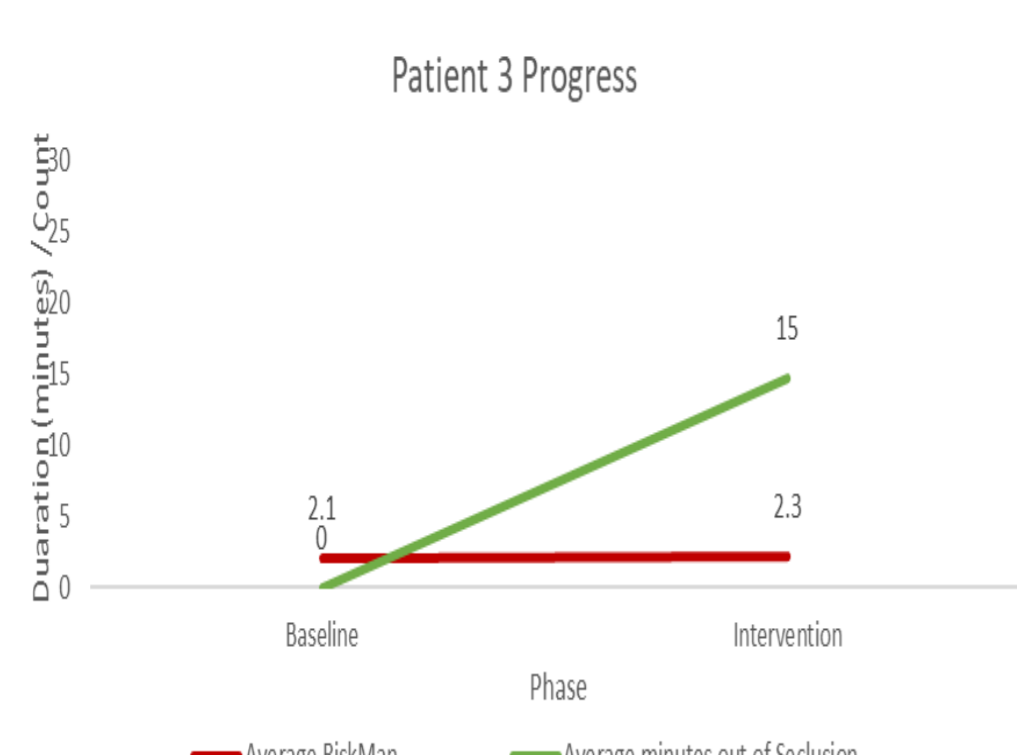
Outcomes



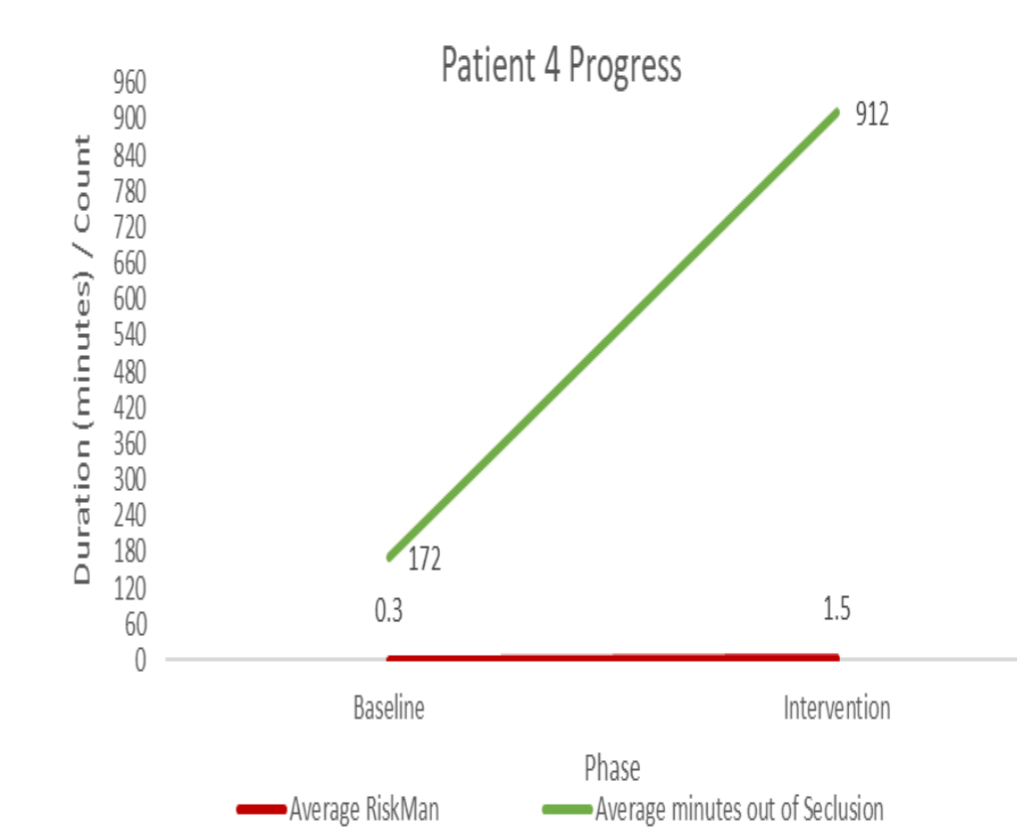
- ✓ **Restraint ceased after 3 months.**
- ✓ Accessing escorted off-grounds LCT.
- ✓ Significant reduction in seclusion.
- ✓ In person visits with family.



- ✓ **Seclusion ceased** after 12 months of intervention.
- ✓ Restraint ceased after 3 months.



- ✓ **Accessing regular time out of seclusion.**
- ✓ Trialling 1 hand out of restraints.
- ✓ Increase in relational security resulting in reduction in physical restraint.



- ✓ Accessing escorted off-grounds LCT with family.
- ✓ **Working towards release from seclusion.**

Conclusions

Seclusion and restraint can be reduced, and even ceased, with no increase in RiskMan incidents through consistent implementation of a formulation driven Cognitive Behavioural Therapy (CBT) (Graded Exposure) intervention.

The IST addresses previous challenges in reducing use of seclusion and restraint through directly enabling **capability, opportunity and motivation** of the workforce to implement the Graded Exposure intervention.

Use of **seclusion and mechanical restraint** has reduced and ceased through the process of habituation and due to increased relational security provided by the IST.

Future Directions

- **Continue implementation** of Graded Exposure with IST.
- Monitor requirement for further **development of capability, opportunity and motivation of the workforce.**
- **Qualitative work** – patient stories and staff/workforce experiences.
- **Formation of practice-based evidence:**
 - Publication of implementation protocol, case series, and qualitative outcomes.
 - Dissemination of outcomes.
 - Sharing learnings with other forensic / secure / mental health services.

Acknowledgements

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- Katrina Barnett, Therapy Aide - IST
- Lynn Miller, Therapy Aide -IST
- Paul Clare, Deputy Director of Operations/Project Manager FSS
- Thomas Bull, Therapy Aide -IST



Above: IST members Tom, Monica, and Andy.

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Queensland Government