



## **MODULE 7**

### **Review and Action Plan**

# MODULE 7

## Review and Action Plan

*“Cowardice asks the question – Is it safe?  
Expediency asks the question – Is it politic?  
Vanity asks the question – Is it popular?  
But conscience asks the question – Is it right?  
And there comes a time when one must take a position that is neither safe,  
nor politic, nor popular, but one must take it BECAUSE it is right.”  
—Dr. Martin Luther King, Jr.*

### Learning Objectives

Upon completion of this module the participant will be able to:

- Identify key concepts from Modules 1–6.
- Develop a personal action plan for reducing seclusion and restraint.
- Develop a workplace action plan for reducing seclusion and restraint.

## **MODULE 7: REVIEW AND ACTION PLAN**

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## **BACKGROUND FOR THE FACILITATORS: REVIEW AND ACTION PLAN**

### **Overview**

This is the last module in this curriculum and the final time to work together as a group. Discussion questions are provided to help stimulate conversation. It is important to remind people of the confidential nature of these sessions.

### **Review**

The preceding six modules have provided participants with many opportunities to increase their understanding and explore a consumer-directed philosophy. In the first part of this session, you will review highlights from each module.

### **Personal Action Plan**

Give the participants time to review all of their personal action plans and journal entries from the first six modules and develop an overall action plan for eliminating the use of seclusion and restraint.

### **Workplace Action Plan**

Give the participants time to come together as a group and develop a strategic plan for the elimination of seclusion and restraint in their facility. The participants will set several goals and devise action plans for achieving these goals. Discussion questions are provided to help you stimulate the conversation.

### **Closure**

Play the *If I Were Brave* CD for one final moment of reflection and then present the Certificates of Completion and say goodbyes. As always, please be sure to thank everyone in the group for their active participation.

## PRESENTATION



*Welcome participants, review names, and make sure everyone has a nametag or name tent. It may be helpful to provide a quick review of Module 6: Sustaining Change Through Consumer and Staff Involvement.*

*Set aside a minimum of 2 hours to develop personal and workplace action plans.*

*Begin by going over the learning objectives.*

### Learning Objectives

Upon completion of this module the participant will be able to:

- Identify key concepts from Modules 1-6
- Develop a personal action plan for reducing seclusion and restraint
- Develop a workplace action plan for reducing seclusion and restraint

*"Cowardice asks the question - is it safe?  
Expediency asks the question - is it politic?  
Vanity asks the question - is it popular?  
But conscience asks the question - is it right?  
And there comes a time when one must take a  
position that is neither safe, nor politic, nor  
popular, but one must take it BECAUSE it is  
right."  
Dr. Martin Luther King, Jr.*

## Overview

- This training has covered an enormous amount of material.
- You have been given a sample of many different resources that are available to you for eliminating the use of seclusion and restraint.
- We hope you have learned a little bit about many things and will pursue further information on your own.
- We will do a brief review of each module, highlighting the key points.

## Module 1: The Personal Experience of Seclusion and Restraint

- "When I participated in my first restraint experience I vomited."  
- (interview with direct care staff from Minnesota)

- The most powerful way of understanding the personal experience of seclusion and restraint is to hear from people who have had this experience.
- Consumers and members of the professional mental health community are beginning to realize the importance of establishing and maintaining rapport as an effective means of developing productive communications.
- Promising practices indicate that training direct care staff is a key to eliminating the use of seclusion and restraint.
- Direct care staff possess the informal power to contribute to system changes that eliminate the use of seclusion and restraint.

## Module 2: Understanding the Impact of Trauma

- "What helps me (deal with trauma) is professionals who have the ability to take care of themselves, are centered, and not take on what comes out of me - not hurt by what I say - sit, be calm and centered and not personally take on my issues."
- Survivor from Maine



"Traumatic experiences shake the foundations of our beliefs about safety, and shatter our assumptions of trust."

David Baldwin



- Adult survivors of trauma are disproportionately represented in the mental health system.
- Data on children and adolescents suggest even higher percentages of traumatization.
- Traditional treatment modalities, including the use of seclusion and restraint, are not always appropriate for trauma survivors and may in fact be retraumatizing.
- Accurately diagnosing trauma early on will significantly decrease the use of seclusion and restraint.
- Secondary traumatization can occur for consumers who witness coercive techniques and staff who administer it.
- It is important for staff to examine their own trauma, recognize their symptoms, recognize triggers, and develop their own plan of self-care.

### Module 3: Creating Cultural Change

“The hospital’s culture dictates whether, in what circumstances, and how often seclusion and restraint interventions are used.”

Ira Burnim, Bazelon Center  
for Mental Health Law

• “It is not possible to solve a problem with the same consciousness that created it.”  
Albert Einstein

- Changing the culture of coercion in mental health settings is crucial to eliminating the use of seclusion and restraint.
- In 1997, the Pennsylvania Department of Public Welfare instituted an aggressive program to reduce and eliminate seclusion and restraint in its nine State hospitals.
- In three years, Pennsylvania had reduced incidents of seclusion and restraint by 74 percent.
- All stakeholders must be present at the table.

## Module 4: Understanding Resilience and Recovery From the Consumer Perspective

“...the initiative (Pennsylvania’s) to reduce the use of seclusion and restraint is part of a broader effort to reorient the State mental health system toward a consumer-focused philosophy that emphasizes recovery and independence.”

Charles Curie, Administrator, SAMHSA

- Original recovery work as a philosophy in mental health emerged from the writings and practices of the consumer movement.
- It is important for mental health workers to communicate that recovery is possible and to verbalize hope.
- Resiliency is that characteristic that gives someone the ability to bounce back after adversity.
- Often people who have overcome adversities can pinpoint a single person who made a difference to them. It is a person who took the time to listen, who believed in them, and offered hope.

## Module 5: Strategies to Prevent Seclusion and Restraint

“Ex-patients have similar feelings and experiences and they can understand and support each other in a way that’s different from family or professional services. We can do mutual support and understand the way we were treated.”

Peg Sullivan, Consumer

- Self-help is a concept, not a single program model.
- A consumer-run drop-in center is a center for consumer self-help, advocacy, and education.
- Mental health service providers are increasingly recognizing service animals as an excellent resource for consumers.
- The Wellness Recovery Action Plan (WRAP) is a consumer-based structured system for monitoring symptoms.
- Psychiatric advance directives and prime directives support a partnership in making decisions about mental health issues.

- “It is rather impressive how creative people can be when restraint is simply not part of the treatment culture.”

John N. Follansbee, M.D.,  
JCAHO testimony, 1999

- Gayle Bluebird used her innovative work in comfort rooms as a preventive tool to reduce the need for seclusion and restraint.
- The Center for Conflict Management for Mental Health believes that alternative resolution (including mediation) strategies can minimize the need for and the consequences of adversarial strategies.
- “It almost always boils down to a communication issue, the doctor or the treatment team hasn’t really listened to what the patient is saying or hasn’t explained things well” (Judi Higginbotham, Human Rights Coordinator, Arizona State Hospital, Phoenix).

## Module 6: Sustaining Change Through Consumer and Staff Involvement

“The terror of confinement, the pain of restraint, and the wound to my soul made me want to stay as far away from the mental health system as possible. It didn’t matter that it might offer me something helpful; I didn’t want any of it if that horrible experience was going to be a part of the package.”

Will Pflueger, Consumer

- Focus on the role of personal and professional responsibility for change in the lives of people.
- Change is hard work.

### Personal Action Plan

- You will be given time to develop a personal action plan that relates to the elimination of seclusion and restraint in your workplace.
- By the end of this session, you should have a workable plan, with concrete action steps and a timeline.

## Exercise/Discussion—Module 7

### Personal Action Plan

- OBJECTIVE:** Participants will commit to personal action to eliminate seclusion and restraint.
- PROCESS:** Distribute the handout *Personal Action Plan*. Have participants review all of their personal action plans from Modules 1 through 6. Give them time to develop four or five realistic goals for themselves for the next 6 months. Once participants have finished, divide them into groups of three or four and have them share the parts of their plans that they feel comfortable sharing with the small group. Instruct participants to ask for help from their colleagues on following through with their personal action plans. Specifically, what kind of help would they like from their colleagues?
- DISCUSSION QUESTIONS:** How can you support each other as a team in carrying out your personal action plans?
- MATERIALS REQUIRED:** *Personal Action Plan* handout
- APPROXIMATE TIME REQUIRED:** 1 hour

## Workplace Action Plan

Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has.

Margaret Mead

- You will be given time as a group to develop a workplace action plan that relates to the elimination of seclusion and restraint in your workplace.
- By the end of this session, you should have a workable plan, with concrete action steps and a timeline.
- Organize yourselves in whatever way you think will work best, given your organization.
- Pick one or two areas to concentrate on. Areas could include trauma, recovery, resilience, data, debriefing, staff training, and consumer support.

## Exercise/Discussion—Module 7

### Workplace Action Plan

- OBJECTIVE:** Participants will commit to workplace action to eliminate seclusion and restraint
- PROCESS:** Distribute the handout *Workplace Action Plan*. Have participants review all of their workplace action plans from Modules 1 through 6. As a group, have them define the following goals: In the next year, we want to decrease the number of restraints by \_\_\_\_; the number of seclusions by \_\_\_\_; the hours of restraints by \_\_\_\_; and the hours of seclusion by \_\_\_\_\_. Have the participants focus on two or three overarching goals. Goals might include incorporating a trauma paradigm, supporting resilience and recovery with consumers, enhancing a debriefing session, creating a comfort room, establishing an external monitoring system, incorporating service animals on the unit, etc. Each of the two or three overarching goals should have four or five action steps, including dates and who will be responsible for implementing these steps. An evaluation component also is needed. Finally, make a plan for educating other staff members who have not gone through the training. It is important that management representatives participate in and support this process.
- DISCUSSION QUESTIONS:**
- What kind of support/help will the staff need to ensure all of these goals are met?
  - How will you know if you are on track throughout the year?
- MATERIALS REQUIRED:** *Workplace Action Plan* handout  
Restraint and seclusion data from the past year
- APPROXIMATE TIME REQUIRED:** 1 hour

## Certificate of Completion



- *All trainers sign the Certificate of Completion. If possible the name on the Certificate should be done in calligraphy.*
- *Hand participants a Certificate of Completion and personally thank them for completing the training.*
- *As a facilitator, you may want to outline what you see as the specific strengths and challenges for this particular organization as they move forward in eliminating seclusion and restraint.*

## Wrap Up and Evaluation

- *Hand out evaluation forms. Encourage participants to be as descriptive as they can be. Evaluations are anonymous.*

## Personal Action Plan

Review your Personal Take Action Plans from the entire training. Pick four or five goals that you are personally willing to work on to eliminate/reduce seclusion and restraint. Make the goals realistic, measurable, and doable!

### Personal Action Plan

Goal	Action Steps	Date	What Kind of Support Would I Like?
Example: Change my language	<ul style="list-style-type: none"> <li>• Be aware of when I use "patient" by tracking myself for two weeks</li> <li>• Ask the people I work with what they would like to be called</li> <li>• Ask my colleagues to tell me if they hear me using the word "patient"</li> </ul>	<ul style="list-style-type: none"> <li>• March 15</li> <li>• Daily</li> <li>• March 10</li> </ul>	<ul style="list-style-type: none"> <li>• Gentle reminders from my colleagues</li> <li>• Gentle reminders from the people I serve</li> <li>• Other staff members to be working on the same issue</li> </ul>

*Personal Action Plan (continued)*

<b>Goal</b>	<b>Action Steps</b>	<b>Date</b>	<b>What Kind of Support Would I Like?</b>

## Workplace Action Plan

### Seclusion/Restraint Rates

	Previous Year	Year to Date	GOAL for 12 months from now
# of Seclusions			
# of Restraints			
Hours of Seclusion			
Hours of Restraints			

### Workplace Action Plan

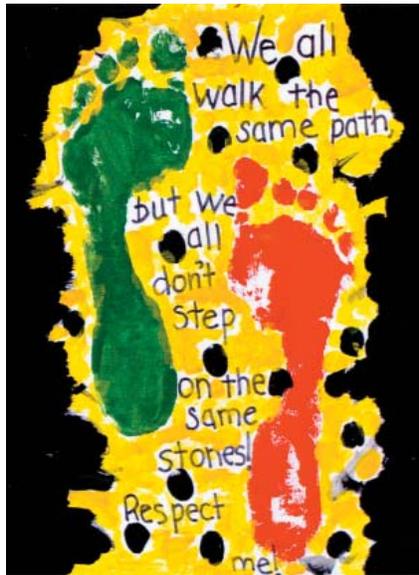
Goal	Action Steps	Who is Responsible	Date
Example: Have peer-run support groups meeting in-house once a week	<ul style="list-style-type: none"> <li>• Contact outside consumer organization for facilitating peer support groups.</li> <li>• Coordinate meeting between outside facilitators and staff.</li> <li>• Reserve space.</li> <li>• Notify consumers on units of peer support group opportunities.</li> <li>• Order refreshments.</li> </ul>	<ul style="list-style-type: none"> <li>• Nancy Jones, Therapist</li> <li>• Nancy Jones, Therapist</li> <li>• Kim Sung, Therapist</li> <li>• Ferdinand Lopez, Nurse Manager</li> <li>• Sam Smith, Nutritionist</li> </ul>	<ul style="list-style-type: none"> <li>• March 1</li> <li>• March 15</li> <li>• March 15</li> <li>• March 30</li> <li>• March 30</li> </ul>

***Workplace Action Plan (continued)***

<b>Goal</b>	<b>Action Steps</b>	<b>Who is Responsible</b>	<b>Date</b>

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# *Certificate of Completion*



*This certifies that*

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*has successfully completed the training for  
**Roadmap to Seclusion and Restraint Free  
Mental Health Services***

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Trainer Signature

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## Evaluation

Please list the four most important things you learned from the training and how you will use the information.

What did I learn?	How will I use it?
A.	A.
B.	B.
C.	C.
D.	D.

***Evaluation (continued)***

2. The content presented during the training was useful to me:

1	2	3	4	5
Not at all	Not really	So so	Definitely	Extremely

3. What did you learn that will help you the most in your work?

4. Other comments, suggestions, etc.