

Occupational Therapy's Role With **Restraint and Seclusion Reduction or Elimination**

What is Restraint and Seclusion?

Restraint is defined as any method, drug or medication, physical or mechanical device, material or equipment, that immobilizes or reduces the ability of an individual to move any part of the body freely, particularly when used to restrict or manage a client's behavior or movement (U.S. Department of Health and Human Services [HHS], 2006). A related high-risk, containment practice, *seclusion*, refers to "...the involuntary confinement of a client alone in a room or physical area from which the person is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior" (HHS, 2006, p. 71427; Substance Abuse and Mental Health Services Administration [SAMHSA], 2011).

The dangers of seclusion and restraint are well established, and the use of such practices adversely influences the organization, staff, and clients served (SAMHSA, 2011), often leading to staff and client injuries, such as bruising and broken bones, asphyxiation, severe emotional and trauma experiences, and in some cases death (National Association for State Mental Health Program Directors [NASMHPD], 2006; SAMHSA, 2011). National initiatives to reduce and eliminate restraint and seclusion use are underway in organizations providing services to those in need of mental health, medical, and educational services across the lifespan (NASMHPD, 2006).

The profession of occupational therapy emerged from some of the earliest restraint and seclusion reduction efforts, realizing the need for more humane and nurturing interventions for people with mental health and rehabilitation needs. Occupational therapy practitioners have the clinical and educational background to address issues that can lead to restraint and seclusion, including an emphasis on health, wellness, prevention, and participation (American Occupational Therapy Association, 2014).

Occupational Therapy Role in Restraint Reduction

Occupational therapy practitioners strive to collaboratively identify facilitators and barriers to occupational performance, including strengths and interventions that may help decrease the need for the use of restraint and seclusion, as well as the length of time restraint and seclusion are used if they are deemed necessary for client safety. The following are examples of ways in which occupational therapists assist in restraint and seclusion reduction:

- Perform comprehensive assessments of client strengths, facilitators, and barriers to occupational performance.
- Identify and use activities facilitating self-awareness and skill development (i.e., personal safety, emotion regulation, self-control, sensory processing, functional communication, health, wellness, recovery).
- Collaborate with clients, family members, and relevant professionals to identify and reduce barriers that limit safe participation in meaningful activities.
- Collaborate with clients and family members to develop treatment and educational goals and plans, and to assist with modifying and enhancing physical environments.
- Train interdisciplinary staff on restraint reduction interventions, including how to identify, implement, and evaluate outcomes related to short- and long-term goals for restraint reduction.
- Work with organizations to determine how to operationalize the integration of sensory processing-related interventions through the system of care to decrease or eliminate the use of restraints where feasible, and promote client self-regulation and management.



Each client’s values, strengths, needs, and goals are used to help determine the therapeutic intervention plan. Interventions may include developing coping skills; adapting activities; modifying the environment to help compensate for cognitive, sensory, or motor challenges; supporting safety and emotion regulation; and helping to develop stronger social interaction and communication skills. Examples include:

Evaluation

Individual: Assess the person’s strengths, needs, and other factors help identify safety, health, and behavioral concerns that increase the probability of the use of restraint or seclusion.

Programmatic: Assess organizational policies, procedures, and other variables that influence client behaviors, prevention, and de-escalation practices.

Intervention

Sensory- and occupation-based interventions are used for prevention purposes, to minimize the potential for crisis escalation, to facilitate de-escalation, and to promote overall health and wellness by helping the person maintain self-regulation and self-control (e.g., calming, soothing, uplifting, distracting).

Modifications and enhancements to the physical environment are used to assist in facilitating safe participation, emotion regulation, and skill development. Sensory modulation rooms, sensory carts, and sensory gardens can help create nurturing, healing, and regulating effects as part of restraint and seclusion reduction efforts.

Outcomes Monitoring and Research

Lead and engage in outcomes monitoring, quality improvement, and research initiatives.

Where Are Occupational Therapy Services for Restraint Reduction Provided?

Practice settings where occupational therapy practitioners work or consult, providing support for restraint reduction or elimination, include skilled nursing care facilities, adult care centers, long-term-care facilities, acute care centers, juvenile justice centers, forensic centers, residential programs, day programs, hospitals, and schools.

Conclusion

Occupational therapy practitioners work with interprofessional teams, clients, and families or caregivers to help find safe, innovative, and creative ways to eliminate or reduce the use of restraints and seclusion. These interventions include the provision of services designed to meet both individual and organizational needs.

References

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Occupational therapy enables people of all ages live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client’s psychological, physical, emotional, and social make-up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.

