

Reducing Seclusion and Restraints in a Child and Adolescent Inpatient Psychiatric Setting: The Role Social Workers Can Play

Presenters: Hoda Shalash, DSW, CSW and Amanda Woosley, MSW, CSW, CCM



Objectives

Decrease rates of seclusion and restraints in a child and adolescent inpatient setting

Increase the utilization of clinical social workers in de-escalation events using trauma-informed care techniques.

Background

- ❑ The Centers for Medicare and Medicaid Services (CMS, 2017) describes restraint as any physical technique that limits or immobilizes a patient's ability to move their limbs, head, or body freely. CMS defines seclusion as the involuntary isolation of patients in a room or area where they cannot leave.
- ❑ The use of seclusion or restraints raises the likelihood of trauma, psychological distress, humiliation, physical injuries, and even death (Knox & Holloman, 2012).
- ❑ The Substance Abuse and Mental Health Services Administration (SAMHSA) has advised that these practices be eliminated due to the absence of evidence supporting any therapeutic benefits for patients (Curie, 2005).
- ❑ According to the Pediatric Health Information Systems (PHIS), since 2019, inpatient psychiatric cases have risen 30% and continue to dramatically increase each year (PHIS, 2021).
- ❑ Licensed Clinical Social Workers can decrease the rate of seclusion and restraints through employing therapeutic, trauma-informed care techniques

Research Question

How can licensed clinical social workers reduce the rate of seclusion and restraint incidents in a child and adolescent inpatient psychiatric unit?

Methods

Project Design

The project will take place over the course of one year to assess the effectiveness of utilizing social workers as first-line responders.

Social workers will utilize trauma-informed care techniques to adequately respond to patients in crisis prior to further escalation of behavior.

Behavioral health staff will be trained on the procedures of appropriate use of social workers in the de-escalation process before applying restraints and seclusion.

Data Collection

Data will be collected using the Kentucky Children's Hospital scorecard, which contains fiscal year-to-date restraints and seclusion rates such as those below (see Figure 1).

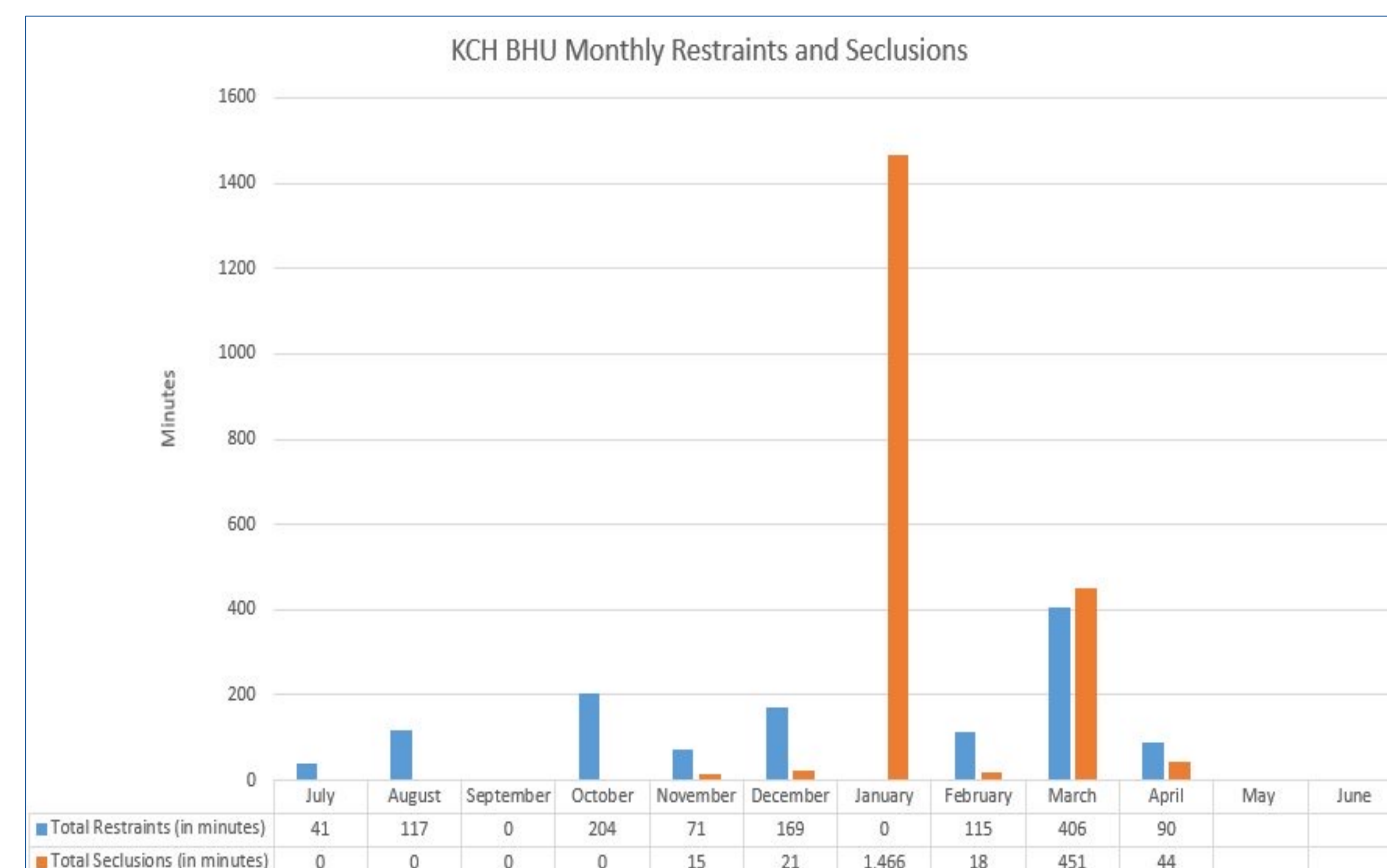


Figure 1

Discussion

Limitations

- ❑ Carrying out this research could impose the limitation of staff composition, which will likely change over time, potentially impacting the consistency and reliability of results.
- ❑ The overall data collected could skew research findings, impacting the validity of results based on one patient outlier, as shown in Figure 1.
- ❑ A primary limitation is that no research was found regarding the involvement of social workers in de-escalation events.

Conclusion

It is necessary to decrease rates of seclusion and restraints in inpatient psychiatric settings.

Social workers have the potential to play a vital role in decreasing rates of seclusion and restraints.

Utilizing Trauma-Informed Care is imperative when intervening in a de-escalation event.

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