Comparison of APNA Standards with Mandt System® training responses in bold:

**Topic: Leadership**

Standard: Psychiatric-mental health nurses provide leadership to create a culture that minimizes the use of seclusion or restraint while promoting a safe environment for persons served as well as staff. Organizational leaders working toward realizing the vision of seclusion and restraint free environments must assure sufficient resources as well as effective administrative and clinical structures and processes to prevent behavioral emergencies and to support the implementation of alternatives.

Corporate Culture Change addresses this through the use of tools to assess where the culture is now and small group discussions among participants to begin the process of creating the vision of environments moving away from coercion.

Intent: Organizational factors influence nurses’ ability to effectively utilize alternatives to seclusion and restraint. Therefore, nursing leadership participates with executive staff and medical staff leaders to foster a work culture that supports improvement and innovation in practice and is distinguished by:

- Shared ownership for minimizing and ultimately eliminating seclusion and restraint use. **The tools used in Corporate Culture Change addresses shared ownership and the need for leadership.**

- Collaborative processes and open dialogue to facilitate critical inquiry and increase organizational capacity to learn. **The Corporate Culture Change structure starts the collaborative process or builds on it.**

- Non-hierarchal communication that is centered on the needs of the individual and that fosters sharing of perspectives and ideas. **The “circular model of organization” in Chapter 5 of The Mandt System® and in Mandt for Managers addresses this.**

- Ongoing evaluation of training program content, administrative policy, and practices to assure alignment that supports the use of alternatives to seclusion and restraint. **The Mandt System® utilizes an approach known as “Practice Based Evidence” developed by Scott Miller, Ph.D. Using evidence from actual field practices (reductions in restraints, reductions in injuries), etc., we evaluate our program content every two years. We also review Best Practice standards and changes in accreditations standards, laws and regulations in the US, Canada, the United Kingdom, and Australia.**
• Structures that support nursing practice governance and an environment within which the registered nurse utilizes critical thinking and judgment in determining courses of action. **The Introduction to the Technical section contains a model to conduct a risk-benefit analysis to determine whether or not the use of restraint is justified.**

Intent: Nursing leadership at all levels of organizations that use seclusion or restraint for behavioral management must assure:

• Organizational commitment to the physical and emotional safety and health of individuals served and staff. **This is emphasized in the relational, conceptual and technical chapters. All persons, regardless of role, have an equal right to safety.**

• Organizational responsibility to clearly identify the source of the highest standards that are the foundation for facility policies in order to facilitate policy evaluation and practice alignment. **The Mandt System® attempts to maintain the highest possible standards in teaching the prevention and use of restraint.**

• Organizational commitment to the ethical obligations described in the Code for Nurses (American Nurses Association, 2001) including protection of individual dignity and rights as well as mechanisms to report and investigate potential abuse and to resolve grievances. *(Note: this is an organizational responsibility, although The Mandt System® does emphasize always treating people with dignity and respect and maintaining the rights of all people to be as safe as possible.*

• A clinical environment that facilitates personal empowerment and provides opportunities for individuals to learn to manage their own behavior rather than one that emphasizes staff control. **Chapter 1 emphasizes that staff must “affirm their feelings and choose their behaviors” and take personal responsibility for their actions. We encourage that this and the remaining two chapters in the Relational section of The Mandt System® be taught to individuals served.**

• An organizational philosophy is promoted through written policies that stress the use of non-physical interventions and individuals’ self-management as the preferred alternatives to seclusion and restraint. **For every hour of training in the use of restraint, The Mandt System® provides three hours of training in prevention and two hours of training in de-escalation.**

• Necessary clinical structures, processes and resources are in place to support assessment, prevention and early intervention in behavioral emergencies. **A model we call “RADAR” is taught to help staff Recognize, Assess, Decide, Act, and Review the transitional behaviors between “baseline behavior” and escalation.**
Role functions and responsibilities are well-differentiated and based on licensure and demonstrated competencies. **Roles, goals, and boundaries in the workplace are discussed in the first chapter of The Mandt System®.**

Necessary administrative structures are in place to fulfill the commitment to safety for the staff and the individuals served including provision of a defined program of support for persons who are assaulted or who witness aggressive or other disturbing events, opportunities for debriefings, and thorough analysis of all staff injuries. **While this is primarily an organizational responsibility, the administrative structures needed to Addressed in chapters 2 and 4.**

Sufficient human resources are available to limit the circumstances that give rise to the use of seclusion and restraint, to maintain a safe environment, and to support sound practices for the prevention of restraint and seclusion. **Corporate Culture Change**

Adequate registered nurses, other nursing staff, and support services staffing levels are determined by such factors as characteristics of persons served, service intensity, context of care and provider expertise. (ANA Principles for Nurse Staffing, 1999) (Note: this is an organizational responsibility and not addressed by The Mandt System® in training.)

Identification and resolution of environmental conditions that adversely influence safety or give rise to the use of seclusion or restraint. **Corporate Culture Change addresses this in training, and the topic of environmental conditions is also presented in Chapter 2 when processing (de-briefing) after significant incidents.**

Recognition of the trauma and subsequent disruption to the therapeutic alliance that results from seclusion and restraint use. **Chapter 4 is Trauma Informed Services, a sub-clinical approach that emphasizes creating environments that facilitate healing and empower individuals served to lead the process of their own recovery from the traumatic experiences.**

**Topic: Staff Training**

Standard: Any staff providing care to persons at risk for harming themselves or others and who participate in seclusion and restraint shall have received training and demonstrate current competency in all aspects of dealing with behavioral emergencies. Throughout The Mandt System® there is a focus on competence based training. Based on research in other fields, we know that skill drift is a well studied phenomenon, and that if staff do not practice skills, they will lose up to 50% of their skills in 6 months. We strongly encourage that the training be reviewed between two and four weeks after initial training, with quarterly reviews thereafter.
Intent: Training programs focused on the prevention and use of seclusion and restraint must:

• Be standardized throughout the institution.  (Note:  While we believe all organizations should use one program consistently, the decision as to whether or not to do so is an organizational responsibility.  We do know that when staff know multiple ways of performing restraint, they will “mix and match” and create a restraint that is a combination of things they know.  This has resulted in injury and death!)

• Be approved by the organization assuring that program components include adequate attention to the clinical contributors to behavioral emergencies, the actual management

• of those emergencies, and the assessments and interventions necessary to maintain physical well-being.  While Mandt is “sub-clinical” we address these issues in all chapters of the Mandt System®

• Be evaluated at regular intervals to assure incorporation of evidence based and best practices.  As stated earlier, The Mandt System® reviews and revises all programs very two years.

• Be provided during a staff member’s orientation period and at least annually thereafter.  Consistent with Mandt requirements.

• Include an opportunity for staff to demonstrate competency in both knowledge and applied skills.  All testing in the physical chapters include demonstration of competency in the knowledge of the concepts and the application of those concepts.

• Include content related to the risks for positional asphyxia, aspiration, and traumatization.  The Mandt System® has a chapter (4) on Trauma Informed Services and a chapter (7) on the Medical Risks of Restraint.

• Include content related to the use of a team, i.e. team roles as well as techniques for facilitating team communication and cohesion.  Chapter 1 addresses this with a comprehensive review of the elements of teamwork, and the chapter on Building Healthy Communication (chapter 2) adds to this.

• Address concepts related to prevention such as treatment processes, transference, counter-transference, use of de-escalation techniques, mediation, problem solving and other non-physical interventions. Dr. Peter Breggin, the director of the International Center for the Study of Psychiatry and Psychology (ICSPPP) wrote a paper for the Joint Commission in 1999 in which he said that “relationship was the single most important therapeutic tool for the amelioration of violence, threats, and emotional crises.”  We
firmly believe this to be true and it is a major focus of our prevention protocols. We also teach problem solving techniques and conflict resolution.

- Increase staff self-awareness of how their own culture, biases, values and perceptions influence their response to a behavioral emergency and how their behavior may escalate a potentially volatile situation. **Chapters 1, 2, and 3 all include elements of working with people from different cultures, and is also included in the chapter on Trauma Informed Services (chapter 4)**

- Include information on organization-approved policies including physical holds, application and removal of mechanical restraints, principles of monitoring the person in seclusion or restraint and behavioral criteria for release. **The Mandt System® recommends that organizations utilizing our programs append the student manuals to the organization’s policies and procedures for internal consistency. All of the elements discussed are presented during training.**

- Promote understanding and recognition of the underlying physical and emotional conditions, medications and their potential effects as well as how age, developmental level, cultural background, history of physical or sexual abuse, and prior experience with seclusion or restraint may influence behavioral emergencies and affect the response to seclusion or restraint. **The chapter on Trauma Informed Services provides an overview of these topics.**

- Differentiate chemical restraint from medication that may support and assist the person to successfully manage circumstances that could give rise to a behavioral emergency. **Addressed in Corporate Culture Change, and an article addressing the issues is included in the on-line resources provided to participants.**

**Topic: Initiation of Seclusion or Restraint**

**Standard:** Seclusion or restraint is initiated only when less restrictive measures have proven ineffective and the behavioral emergency poses serious and imminent danger to the person, staff or others and staff involved have been adequately trained and deemed competent to initiate these measures. **The standards is included, word for word in the Technical chapters of The Mandt System®.**

**Intent:** The decision to initiate seclusion or restraint is made only after all other less restrictive, non-physical methods have failed to resolve the behavioral emergency. **The Mandt System® provides a format to empower staff to provide feedback to the person responsible to order the initiation of restraint consistent with this standard.**
• All potential physical and psychological risks of the procedures are considered. The Mandt System® provides an assessment and decision model for staff, and training in the chapter on Medical Risks of Restraint to weigh the benefits and risks of restraint.

• Specific attention is given to risks associated with vulnerable persons such as: those who are obese, frail, dually diagnosed; those who have medical co-morbidities, intellectual or developmental disabilities; those whose repeatedly challenging behaviors put them at risk for incomplete assessments. Chapter 7 (Medical Risks of Restraint) provides specific information consistent with this standard.

• It is determined that the benefits associated with the use of restraint or seclusion outweighs the risks of their use. The model for assessing and deciding on the benefits and risks of restraint developed and used by The Mandt System® empowers staff charged with this responsibility.

• All measures necessary to protect personal confidentiality, privacy and dignity are in place. The Mandt System® provides staff with our internal policy and procedure on privacy and confidentiality, and teaches that all people are to be treated with dignity and respect at all times, especially if and when restraint is utilized.