SECLUSION and RESTRAINT  
Precipitants and Duration:  
Child vs. Adult  

Diane E. Allen, MN, RN-BC, NEA-BC  
New Hampshire Hospital  
Alexander de Nesnera, MD  
New Hampshire Hospital  
Dartmouth College’s Geisel School of Medicine  

The speakers have no conflicts of interest to disclose.

OBJECTIVES  
- Identify three common precipitants to seclusion and restraint.  
- Recognize the differences between seclusion and restraint for children, adolescents and adults.  
- Describe one age-specific strategy recommended for reducing the use of seclusion and restraint for children, adolescents and adults.
LEARNING from EXPERIENCE

- Executive Reviews of Seclusion & Restraint
- Nurse Focus Groups
- Contributing Factors / Common Precipitants

*Allen DE, de Nesnera A, Souther JW.*

Executive-level reviews of seclusion and restraint promote interdisciplinary collaboration and innovation.


SECLUSION & RESTRAINT

- Based on New Hampshire rules (He-M 305)
- Used only as a last resort to protect immediate safety of patient or others
- Physician can order for:
  - Not more than 4 hours if at least 18
  - Not more than 2 hours between 9-17
  - not more than 1 hour if < 9

SECLUSION & RESTRAINT

- Need to clearly establish release criteria for termination
- If condition does not improve to meet criteria for termination, new physician order may be obtained for established time limits
- No patient shall remain in seclusion or restraint > 24 hours without face-to-face examination by physician
CONTRIBUTING FACTOR CATEGORIES

- Response to Symptoms of Illness
- Interpersonal Conflict
- Frustration with Hospital / Rules
- Response to Troubling News
- Patterns of Behavior
- Response to Direction / Redirection

CONTRIBUTING FACTORS

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms of Illness</td>
<td>42%</td>
</tr>
<tr>
<td>Interpersonal Conflict</td>
<td>5%</td>
</tr>
<tr>
<td>Frustration with Rules</td>
<td>8%</td>
</tr>
<tr>
<td>Troubling News</td>
<td>3%</td>
</tr>
<tr>
<td>Patterns of Behavior</td>
<td>35%</td>
</tr>
<tr>
<td>Response to Direction / Redirection</td>
<td>7%</td>
</tr>
</tbody>
</table>

DIFFERENCES in DURATION

<table>
<thead>
<tr>
<th>Age Group</th>
<th>TIME in RESTRAINT</th>
<th>TIME in SECLUSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child (under 13)</td>
<td>1.48 Hours per Episode</td>
<td>.65 Hours per Episode</td>
</tr>
<tr>
<td>Adolescent (13-17)</td>
<td>1.71</td>
<td>1.97</td>
</tr>
<tr>
<td>Adult (18 and up)</td>
<td>3.24</td>
<td>3.58</td>
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</tbody>
</table>
DIFFERENCES in REASONS:
Restraint

<table>
<thead>
<tr>
<th>REASON</th>
<th>Under 13 yrs</th>
<th>14-18 yrs</th>
<th>Over 18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to Symptoms</td>
<td>6%</td>
<td>16%</td>
<td>46%</td>
</tr>
<tr>
<td>Interpersonal Conflict</td>
<td>0</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Pattern of Behavior</td>
<td>53%</td>
<td>54%</td>
<td>41%</td>
</tr>
<tr>
<td>Frustration with Rules</td>
<td>41%</td>
<td>19%</td>
<td>5%</td>
</tr>
<tr>
<td>Response to Troubling News</td>
<td>0</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Response to Direction/Redirection</td>
<td>0</td>
<td>0</td>
<td>1%</td>
</tr>
</tbody>
</table>

DIFFERENCES in REASONS:
Seclusion

<table>
<thead>
<tr>
<th>REASON</th>
<th>Under 13 yrs</th>
<th>14-18 yrs</th>
<th>Over 18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to Symptoms</td>
<td>19%</td>
<td>19%</td>
<td>66%</td>
</tr>
<tr>
<td>Interpersonal Conflict</td>
<td>9%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Pattern of Behavior</td>
<td>51%</td>
<td>40%</td>
<td>22%</td>
</tr>
<tr>
<td>Frustration with Rules</td>
<td>17%</td>
<td>27%</td>
<td>7%</td>
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<tr>
<td>Response to Troubling News</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Response to Direction/Redirection</td>
<td>1%</td>
<td>8%</td>
<td>0%</td>
</tr>
</tbody>
</table>

CHILDREN – Seclusion/Restraint Reasons

- Child’s behavior escalates quickly to dangerous levels due to specific behavioral reasons
- Children tend to calm quickly when restrictive interventions are implemented promptly
ADOLESCENTS – Seclusion/Restraint Reasons
- Adolescents usually more physically intimidating
- Adolescents generally exhibit more dangerous behaviors (chair throwing, threatening with objects), increasing likelihood of longer periods of restrictive measures

ADULTS – Seclusion/Restraint Reasons
- Linked to presenting psychiatric symptoms
- Involuntary hospitalization due to psychosis, mania, and/or aggression
- Frequently non-adherent to treatment
- Have minimal insight into their illness
- Hospitalization evokes anger, hostility
- Unwillingness to accept treatment may lengthen time of restrictive intervention

WHY is this IMPORTANT?
- Newhouse (2007) affirms that the best available evidence may be the findings of quality improvement projects such as this one.
- “Targeting specific units or groups of patients ... and then identifying who is restrained and why, lays the groundwork for interventions aimed at eliminating or minimizing use of restraints” (pg. 9).
FACTORS that INFLUENCE SECLUSION & RERAINT

- Environmental Restrictions
- Unit Rules
- Staff Attitudes & Approaches
- Developmental Differences
- Cultural and Social Norms
- History of Violence/Aggression

WHAT CAN NURSES DO?

- Mitigate Environmental Factors
- Adopt Proactive Treatment Approaches
- Promote Engagement with Patients
- Provide Age-Specific Training for Staff

AGE SPECIFIC INTERVENTIONS

- Child: Give full attention
  Engage in Activity, Distract, Play

- Adolescent: Avoid confrontation
  Engage in Conversation, Open-ended Questions
  Don’t Talk about Behavior – Get to Root Problem

- Adult: Listen and Try to help
  Engage in Alliance – Common Goals (Wellness, Discharge)
  Empathy and (sometimes) Humor
QUESTIONS

???