

Abstract

Restraints and Seclusions (R/S) occur often in Psychiatric inpatient settings with children being subjected to R/S at higher rates than adults and have a higher risk of injury. Its risks on both the patients and the staff include psychological and physical injuries as well as death. Understanding the use of trauma-informed therapeutic communication (TITC) in the escalation of a patient in crisis can decrease the need for R/S. With current national guideline suggesting the complete elimination of R/S with use only when clinically justified or when a patient's behavior poses a threat of physical harm to themselves and others. In this quality improvement project, the "talk me down" toolkit was implemented on all the wards in an inpatient child and youth psychiatric hospital to reduce the rate of R/S. This toolkit included staff education and use of shift change form and was based on current evidence from literature and studies on the use of the Six Core Strategies to Reduce Seclusion and Restraint. The staff knowledge of TITC was assessed pre and post-implementation using the TIC-OSAT using the paired sample t-test analysis, there was an increase in the overall knowledge scores in all 5 sections of the test when represents an increase in staff understanding of TITC. For the evaluation of the implemented toolkit, a chi-square test was utilized. The result of 43.72% (chi-square = 8.32, df = 1, and p = .004) showed very strong evidence of a relationship between the use of the toolkit and reduction in the rate of R/S. This outcome suggests that the implementation of the "talk me down" toolkit was successful at the creation of short term decline in the rate of restraints and seclusion use and provides the opportunity for a sustainable long term effect on the use of R/S at this facility as well as others inpatient facilities nationwide.

Keywords: Restraint, Seclusion, TIC-OSAT, Trauma Informed Care, Quality Improvement, Talk me down toolkit

