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Psychiatr Q. 2017 Mar;88(1):1-7. doi: 10.1007/s11126-016-9428-0.

Reduction of Seclusion and Restraint in an Inpatient Psychiatric Setting: A Pilot Study.

Blair EW¹, Woolley S², Szarek BL³, Mucha TF³, Dutka O³, Schwartz HI³, Wisniowski J², Goethe JW².

Author information

Abstract

The authors describe a quality and safety initiative designed to decrease seclusion/restraint (S/R) and present the results of a pilot study that evaluated the effectiveness of this program. The study sample consisted of consecutive admissions to a 120-bed psychiatric service after the intervention was implemented (October 2010-September 2012, n = 8029). Analyses compared S/R incidence and duration in the study sample to baseline (consecutive admissions during the year prior to introduction of the intervention, October 2008-September 2009, n = 3884). The study intervention, which used evidence-based therapeutic practices for reducing violence/aggression, included routine use of the Brøset Violence Checklist, mandated staff education in crisis intervention and trauma informed care, increased frequency of physician reassessment of need for S/R, formal administrative review of S/R events and environmental enhancements (e.g., comfort rooms to support sensory modulation). Statistically significant associations were found between the intervention and a decrease in both the number of seclusions (p < 0.01) and the duration of seclusion per admission (p < 0.001). These preliminary results support the conclusion that this intervention was effective in reducing use of seclusion. Further study is needed to determine if these prevention strategies are generalizable, the degree to which each component of the intervention contributes to improve outcome, and if continuation of the intervention will further reduce restraint use.

KEYWORDS: Brøset Violence Checklist; Psychiatric inpatients; Restraint; Seclusion; Trauma informed care

PMID: 26897657 DOI: [10.1007/s11126-016-9428-0](https://doi.org/10.1007/s11126-016-9428-0)[LinkOut - more resources](#)[PubMed Commons](#)[PubMed Commons home](#)

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Int J Ment Health Nurs. 2016 Oct;25(5):472-9. doi: 10.1111/inm.12205. Epub 2016 Feb 14.



Sensory rooms in psychiatric inpatient care: Staff experiences.

Björkdahl A¹, Perseus KI², Samuelsson M³, Lindberg MH³.

Author information

Abstract

There is an increased interest in exploring the use of sensory rooms in psychiatric inpatient care. Sensory rooms can provide stimulation via sight, smell, hearing, touch and taste in a demand-free environment that is controlled by the patient. The rooms may reduce patients' distress and agitation, as well as rates of seclusion and restraint. Successful implementation of sensory rooms is influenced by the attitudes and approach of staff. This paper presents a study of the experiences of 126 staff members who worked with sensory rooms in a Swedish inpatient psychiatry setting. A cross-sectional descriptive survey design was used. Data were collected by a web based self-report 12-item questionnaire that included both open- and closed-ended questions. Our findings strengthen the results of previous research in this area in many ways. Content analyses revealed three main categories: hopes and concerns, focusing on patients' self-care, and the room as a sanctuary. Although staff initially described both negative and positive expectations of sensory rooms, after working with the rooms, there was a strong emphasis on more positive experiences, such as letting go of control and observing an increase in patients' self-confidence, emotional self-care and well-being. Our findings support the important principals of person-centred nursing and recovery-oriented mental health and the ability of staff to implement these principles by working with sensory rooms.

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KEYWORDS: comfort room; emotional stress; psychiatric nursing; recovery; sensory room

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Aust Occup Ther J. 2015 Oct;62(5):277-85. doi: 10.1111/1440-1630.12224. Epub 2015 Sep 11.



Sensory approaches in mental health: A scoping review.

Scanlan JN^{1,2}, Novak T³.

Author information

Abstract

BACKGROUND/AIM: Sensory approaches in mental health are designed to assist consumers to regulate physiological and emotional arousal. They have been highlighted as non-invasive, self-directed and empowering interventions that may support recovery-oriented and trauma-informed mental health practice and may assist in efforts to reduce the use of seclusion and restraint.

Over recent years, there has been a substantial increase in research in this area. However, there has not yet been any attempt to map and summarise this literature.

METHOD: A five-stage scoping review was conducted. Four databases were searched for literature evaluating sensory interventions implemented in mental health settings.

RESULTS: A total of 17 studies were included in the final review. A range of sensory approaches was evaluated and a range of outcomes measured. In general, consumers reported reductions in distress associated with engaging in sensory interventions. Results in terms of reduction of seclusion and restraint were mixed, with some studies reporting a decrease, others reporting no change and one reporting an increase. Methodological limitations in the studies reviewed mean that results should be interpreted with caution.

CONCLUSIONS: Although there is emerging evidence for the usefulness of sensory approaches in supporting consumers' self-management of distress, there is less evidence for sensory approaches supporting reductions in seclusion and restraint when used in isolation. More research is necessary, but sensory approaches do appear safe and effective. Services wishing to reduce seclusion and restraint should implement sensory approaches in conjunction with other strategies to achieve this important outcome.

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KEYWORDS: Sensory Integration; comfort room; seclusion and restraint reduction; sensory modulation; sensory room; trauma informed care

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Evaluating the Safety and Effectiveness of the Weighted Blanket With Adults During an Inpatient Mental Health Hospitalization

Tina Champagne , Brian Mullen, Debra Dickson & Sundar Krishnamurty

Pages 211-233 | Published online: 18 Sep 2015

Download citation  <http://dx.doi.org/10.1080/0164212X.2015.1066220>

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Abstract

The weighted blanket (WB) is a modality used to self-comfort, rest, sleep, and decrease anxiety. This exploratory, pilot study investigates the safety and effectiveness of the standardized use of the 30-pound WB with 30 adults during an acute inpatient mental health hospitalization. Safety measures include blood pressure, pulse rate, and pulse oximetry monitoring, with and without the 30-pound WB. The State Trait Anxiety Inventory-10 (STAI-10), a self-rating 0-10 anxiety scale, and electrodermal activity (EDA) readings measure effectiveness for anxiety reduction. No statistical differences in vital signs indicate WB safety. The STAI-10 and self-ratings indicate 60% had a significant reduction in anxiety using the WB. EDA readings were inconclusive.

KEYWORDS: anxiety, autonomic nervous system, deep pressure, touch, weighted blanket



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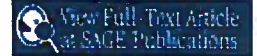
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Int J Soc Psychiatry. 2010 Jul;56(4):412-23. doi: 10.1177/0020764009106630. Epub 2009 Jul 17.



Interventions to reduce the use of seclusion and restraint in inpatient psychiatric settings: what we know so far a review of the literature.

Scanlan JN¹.

Author information

Abstract

INTRODUCTION: In recent times, much attention has been focused on the reduction of seclusion and restraint in psychiatric settings. This paper analyzes evidence available from evaluations of single seclusion and/or restraint reduction programmes. A total of 29 papers were included in the review.

RESULTS: Seven key strategy types emerged from the analysis: (i) policy change/leadership; (ii) external review/debriefing; (iii) data use; (iv) training; (v) consumer/family involvement; (vi) increase in staff ratio/crisis response teams; and (vii) programme elements/changes. Outcomes indicate that a range of reduction programmes are successful in reducing the frequency and duration of seclusion and restraint use, while at the same time maintaining a safe environment.

CONCLUSION: The development of new seclusion and restraint reduction programmes should include strong leadership from local management; external seclusion and restraint review committees or post-incident debriefing and analysis; broad-based staff training and programme changes at a local level. Behavioural and cognitive-behavioural programmes appear to be very useful in child and adolescent services. Further systematic research should be conducted to more fully understand which elements of successful programmes are the most powerful in reducing incidents of seclusion and restraint.

PMID: 19617275 DOI: [10.1177/0020764009106630](https://doi.org/10.1177/0020764009106630)

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Publication type, MeSH terms

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J Psychosoc Nurs Ment Health Serv. 2012 Feb;50(2):24-34.

Implementation of comfort rooms to reduce seclusion, restraint use, and acting-out behaviors.

Sivak K¹.

Author information

Abstract

The use of seclusion and restraint as methods to control acting-out behaviors by individuals with mental illness continues, despite deaths and other negative outcomes to both the clients themselves and the staff members applying these techniques. Additionally, client-to-client and client-to-staff assaults and self-injurious behaviors can lead to injury or possible fatalities to both parties. Thus, there is a need to find alternative approaches to mitigate or even eliminate some of these behaviors. The use of comfort rooms is one such approach. With the institution of comfort rooms, one small, rural, tertiary mental health hospital demonstrated a reduction in seclusion and restraint use and assaultive behaviors of clients. In addition, 92.9% of the clients who used these rooms found them to be helpful when they experienced increasing levels of distress. With the provision of an area for clients to go voluntarily to self-manage their distress, nurses play a role in promoting autonomy and person-centered care, while reducing environmental stress and potential negative outcomes.

PMID: 22439145

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MeSH terms

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Australas Psychiatry. 2012 Feb;20(1):35-9. doi: 10.1177/1039856211430146. Epub 2012 Jan 5.



Establishing sensory-based approaches in mental health inpatient care: a multidisciplinary approach.

Chalmers A¹, Harrison S, Mollison K, Molloy N, Gray K.

Author information

Abstract

OBJECTIVE: To reflect upon the implementation of **sensory**-based approaches within the environment of a psychiatric inpatient unit.

METHOD: A literature review on **sensory** modulation within psychiatric inpatient care, including seclusion and restraint reduction initiatives, was conducted. A variety of **sensory**-based principles were planned, developed and implemented over a **3-year period**. Preliminary data regarding **sensory** room use and acute arousal ratings within the high-dependency area were analysed.

RESULTS: Preliminary **sensory** room data showed a significant reduction in patient distress levels, as per consumer and clinician ratings, and that the majority of **sensory** room sessions were conducted by nursing staff. A significant reduction was also found for acute arousal ratings, pre to post, for the HDU engagement program. Several issues were uncovered throughout implementation of the **sensory**-based strategies.

CONCLUSIONS: Findings indicate the importance of cultural change, compared with simply an environmental change, giving all staff and consumers the confidence to utilise a variety of **sensory**-based methods during times of need. Further Australian research is required to explore the positive contribution **sensory** modulation can potentially make across the spectrum of psychiatric settings.

PMID: 22357673 DOI: [10.1177/1039856211430146](https://doi.org/10.1177/1039856211430146)

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Publication type, MeSH terms

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J Psychosoc Nurs Ment Health Serv. 2010 Jun;48(6):26-30. doi: 10.3928/02793695-20100303-02.

Caring with comfort rooms. Reducing seclusion and restraint use in psychiatric facilities.

Cummings KS¹, Grandfield SA, Coldwell CM.

Author information

Abstract

The reduction of seclusion and restraint is a national patient safety focus in psychiatric settings. Studies have demonstrated that multisensory or comfort rooms contribute to higher consumer satisfaction and lower rates of seclusion and restraint in general hospitals. As an alternative to the traditionally uncomfortable time-out room, a comfort room was constructed on an acute adult inpatient unit. This space was designed with comfortable furniture, soothing colors, soft lighting, quiet music, and other sensory aids to help reduce unsettled patients' level of stress. The frequency and duration of seclusion and restraint use on the pilot unit was studied before and after implementation of the comfort room. The use of seclusion and restraint was also compared with a similar admission unit without a comfort room. Results supported the hypothesis that the presence of a comfort room significantly reduced seclusion and restraint, and that the use of the comfort room helped reduce patients' stress.

PMID: 20349887 DOI: [10.3928/02793695-20100303-02](https://doi.org/10.3928/02793695-20100303-02)

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Australas Psychiatry. 2012 Oct;20(5):401-6. doi: 10.1177/1039856212459585. Epub 2012 Sep 26.



Pilot study of a sensory room in an acute inpatient psychiatric unit.

Novak T¹, Scanlan J, McCaul D, MacDonald N, Clarke T.

Author information

Abstract

OBJECTIVE: The use of **sensory rooms** (also known as **comfort rooms**) to reduce seclusion rates has generated a great deal of interest. This study examined the outcomes associated with the introduction of a **sensory room in an acute inpatient psychiatric unit.**

METHOD: Consumers rated distress and staff rated a variety of disturbed behaviours before and after each use of the room. Items used during each episode were recorded.

RESULTS: Use of the room was associated with significant reductions in distress and improvements in a range of disturbed behaviours. Those individuals who used the weighted blanket reported significantly greater reductions in distress and clinician-rated anxiety than those who did not. No changes were noted in rates of seclusion or aggression.

CONCLUSIONS: The **sensory room was an effective intervention to ameliorate distress and disturbed behaviour, although this did not translate into reductions in overall rates of seclusion or aggression. Weighted blankets appear to be particularly useful.**

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Aust Occup Ther J. 2017 Jan 31. doi: 10.1111/1440-1630.12358. [Epub ahead of print]



An evaluation of the use and efficacy of a sensory room within an adolescent psychiatric inpatient unit.

West M¹, Melvin G¹, McNamara F², Gordon M².

Author information

Abstract

BACKGROUND/AIM: The introduction of **sensory rooms** within acute psychiatric settings provides a therapeutic space that promotes emotional self-regulation and reduces distress and disruptive behaviours. The current research investigated the clinical benefit of a **sensory room** within an adolescent psychiatric unit. It examined whether guided **sensory room** use can reduce distress for adolescents and identified characteristics of **sensory room** users. Seclusion rates 12 months pre- and post-**sensory room** introduction were compared.

METHODS: The matched sample comprised 56 **sensory room** users and 56 **sensory room** non-users, aged 12-18 years (M = 15.35, SD = 1.35). **Sensory room** users were administered a pre- and post-measure of distress. Further demographic and clinical data were collected from hospital files and results analysed.

RESULTS: Adolescents' distress was reduced following **sensory room** use. The greatest reduction of distress was predicted by a history of aggression. Female gender was associated with **sensory room** use, as was the presence of an anxiety disorder. There was no significant difference in seclusion rates after introducing the **sensory room**.

CONCLUSIONS: **Sensory rooms** could provide occupational therapists with a valuable tool for reducing distress for adolescents in psychiatric units, especially for those with a history of aggression. Results suggested that female adolescents or adolescents with anxiety disorders may be particularly receptive to using the **sensory room**. This research provides evidence that can inform occupational therapists when tailoring therapeutic treatment strategies and guide the development of prevention and management of emotional dysregulation and aggression within adolescent psychiatric settings.

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KEYWORDS: adolescent inpatient; aggression management; client-centred practice; emotion regulation; **sensory modulation**

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