Reducing Restrictive Practices: Understanding Key Intervention Components

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BACKGROUND

- Reducing restrictive practices fundamentally important
- Focus traditionally on patients/service users not interventions with staff
- Confusing landscape
- Simple things/key ingredients may work better

The COMPARE and CONTRAST studies are funded by the National Institute for Health Research (NIHR) Health Services and Delivery Research programme (Grant Reference Numbers NIHR HS&DR 16/53/17 and NIHR127281). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

AIM & OBJECTIVES

- Aim: to identify effective components of initiatives that seek to reduce restrictive interventions in adult mental health inpatient settings using the Behaviour Change Technique (BCT) taxonomy
- Objectives:
  i. Provide an overview of initiatives
  ii. Classify the components of those initiatives in terms of BCTs and ascertain frequency of use
  iii. Explore effectiveness by examining BCTs and initiative outcomes
  iv. Identify and prioritise BCTs showing most promise of effectiveness for future testing

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Mapping Interventions to Reduce Restrictive Practices in Adult Mental Health Settings

Preliminary Review Findings

OVERVIEW

Disparate

- Sources / formats
- Aims / targets
- Procedures
- Terminology
- Evaluation methods

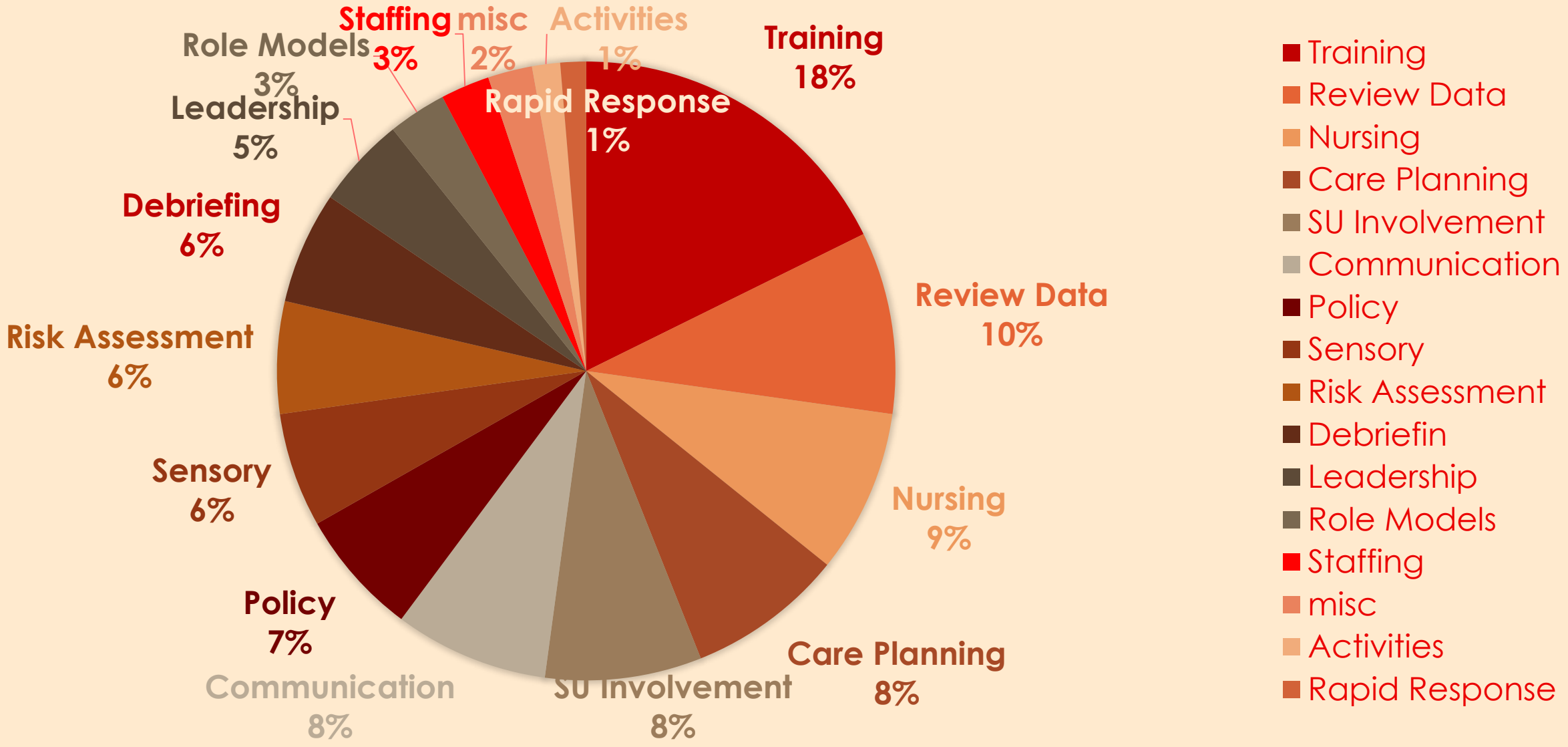
Complex

- Multiple procedures / combinations
- Multiple outcome measures

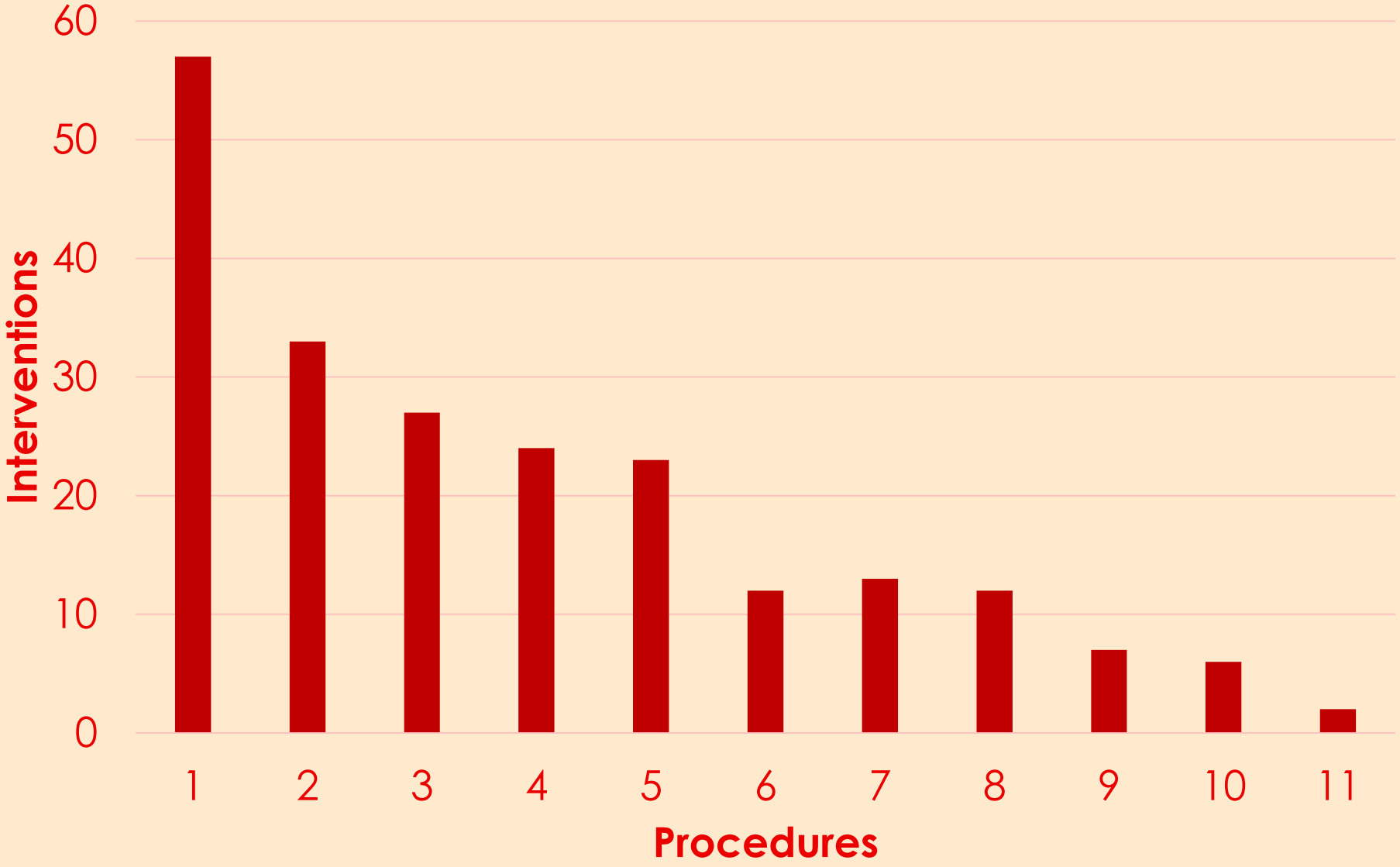
Variable quality

- Reporting inconsistent & incomplete
- Only 24 controlled studies (9 RCTs)
- Few replication studies
- Little SU involvement

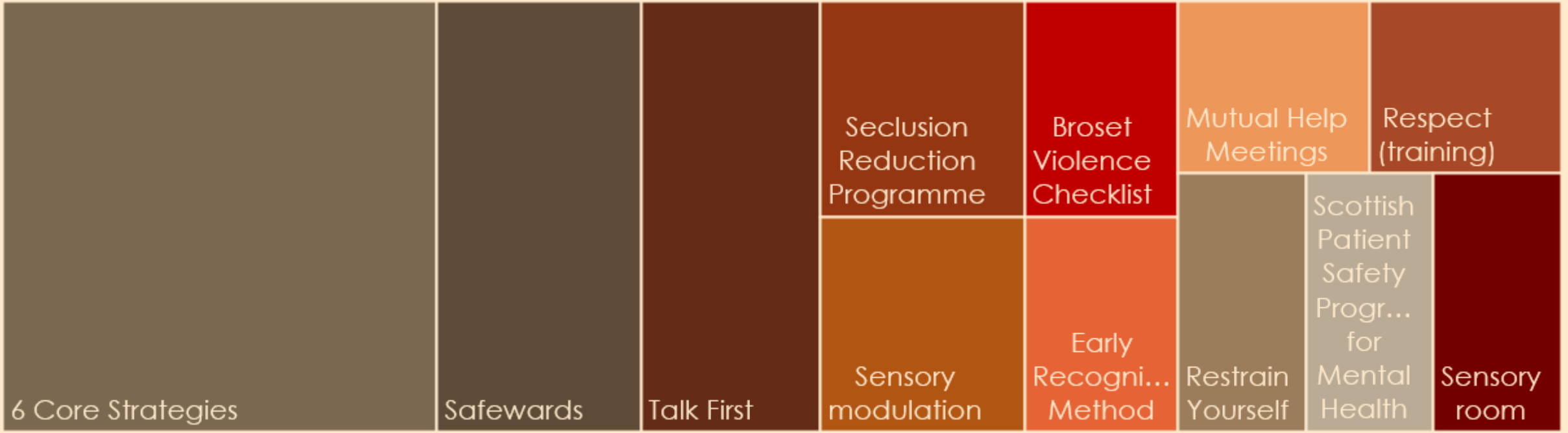
INTERVENTION PROCEDURES (COMPLEX)



MULTIPLE PROCEDURES (COMPLEX)

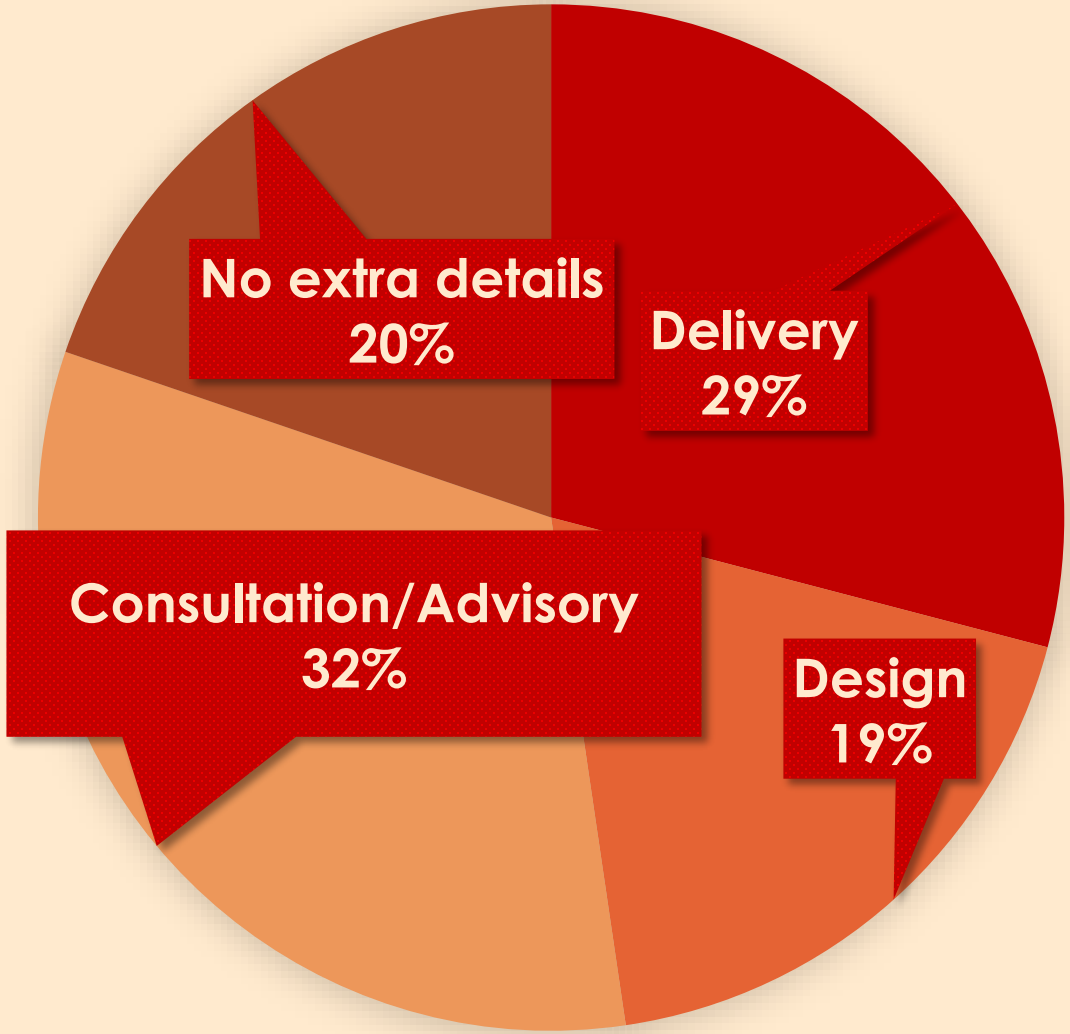


29 INTERVENTION 'FAMILIES'…



Beacon Project
Behavioural support planning
City Nurse*
Comfort rooms
CPI/MAPA
DASA
Initiatives to reduce seclusion & restraint+
No Force First
Novel Seclusion Reduction Program
Open door policy+
Patient Focused Nursing*
Positive & Safe
PROMISE
Recovery-based principles
Review *

TYPE OF SU INVOLVEMENT (in intervention)



- Delivery
- Design
- Consultation/Advisory
- No extra details

COSTS

- Only 22 made reference to:
  - Cost of implementing the intervention
  - Financial impact of the intervention, e.g. the reduced costs of staff absence

CONCLUSIONS

Disparate
Complex
Variable quality

- Precludes meta-analysis
  - Poor quality
    - Gaps (eg PRN)
- How to compare?
  - How to replicate?
    - What is effective?
- What have we learned?
  - What is the cost?
    - Whose safety is it anyway?
- Perhaps less is more?
  - What *should* we measure?
    - What do stakeholders need?

Behaviour change techniques in interventions to reduce restrictive practices

#BCTcompare

"Staff training"	BCTs
Education about restrictive practices	5.1 Information about health / 5.4 emotional / 5.3 social and environmental consequences 5.2 Salience of consequences 9.1 Credible source
Education about de-escalation	4.1 Instruction on how to perform behaviour
Demonstration	6.1 Demonstration of behaviour
Role play	8.1 Behavioural practice / rehearsal 6.2 Social comparison 3.2 Social support (practical or 3.3 emotional)

Taxonomy of BCTs (16 groups; 93 BCTs)

1. Goals & planning	2. Feedback & monitoring	3. Social support	4. Shaping knowledge
5. Natural consequences	6. Comparison of behaviour	7. Associations	8. Repetition & substitution
9. Comparison of outcomes	10. Reward & threat	11. Regulation	12. Antecedents
13. Identity	14. Scheduled consequences	*15. Self-belief*	*16. Covert learning*

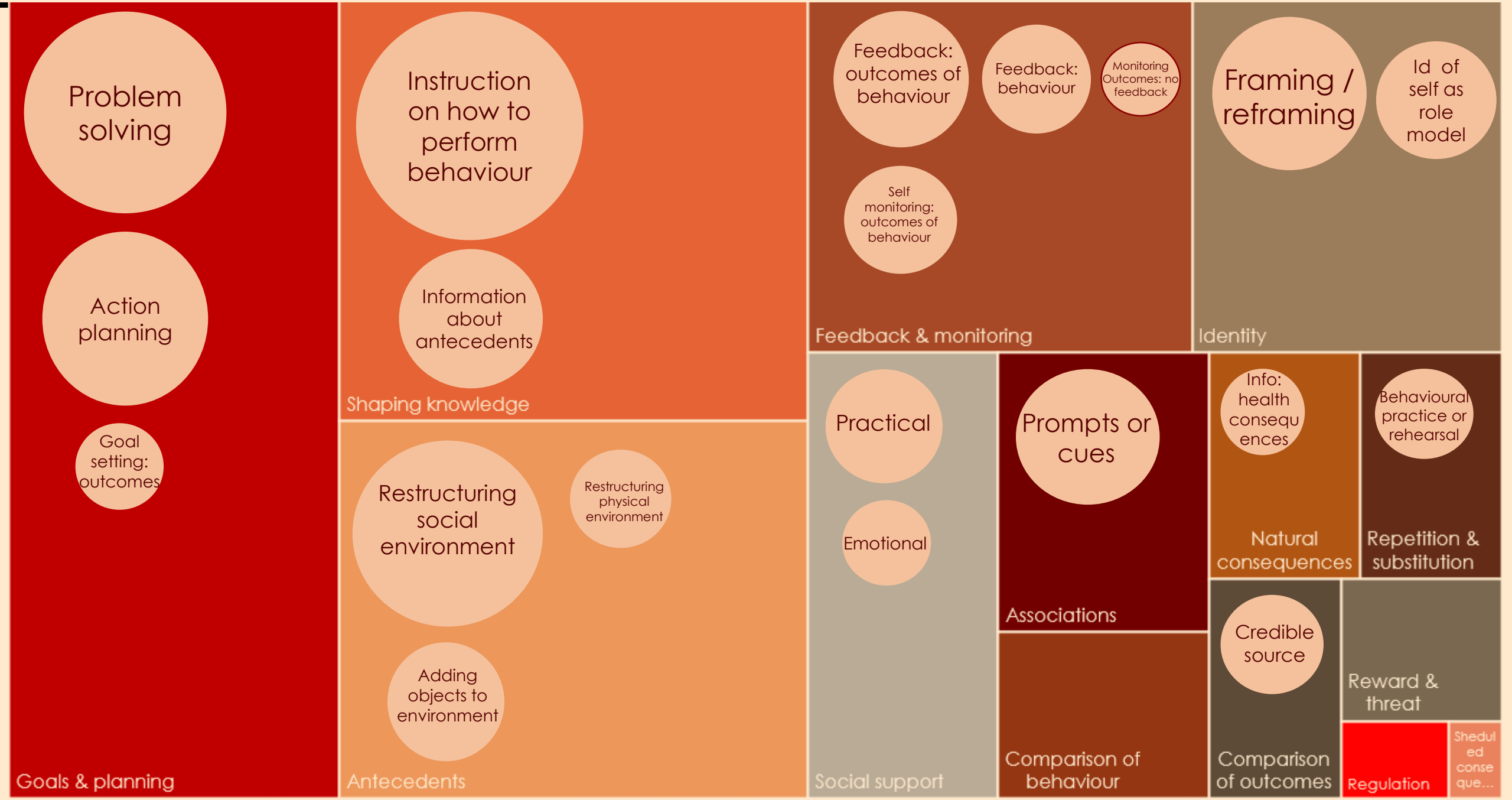
Findings

Identified:

42 out of 93 BCTs

14 out of 16 categories

20 most frequent identified BCTs by category



1. Goals & planning

Problem solving, action planning, goal setting & review for both *behaviour & outcomes of behaviour*

BCT 1.2 'Problem solving' 74%
e.g. high rates of restraint ∴ need improved de-escalation skills

BCT 1.4 'Action planning' 55%
e.g. retrain all staff & introduce risk assessment

BCT 1.1 'Goal setting (outcomes)' 16% e.g. reduce restraint by 50%

Strengths of #BCTCompare

- Compared intervention content systematically
- Disaggregated complex interventions
- Informs targeted interventions to explore effectiveness of specific components
- Potential exploration of what is not there

Limitations of #BCTCompare

Many interventions poorly described

Risk of over-coding e.g. '*instruction to perform behaviour*'

Outcomes: Different methods and outcomes mean we cannot yet tell which BCTs are more effective

Conclusions

- Intervention content is dominated by three categories of BCTs
- Need testing of BCTs (or categories) in isolation
- More consistent reporting

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