

How to Obtain Contact Hours by Reading This Issue

Instructions

3.4 contact hours will be awarded by Villanova University College of Nursing upon successful completion of this activity. A contact hour is a unit of measurement that denotes 60 minutes of an organized learning activity. This is a learner-based activity. Villanova University College of Nursing does not require submission of your answers to the quiz. A contact hour certificate will be awarded once you register, pay the registration fee, and complete the evaluation form online at <http://goo.gl/gMfXaf>. To obtain contact hours you must:

1. Read the following articles, carefully noting any tables and other illustrative materials that are included to enhance your knowledge and understanding of the content. Be sure to keep track of the amount of time (number of minutes) you spend reading the article and completing the quiz.
 - **Multinational Experiences in Reducing and Preventing the Use of Restraint and Seclusion**
Janice L. LeBel, PhD, ABPP; Joy A. Duxbury, PhD, MA, BSc, RMN; Anu Putkonen, PhD, MD; Titia Sprague, MBBS, FRANZCP; Carolyn Rae, RGN, RSCN, RMN; and Joanne Sharpe, BAppSc(OT), on pages 22-29.
 - **Successful Seclusion and Restraint Prevention Efforts in Children and Adolescent Programs**
Beth Caldwell, MS; Chantell Albert; Muhammad W. Azeem, MD, DFAACAP, DFAPA; Susan Beck, MSW; David Cocoros, MS; Trish Cocoros, BS; Raquel Montes, BS; and Bhagya Reddy, MD, on pages 30-38.
 - **Reducing Seclusion and Restraint Use in Inpatient Settings: A Phenomenological Study of State Psychiatric Hospital Leader and Staff Experiences**
Kevin Ann Huckshorn, PhD, RN, ICADC, on pages 40-47.
2. Read and answer each question on the quiz. After completing all of the questions, compare your answers to those provided within this issue. If you have incorrect answers, return to the article for further study.
3. Go to the Villanova website listed above to register for contact hour credit. You will be asked to provide your name, contact information, and a VISA, MasterCard, or Discover card number for payment of the \$20.00 fee. Once you complete the online evaluation, a certificate will be automatically generated.

This activity is valid for continuing education credit until October 31, 2016.

Contact Hours

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Activity Objectives

1. Discuss the international attention on the use of restraint/seclusion (R/S) as a treatment to prevent violence.
2. Identify an organizational framework based on core strategies to address conflict, violence, and the use of R/S.
3. Provide examples of how the Six Core Strategies® have been used to reduce/prevent the use of R/S.
4. Discuss the implications for top leaders and all staff levels to reduce/prevent the use of R/S.
5. State the central focus of the five "meaning themes" extracted from the research.
6. Describe how all levels of leadership and direct care staff participated in reducing/avoiding use of R/S.

Disclosure Statements

Neither the planners nor the authors have any conflicts of interest to disclose.

doi:10.3928/02793695-20141008-99

Questions #1-7 refer to the article about multinational experiences in reducing and preventing R/S by LeBel et al., on pages 22-29.

1. **Reduction of R/S is a phenomenon that originated with a controversy that dates back to the:**
 - A. Middle Ages.
 - B. early 1950s.
 - C. late 1990s.
 - D. Civil War.
2. **Two examples of the Six Core Strategies® are:**
 - A. Consumer Inclusion and Debriefing.
 - B. Prevention Tools and Environmental Conditions.
 - C. Workforce Development and Legislative Advocacy.
 - D. Life Safety and Culture Change.
3. **Agencies that reported implementation of the Six Core Strategies also reported:**
 - A. increased problems with staff safety.
 - B. higher staff turnover.
 - C. lower retention rates of staff.
 - D. decreased staff costs.
4. **Australia's new inpatient services design feature no:**
 - A. mechanical restraints.
 - B. seclusion room.
 - C. psychotic patients.
 - D. self-medication.
5. **Finland implemented an R/S reduction initiative using which design?**
 - A. Open cohort study.
 - B. Quasiexperimental study.
 - C. Phenomenological study.
 - D. Randomized controlled trial.
6. **The United Kingdom implemented an adaptation of the Six Core Strategies called:**
 - A. RESTRAIN Yourself.
 - B. Free Yourself.
 - C. Seclude Yourself.
 - D. Control Yourself.
7. **An important way to sustain the work of reducing and preventing the use of R/S at local, national, and international levels is to:**
 - A. Complete more rigorous research that is applicable to practice.
 - B. enforce stricter institutional policies.
 - C. have leadership commit to the appropriation of resources.
 - D. educate and involve staff in policy development.

Questions #8-15 refer to the article about successful R/S efforts in child and adolescent programs by Caldwell et al. on pages 30-38.

8. **A child-serving program known to reduce the use of R/S is:**
 - A. adolescent fairness.
 - B. cultivating social behavior.
 - C. juvenile justice.
 - D. patient equality.
9. **Best practice values in serving children and families are:**
 - A. authority-based and religiously driven.
 - B. socially accepted and physically competent.
 - C. behavioral approaches using systems theories.
 - D. youth-guided and trauma-informed.

10. A national program that supports evidence-based practice for youth and families is the:

- A. Building Bridges Initiative.
- B. Cognitive Focus Strategies.
- C. Points and Level Systems.
- D. Restraint and Seclusion Mandate.

11. The purpose of the healing bench at the Albert J. Solnit Children's Center was to:

- A. commemorate materials from the old building.
- B. remind people of the work to reduce R/S.
- C. create comfortable seclusion furniture.
- D. help with an occupational therapy project.

12. Following the use of the Six Core Strategies, the Albert J. Solnit Children's Center was able to eliminate the use of:

- A. mechanical restraints.
- B. physical restraints.
- C. seclusion.
- D. psychotherapy.

13. The success of the Youth Development Institute was due to the:

- A. design of an active staff advisory board.
- B. commitment of top leaders to eliminate restraints.
- C. use of motor integration prevention techniques.
- D. initiation of family therapy groups.

14. Mount Prospect Academy found that behavior modification systems:

- A. reduce the use of R/S.
- B. increase the use of R/S.
- C. contribute to the use of unnecessary restraints.
- D. help youth calm down.

15. Youth who have experienced restraints and/or their family members suggest:

- A. supporting youth to spend individual time in seclusion.
- B. using restraint strategies to "get the feel."
- C. staff use words, tone of voice, and body language to set limits.
- D. using programs that youth find valuable and that match their strengths and interests.

Questions #16-25 refer to the article about reducing R/S in inpatient settings by Huckshorn on pages 40-47.

16. The use of R/S in inpatient mental health settings continues because:

- A. units are recovery-based and trauma-informed.
- B. inpatient services work to reduce unit rules.
- C. R/S are therapeutic and necessary interventions.
- D. staff are often unknowing and uninformed.

17. R/S practices are commonly initiated by staff in response to a client's refusal to:

- A. explain his or her actions.
- B. sign his or her care plan.
- C. follow the rules.
- D. comply with family demands.

18. The U.S. General Accountability Office, along with research, shows that R/S are:

- A. coercive but result in positive outcomes.
- B. aggressive with negative effects on care.
- C. assertive but recovery-oriented.
- D. invasive but can instill trust.

19. The purpose of the study was to report the experiences of:

- A. successful reduction in the use of R/S by leaders and staff.
- B. leaders' beliefs that reducing R/S is a responsibility of direct care staff.
- C. staff using R/S safely in their work settings.
- D. staff's use of R/S in mental health settings and programs.

20. Participants in this study were:

- A. regional mental health managers.
- B. legal counsel and institution security.
- C. family members, former clients, and psychiatrists.
- D. direct care staff, leadership, and managers.

21. Staff who accepted the invitation to participate in this study were required to:

- A. document patient experiences with R/S.
- B. respond in person to open-ended questions.
- C. serve as a data gatherer, collecting input from coworkers.
- D. demonstrate how they apply restraints and document their assessments.

22. The two hospitals that participated in this study were found to be:

- A. similar in terms of patients, environment of care, and reduction of R/S.
- B. dissimilar in terms of region of the country, environment of care, and reduction of R/S.
- C. so distinctive that they could not be matched.
- D. identically the same as far as location, types of services, and use of R/S.

23. A central focus of the "meaning themes" extracted from the data was that leaders and key hospital staff:

- A. inconsistently described how they reduced the use of R/S.
- B. had to change their beliefs and behaviors about the use of R/S.
- C. provided minimal influence on reducing the use of R/S.
- D. agreed with the research hypothesis of the study.

24. The study's findings are important for mental health leaders and policy makers because:

- A. mental health hospital leaders have a limited role in preventing or reducing the use of R/S.
- B. mental health hospital leaders were able to reduce R/S by issuing a directive to that effect.
- C. the belief systems of staff members were not found to be significant in reducing the use of R/S.
- D. staff members' beliefs about R/S changed so that R/S use was viewed as avoidable.

25. The importance of the workforce represented in the study is that nursing:

- A. practice has a limited role regarding the use of R/S.
- B. regulations ban participation in studies involving violence.
- C. supports the use of research-based best practices.
- D. is required to use the chain-of-command in changing policy.

**CNE Answers
NOVEMBER 2014**

1. C	6. A	11. B	16. D	21. B
2. A	7. C	12. A	17. C	22. A
3. D	8. C	13. B	18. B	23. B
4. B	9. D	14. C	19. A	24. D
5. D	10. A	15. D	20. D	25. C