

Promoting the Therapeutic Relationship:

Restraint and Seclusion Compared with the Sensory Approach

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Introduction

The therapeutic relationship between a nurse and a mental health inpatient has long proven it's importance in health recovery. Restraint, seclusion and the sensory approach impact this relationship in a number of ways. Understanding when and how to utilise these approaches is vital in protecting this relationship and achieving the best health outcome.

Research question: What impact does the sensory approach have on the therapeutic relationship between the nurse and current mental health inpatients, in comparison to the use of restraint and seclusion?

Literature Review

Restraint and Seclusion

Historically restraint and seclusion have been the go to methods for controlling the violent and aggressive behaviours of mental health patients (Colaizzi, 2005). It's overuse and negative media attention has led to an overwhelming consensus for change by mental health organisations, healthcare workers and governments around the globe (Ministry of Health, 2012).

Today the holistic health of the patient is believed to be paramount. This is best achieved through empowering and individualised care, enabled by an established therapeutic relationship (Champagne & Stromberg, 2004). The restraint and seclusion process brings forth emotions of mistrust, anger and resentment for both the nurse and patient, which directly contradicts this relationship. Patients state they felt attacked and saw the restraint process as an act of violence (Bonner, Lowe, Rawcliffe and Wellman, 2002), and nurses state they felt it was an unethical approach that they had little training or choice in completing (Bonner et al., 2002). These feelings lead to a barrier in the therapeutic relationship and therefore the patients health recovery.

The Sensory Approach

The sensory approach aims to reduce and control the dangerous behaviours patients can show when they are acutely unwell. Those living with a mental illness often experience a decrease or increase in tactile, olfactory and light sensations. The purpose of the sensory approach is to develop an individual's awareness of their own sensory preferences, which will enable them to reduce or accelerate their emotional arousal before the use of restraint and seclusion is necessary (Champagne & Stromberg, 2004). Such activities the sensory approach utilises include listening to music, aromatherapy, weighted blankets and squeezing stress balls (Champagne & Stromberg, 2004).

The sensory approach allows both the patient and the nurse to work together in a supportive environment whilst engaging in meaningful, self-directed, non-invasive and empowering activities. Lloyd, King and Machingura (2014) have found that the sensory approach is effective in reducing the rate of seclusion and therefore the negative emotions associated with the event for both the patient and nurse. Leading to a therapeutic relationship focused around mutual trust and support.



Recommendations

Implementing the sensory approach has more success in fostering a patient nurse therapeutic relationship than the use of restraint and/or seclusion (Chalmers, Harrison, Mollison, Molloy & Gray, 2012). Therefore it should be used first by both the nurse and patient when the patient's behaviour begins to escalate. A **sensory plan** should be developed with both patient and nurse input, in an aim to increase patients awareness of their own sensory preferences (Champagne & Stromberg, 2004). As this is a relatively new approach in mental health, mandatory **training needs to be provided for all staff**, to further encourage its use and implementation in everyday care. There are cases where patient and staff safety is at risk, and this is when restraint and seclusion should be utilised. The aim of the sensory approach is to stop patients emotional arousal increasing to this point. Training needs to be provided in the **correct restraint and seclusion techniques** also, to ensure they are being used correctly and appropriately.

References

- Bonner, G., Lowe, T., Rawcliffe, D., & Wellman, N. (2002). Trauma for all: a pilot study of the subjective experience of physical restraint for mental health inpatients and staff in the UK. *Journal of Psychiatric & Mental Health Nursing*, 9(4), 465-473.
- Colaizzi, J. (2005). Seclusion and restraint: a historical perspective. *Journal of Psychosocial Nursing & Mental Health Service*, 43(2), 31-49.
- Chalmers, A., Harrison, S., Mollison, K., Molloy, N., & Gray, K. (2012). Establishing sensory-based approaches in mental health inpatient care: a multidisciplinary approach. *Australasian Psychiatry*, 20(1), 35-39.

- Champagne, T., Stromberg, N. (2004). Sensory approaches in inpatient psychiatric settings: innovative alternatives to restraint and seclusion. *Journal of Psychosocial Nursing & Mental Health Services*, 42(9), 34-55.
- Lloyd, C., King, R., & Machingura, T. (2014). An investigation into the effectiveness of sensory modulation in reducing seclusion within an acute mental health unit. *Advances in Mental Health*, 12(2), 93-100.
- Ministry of Health. (2012). *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017*. Retrieved from <http://www.health.govt.nz/>

Poster Rationale

Posters are effective at portraying a key message in a simple glance that can leave a lasting impression and go on to improve nursing care and patient health outcomes (Dalen, Gubbels, Engel, & Mfenyana, 2002). If a poster is made with the correct techniques, it can leave a lasting impression, which was my overall aim when making this poster. Brown (1997) summarised the best way to present healthcare information. Prepare, organise, sequence, use appropriate text and font, explain, and ensure the information is readable. These points aim to make sure the information presented is easy to understand, that the message is memorable and that the reader isn't overwhelmed by content. Brown's information is dated at 1997, but his findings are relevant in posters today, with Briggs (2009) stating similar presentation techniques. Layout, text size, colour and style. Briggs (2009) goes on to state the benefits of posters, including their multidimensional use. A poster can be presented at a conference, towards staff to encourage clinical initiatives or policy updates or left for individuals to independently examine.

I felt a poster would be most beneficial in expressing the findings of my literature review, that sensory modulation benefits the therapeutic relationship more so than restraint and seclusion, as it could be presented to health care workers in an aim to change and improve current nursing practice.

PECOT Model

PECOT category	Information relating to question	Explanation
Population	My population for this research question target those suffering from a mental illness who are currently inpatients staying within a hospital and the nurse with whom they share a therapeutic relationship with.	Restraint and seclusion affects these individuals in the greatest way, and the impact it has been long thought to be negative. Therefore, it is our ethical responsibility to research methods of best sustaining this relationship.
Exposure (Intervention)	The use of restraint and/or seclusion and the sensory approach.	The result by researching these two methods is to conclude their impacts on the therapeutic relationship. They are both very different techniques and will result in differing impacts on this relationship.
Comparison/control	Restraint and seclusion compared to the sensory approach, and how these methods impact the therapeutic relationship.	The therapeutic relationship has an important impact of a patient's recovery. The stronger it is, the better their health outcomes, therefore it is our responsibility to explore how to best maintain and foster that relationship.
Outcome	To determine the impacts restraint and/or seclusion, and the sensory approach has on the therapeutic relationship, and to explore the best options for future use.	The outcome of this literature review is to determine what is the best method of fostering the therapeutic relationship between mental health inpatients and their nurse, specifically within using restraint and/or seclusion and the sensory approach.
Time	N/A	This research is not measurable in time, as it is ongoing issue and the length restraint and/or seclusion, as well as the sensory approach differ per patient.

References

- Briggs, D. J. (2009). A practical guide to designing a poster for presentation. *Nursing Standard*, 23, 35-39.
- Brown, B. S. (1997). Poster design - Six points to ponder. *Biochemical Education*, 25(3), 136-137.
- Van Dalen, J., Gubbels, H., Engel, C., & Mfenyana, K. (2002). Effective poster design. *Education for Health-Abingdon-Carfax Publishing*, 15(1), 79-84.
- Whitehead, D. (2013). Searching and reviewing the research literature. In Z. Schneider., D. Whitehead., G. L. Biondo-Wood., & J. Haber. (Eds.), *Nursing research: Methods for appraisal for evidence-based practice* (4th ed., pp. 35-56). Chatswood, Australia. Elsevier Australia.