

# Reducing coercive measures - Case study

## Forensic Psychiatric Unit, Region Zealand, Denmark

By: Lotte Mattison & Kelly Nielsen



### Introduction

Practising different methods that reduces incidents by restraining patient in belt. This different methods and ideas that we have learned from our trip in La Santa, gives us another inspiration on how to use it with our patient in our unit.

This alternative methods, introduces in a staff meeting in our unit, and been accepted and practices daily. This methods showed a huge success results.


### Successful story

This is the case of a 35-year-old-woman, single, no children and non-educated. She is receiving disability pension as her main source of living.

1993: The first signs and symptoms of her psychosis were noticed / observed when she was 14 years old and from that time she has been receiving psychotherapy.

This patient has been hospitalized numerous times in different psychiatric hospitals with different diagnoses, primarily schizophrenia and personality disorders. Moreover she has a congenital developmental disorder in the form of ADHD-type behavior and problems of concentrating as a result. Due to her complicated psychosis, she has been transferred from one social and protective psychiatric institution to another.

2005: she was admitted in the psychiatric ward in Dianalund and was quickly transferred to a protective Institution in Holbæk, due to her ferocious and perilous behaviors like inflicting self-destruction, smashing windows, and last but not the least committing arson.






2006: The patient was moved to the forensic department P4, with the diagnosis of having an increased auditory hallucinations, compulsive and impulsive externalizing behaviors and self-harm. During her 1 ½ years of hospitalization in this unit, the patient's condition worsened. She became more violent with periods marked by major psychotic outbreaks and externalizing behaviors, where she ended up attacking staff-members. Her antipsychotic medication was increased in doses, and several times it was necessary to use coercive measures, like restraining her on bed and with hands and feet straps  to restrict her movement but still giving her the ability to walk around the unit.

This method is no longer in use and had been strictly prohibited.

2007 June: The Patient received (Farlighedsdekret) Dangerousness decree, which she is committed to be in highly security unit, because she persistently showed increasing signs of violent behaviors, especially towards the staff-members. Restraining her was necessary.

2007 November: The patient was admitted to a high secure unit. Her condition was characterized by severe paranoid schizophrenia, and for this reason stabilizing her condition took a long while.

2013 December: The patient verdict was rerieved and was transferred back to the Forensic department P4.

At this moment in time, the patient is still having severe psychotic episodes, characterized by delusions, paranoia, compulsions, and ambivalence. Patient's behavior is improving, with some lucid intervals. She is still having hallucinations where she hears voices both bad and good. She is showing productive psychotic and paranoid behaviors very often. We have been helping the patient by using alternative methods such as, Ball-punktur  massage. By this, we are diverting her attention and promoting relaxation. More alternative methods include Ball-chair , Ball-vest , Ball-blanket , Ball-Pillow , and music cure. The patient practices her yoga every day. All of these combined methods result in less rescue medicine and fewer forced restrained incidents. Since the patient has been transferred to our unit, she has only been restrained once, and this was due to reduction of her medication, which lead to uncontrolled violent behavior.

The patient is housed in an area of the unit with less stimuli and by using the alternative methods mentioned above, help her in coping up with psychosis.

### Lists of activities instead of medicin



### Evaluation/Conclusion

The results of using the alternative methods mentioned above, give very good effects to our patients, which have been proven and tested. In connection to this, the use of PRN medicine is not necessary anymore & restraining patient has been avoided. We can now provide mild & more humane ways of treating patients in their difficult/violent moments. Our unit will continue using these methods daily, and everything will be introduced to our new recruited staff members.