Based on the experiences early in 2000, a “No Force First” (NFF) policy was clearly articulated in 2006. Quickly NFF became a dynamic force throughout the organization. It deliberately transformed the way recovery services were delivered in all levels of care, including crisis services where force is often used.


As RI moved toward a recovery vision, the strong encouragement to eliminate force came from presentations made to RI personnel by Bill Anthony, who had written extensively on the concept of recovery in the 1990s and had coined the terms “recovery vision” and “recovery oriented services”. With respect to coercion and the recovery vision, Anthony asserted that “force elimination is both a necessary and reasonable goal as we move further down the path of recovery…There is no such thing as ‘forced recovery’.” (2) The leadership of RI believed that force is so incompatible to the values of recovery (e.g., choice, self-determination, personhood) that the use of force had to be addressed immediately. They believed that secluding or restraining a person was the most glaring example of actions that were incongruent with the words of recovery.

The leadership of RI believes the elimination of all types of force has many benefits to their organization. The very presence of coercion within their crisis centers would reflect poorly on all the other programs run by RI, and most importantly harm the very people RI is trying to help. RI believes that the highest price of all is the price paid by the people being restrained ---due to their recovery being stalled by a practice that can disempower them; break their spirit; and reignite a sense of helplessness and hopelessness. The use of force is very traumatizing in nature, especially for those who have a history of physical or sexual abuse. The development and implementation of a NFF policy within a recovery approach to helping has convinced the authors that the implementation of a NFF policy should become a best practice in the treatment of people with severe psychiatric disorders.¹

The NFF policy maintains that force of any kind, including chemical restraints, is traumatic and distressing at a time when guests present in crisis.

The following points comprise the policy of the No Force First as practiced by Recovery Innovations, Inc.

- Make public the Recovery Innovations, Inc., NFF policy.

Define the use of force and coercion as a treatment failure.

Have an active program to avoid and eliminate the use of force, including seclusion, mechanical restraint, and pharmacological restraint and forced medication, that includes:

- staff training in effective de-escalation techniques and the NFF process;
- a debriefing that includes the service recipient whenever coercion or force occurs;
- a critical incident review for any use of coercion or force;
- and a performance improvement process that includes tracking and reporting of all types of forced interventions and feedback to staff and stakeholders.

Seek to avoid the use of outpatient commitment through advance directives, active outreach and engagement, and peer support.

Use involuntary inpatient treatment only for individuals who present a clear danger to self or others and then only after rigorous interventions to engage the individual in choice-based voluntary alternatives.

Characterize relationships with service recipients, including facility-based programs, as risk-sharing partnerships instead of risk-management control.

Design and implement, with service recipient input, self-directed programming, including education and self-advocacy to reduce reliance on compliance-oriented services such as medication monitoring.

Support and assist law enforcement personnel, families, and guardians with the training in the NFF process.

Adopting the NFF principle requires the development and implementation of a strong and courageous organizational structure. This structure must encompass the recruiting, hiring, training, supporting, nurturing, and mentoring activities necessary to ensure the beliefs and values key to NFF are hard-wired and pervasive in all operational facets. The main areas of focus for these activities include advancing the concepts of the Recovery Pathways, Recovery Coaching, Principles of Peer Support, and the development of a Recovery Environment.

What do we mean by “force?” Force is both a noun and a verb that denotes power, acts of aggression, strength, and forcefulness. “Force” implies that a person exhibits a level of influence aimed at intimidation, coercion, and pressure to negate perceived threats. When the presence of force is prevalent in the recovery environment, the individual involved in a crisis experiences further distress and tension, guests will endure further angst, anguish, and misery when healthcare workers exercise power and authority rather than offering assistance, support, medical care and encouragement.

Based on the above information, RI leadership decided to adopt a no-force-first approach that welcomes, encourages, supports, and empowers the guests. This included specifically avoiding the following practices of employing force.
1. Coercion; the act of compelling by force of authority or enforcing obedience.

2. Manipulation; an act of exerting shrewd or devious influence.

3. Verbal and non-verbal force causes action through pressure or necessity, by physical, moral or intellectual means.

Avoiding “Force” doesn’t imply abandoning responsibility for maintaining a recovery environment. The No Force First principle is grounded in the philosophy of engagement, empowerment, and mutuality. The No Force First principle provides a framework for guests to consider options in an environment of dignity and respect. The No Force First principle encourages guests to pursue new options as they experience peer support, medication education, access to groups focused on learning effective coping skills—all within a recovery environment. No Force First principles reflect a dynamic and interactive atmosphere where solutions can be addressed and identified.

**Immediate Benefits of a No Force First Practice**

Guests who enter a RRC to find help are not further traumatized by the use of force—restraint, seclusion, medication—to control their behavior. By not adding to the emotional trauma, while keeping the guest and others safe, each guest can begin recovery with respect and dignity from the moment they are first greeted. This promotes recovery and self-management skills and strategies to:

- promote higher levels of wellness, recovery and quality of life;
- decrease the need for costly, invasive therapies;
- decrease the incidence of severe symptoms;
- decrease traumatic life events caused by severe symptoms;
- decrease internalized stigma;
- raise the level of hope and encourage active work toward wellness;
- increase a sense of personal responsibility and empowerment.

**Expected Long-term Results from a No Force First Practice**

A No Force First approach promotes longer term recovery outcomes in the following ways:

- Shifts the focus with each guest from symptom control to recovery.
- Avoids trauma thereby increases the guest’s future willingness to use recovery services.
- Increases the ability to meet life and vocational goals, significant life enhancement, and gains in self-esteem and self-confidence as people become contributing members of the community.
- Significantly reduces the need for costly mental health and emergency services when people who experience psychiatric symptoms take responsibility for their own wellness and recovery.
It has been the experience of Recovery Innovations that a number of challenges can get in the way of creating and maintaining a No Force First environment. These challenges include:

- Staff fear.
- Lack of leadership.
- Staff inexperience.
- Poor role modeling.
- Staff’s action contributing to a guest’s behavior.
- Supporting guests that are intoxicated or actively using substances.
- Group think (For example, one staff member focuses on one thing—and then all staff follow suit: such as one staff indicates that a guest needs a forced IM and then everyone goes down the same path).

Knowing that there are challenges and barriers to creating and maintaining a NFF environment, it is important to know that there are strategies that can be used to sustain a NFF environment. Safety of guests and staff is the number one concern. Everyone, guests as well as staff, must know they will be safe. Based on the experience of Recovery Innovations, there are a number of strategies that create and sustain safety while honoring the principles of No Force First.

**Strategy One: Training and On-site Orientation.** Creating an effective training program for staff that starts immediately upon hire and includes requirements for ongoing training opportunities is essential. Recovery Innovations has learned that training new staff is critical to the success of maintaining a NFF environment.

- New Employee Celebration (NEC) creates a welcoming and comfortable training environment for newly hired staff. All staff are required to go through NEC which is essentially “new hire training,” but in a recovery environment that truly celebrates new team members. Although there are many recovery elements with the NEC, the most powerful information is obtained during the training of Crisis Prevention Intervention and Therapeutic Options.

- The Crisis Prevention Intervention (CPI) training program is a holistic behavior management system based on the philosophy of providing the best care, welfare, safety and security for staff and those in their care, even during the most violent moments. The program focuses on preventing disruptive behavior by communicating with individuals respectfully and with concern for their well-being. Follow-up debriefing strategies are also key components of the training program.

- The Therapeutic Options (TO) training program focuses on crisis intervention and emergency management procedures that are firmly rooted in the use of positive supports, trauma-informed practice and multi-tiered, preventative strategies including engagement, communication, and physical techniques/emergency procedures. Although the focus of this training maintains the use of de-escalation strategies, it also provides physical intervention strategies that can be used.
• Although an entire day is spent on CPI and TO training and includes practicing the TO interventions, it is critical that ongoing engagement training and constant practice take place. Through consistent practice, two challenges that can get in the way—staff fear and inexperience—are taken away. Staff learn that their reaction can exacerbate a situation rather than de-escalate a situation.

• Proper recovery training of staff also reduces the likelihood of poor role modeling. Staff trained to use recovery language and follow the recovery pathways and mission of Recovery Innovations are more likely to demonstrate a positive role model and sustain a NFF environment. Proper training also reduces the possibility of “group think” because staff is trained to be non-judgmental and support each guest with dignity and respect. Each guest is a unique individual seeking a different recovery solution.

• Once staff have completed their NEC training they head to the Recovery Response Center to begin their employment journey. The first step there is an On-site Orientation. Full of enthusiasm, it is important that these new staff become fully acquainted with the environment and the day-to-day operations. This must happen collaboratively with their immediate supervisor and seasoned staff. Again, taking time and care to mentor a new staff member reduces staff acting out of fear and inexperience. Having a comprehensive On-Site Orientation form ensures that not only is there documentation that supports that a new team member has completed their orientation, but it also serves as a guide to ensure that all the critical elements of their position have been reviewed.

• Recovery Innovations understands that training does not stop after NEC or after the On-Site Orientation has been completed. It is critical that all team members have access to ongoing education and training opportunities. Training opportunities can be made available during regularly scheduled staff meetings or as part of each team member’s Training Plan.

**Strategy Two: Property Inventory.** A property inventory is completed during the welcoming (admission) process and whenever the guest receives items brought in by a visitor. There are no mandatory strip searches, metal detecting wands or any such devices used when welcoming a guest. This does not mean that Recovery Innovations is not attentive to safety concerns. However, safety precautions are completed in a recovery-oriented and respectful way so guests do not lose their dignity as a result of the property inventory process.

Recovery Innovations uses a collaborative approach to property inventory. The property inventory process starts with an explanation of why the inventory is important and an invitation for the guest to fully participate. Items that the guest desires to retain during their stay are discussed. Through a conversation with each guest, items that are a safety risk are inventoried. These items may include weapons of any kind, medications, alcohol, drugs, tobacco, glass containers, sharp objects, hammers, or any other tools. Items that present a safety risk are recorded and stored until the guest leaves. And, of course, guests wear their own clothes and shoes. Laundry facilities are provided.

Staff is trained to not only consider the guest who owns the property, but also reflect on all of the current guests at the center. The guest may desire to bring in an item that would not be
unsafe for them, but could be unsafe if another guest had access to it. Therefore, this process is completed with great thoroughness and also with mutual respect.

**Strategy Three: Ensuring staff have the right tools and know how to effectively use them.**

- **Getting to Know You; Early Wellness Consultation.** As a guest goes through the welcoming process, a series of Getting to Know You conversations (referred to in a traditional approach as assessments) are conducted by the Nurse, Recovery Counselor (mental health professional) and Psychiatric Provider. The Early Wellness Consultation completed by the Recovery Counselor is similar to an initial/intake assessment, but is completed in a recovery-oriented way. Based on the information obtained in partnership with the guest, plans to address any immediate concerns are created. In the NFF setting, the guest is not “told what is going to happen, told what they can keep with them, told where they will be housed, told the ‘house rules’ which must be obeyed, told how to ‘behave/stay safe’. Instead, the NFF approach includes the guest in the development of self-directed recovery, placement within the facility, establishing the rules of behavior/safety, and so on.

- **Risk Inventory.** Included in the Early Wellness Consultation is a Risk Inventory. The Risk Inventory includes Risk of Suicide and Risk of Violence. The Risk of Suicide reviews: suicidal thinking, psychiatric history, medical history, substance use and psychosocial stressors/situations. This Risk of Suicide allows the guest to identify his or her level of risk and provides the team member with information to create a risk sharing plan with the guest. The Risk of Violence Assessment is set up in a similar fashion.

- **The Risk Sharing Plan.** The Getting to Know You conservations and the Risk Inventory identify a guest’s level of risk. Based on the level of risk, a Risk Sharing Plan is created with the guest. The Risk Sharing Plan is to review a number of risk factors with the guest, identifying a rating (from low to high). For those risk factors that are rated as Moderate to High a specific plan is developed. The risk factors reviewed include:
  - danger to self
  - other self harm concerns;
  - danger to others;
  - elopement risk;
  - recent domestic violence concerns; substance intoxication/withdrawal risk;
  - substance intoxication;
  - substance withdrawal risk
  - level of medication monitoring needed;
  - fire setting concerns;
  - physical disability
  - medical needs;
  - and other concerns that are unique to the individual.
This process not only creates a plan for the guest and team to use, but also supports the decisions and agreements made including:

- space assignment (which can vary by RRC location, but can include a private room, continuous line of sight or close to nursing/medical staff). Assigning the physical location of a guest based on the Risk Sharing Plan help ensure each guest's personal safety and/or the safety of others. Some guests will be safe in a private room. For others, a double room with a roommate is acceptable. Others need to be supported in a common area which allows for direct visual observation.

- and the level of engagement support needed (which can include continuous companion, one-to-one support) or wellness checks every 15 minutes, 30 minutes or 60 minutes.

The Risk Sharing Plan is created with the guest and creates a shared level of responsibility. If a guest is welcomed into the Recovery Response Center and is not in a place to collaboratively create the Risk Sharing Plan, team members create an initial plan based on known information. As soon as the guest can participate in creating a plan, the Risk Sharing Plan is reviewed with the guest and revised as needed. As noted earlier, the Risk Sharing Plan is an ongoing, changing document and can reflect revisions when a guest is doing well and the risk level decreases. It can also be modified when a guest is challenged by “big feelings” and is in need of additional support. In addition, when change of shift occurs, the new staff coming on shift will review each guest’s Risk Sharing Plan to become familiar with the best way to support each guest. Ultimately, if a guest is ready to leave the center on a voluntary basis, the goal is to ensure that all risk factors reflected on the Risk Sharing Plan are at a rating of low to moderately low.

**Strategy Four: Safety Interventions.** The use of safety interventions is an ideal way of creating a NFF environment. Safety interventions are techniques that can be used which result in not using a restrictive intervention (i.e., physical restraint, seclusion, mechanical restraint, or forced medication). Safety interventions include verbal de-escalation, verbal re-direction, voluntary retreat, one-to-one support, voluntary medications and supportive escort. The intervention methods are explained below.

- **Verbal de-escalation and verbal re-direction**

- **Both verbal de-escalation and verbal re-direction include the art of engagement. Through the ability of staff to engage in a conversation with a guest, the guest is empowered to gain control over her or his own behavior, or the guest is re-directed in a way that maintains the recovery environment.**

- **Wellness Check.** A wellness check is completed with each guest at designated frequencies such as every 15 or 30 minutes. Staff must physically see the guest. Document time, location of guest and what activity guest is doing. Verbally engage to
see how they are doing and assist them as needed. Eye contact, if the person is awake; if asleep, watching three breaths.

- **Voluntary Retreat.** A voluntary retreat is a procedure that is a self-restriction used to assist the person in regaining emotional and physical control by inviting the individual to move from his or her immediate environment and voluntarily going to an area consisting of an unlocked, lighted, quiet, private area, thereby reducing the environmental stimulus. Voluntary retreat is not considered “time-out,” but rather an extension of a technique used in Crisis Prevention Intervention.

- **Continuous Companion.** At any time a guest is assessed to be at risk, either based on verbal, non-verbal interactions or due to increased agitation and aggression, staff initiates a continuous companion. The companion is an assigned staff member, often a peer Recovery Coach who provides continuous supervision of the guest at all times. A team member that is sitting outside of a guest’s closed room is not a continuous companion. The guest being supported will never be outside of the line of sight.

- **Voluntary medications.** When accepted voluntarily and ordered by a Provider, medications can be a beneficial safety intervention and contribute to maintaining a NFF environment.

- **Supportive escort.** A supportive escort is limited to a staff’s gentle hand on a guest’s upper arm and the other hand centered of the guest’s back. There is no force involved, but only the support to escort a guest.

**Strategy Five: Create a Recovery Partnership that includes and honors, and learns from each guest.**

- **Engage and empower.** These are two very important concepts that Recovery Innovations embraces. When team members engage with a guest, it is critical that active listening is used so that the guest knows that the team member is fully present. This is in alignment with the Recovery Coaching process that is a staple in the recovery process. Recovery Coaching is a proven effective method of communication that results in creating solutions, promotes choice and maintains a NFF environment.

- **Engage and collaboratively identify the strategies to support each individual and increase their feeling of safety.** As noted earlier, creating a Risk Sharing Plan with a guest is a creative and effective strategy to support a guest and increase their feeling of safety. A main purpose of the risk-sharing process is to support a guest in identifying risk factors that are concerning for them at the time and in creating a real solution and plan to support their safety, as well as their recovery and wellness. Another way to collaboratively engage a guest is to create a Recovery Partnership. A Recovery Partnership is a way to identify the solutions that the guest is seeking while staying at the Recovery Response Center. Creating a Recovery Partnership uses the recovery coaching process as a foundation. This process takes place very early on in the guest’s stay so that it established a way to identify what support the guest needs, including
being safe. When a team member meets with a guest, they will clear, connect, plan identify what could get in the way, resilience build and reflect on personal development (the recovery coaching process). This process creates a recovery-oriented plan to support the guest during their stay.

- Communication and teamwork. Provide solid, ongoing supervision of staff and ensure teamwork and cohesion, as well as maintain effective team communication. Understandably, communication is a key ingredient to the success of maintaining a NFF environment. Communication plays a vital role to ensure that staff has proper guidance and support and the team is cohesive and consistent.

Communication is a critical element during the changing of staff during the day at a Recovery Response Center. An effective team is effective because they are working with accurate information. When there is a breakdown between staff communication during shift change, it will be reflected in the quality of support that will be provided to the guests.

Communication is highly important when a guest begins to experience big feelings. Staff must have the skills to engage with a guest to support and empower the guest regaining control of him or herself.

Recovery Innovations has identified that staff have different strengths. Based on this identification, some staff are more comfortable and confident in their skills of engagement and de-escalation. Staff that have these qualities are placed in a role of responding more readily to guests that need that level of support. This increases the ability to maintain a NFF environment and truly empowers the guest.

- Review and learning. In the instance that “force” is used, staff complete a comprehensive review of any restrictive intervention that occurs. This process allows us to learn from experience.

A No Force First environment means just that—no force first. It does not imply that force will never be used but that all efforts should be devoted to using force as an absolute last resort. Historically, Recovery Innovations has identified that the use of force is a “treatment failure.” Therefore, all team members focus on using all available tools and resources to support each and every guest in a way that maintains a NFF environment.

In the event that force (a restrictive intervention) is used, it is critical to properly document the occurrence and fully review the event. A full review includes the guest, all staff involved in the event, administration and Quality Support. The restrictive intervention documentation is extensive—and it should be. The documentation captures what happened before the event, during the event, and after the event. It includes documentation from the RN, Medical Provider, Shift Coordinator and Recovery Services Administrator.

- Debriefing. A guest debrief includes asking the guest questions relating to their experience, and includes the following questions.
Is there anything that you would like to share with staff or about this experience that was helpful for you?

Were you informed of the reason why a restrictive intervention was used?

Did you understand why a restrictive intervention was used?

Were you informed of the conditions necessary for release and did you understand them?

Was staff concerned for your welfare and the welfare of others during this incident?

Was the restrictive intervention necessary at the time it was used?

During this period of restrictive intervention, were your needs attended to, such as needs for safety, food, drink, toileting, and movement?

Have you had the opportunity to talk with a doctor, peer, or other staff about what happened?

As a result of the situation, were you or anyone else in danger at the time of the incident?

If there was danger, were you provided support to control the situation before a restrictive intervention was used?

If efforts were made to avoid a restrictive intervention, why did they not work?

What could you and your recovery team do differently, today, to avoid future unsafe physical behaviors?

What might you do differently to avoid future unsafe physical behavior (alternative response to triggers)?

What could have been done to decrease the length of the restrictive intervention?

The team also reviews the following.

- Precipitating factors that led to the use of a restrictive intervention
- Alternative techniques used to prevent the use of a restrictive intervention and identification of other opportunities to intervene.
- How did we incorporate our recovery principles?
- Outcome of the restrictive intervention, including any injuries that resulted from the restrictive intervention
- If the individual was injured, what caused it, and what is the plan to prevent future injuries?

In addition, an actual physical walk through of the event takes place where staff re-enacts the situation and reviews/documents the following:

- Based on your collective review and physical walk through of the restrictive intervention, provide a general overview of the actions that took place.
During the restrictive intervention – what “worked” and how do we know it worked?
During the restrictive intervention what could be enhanced?
In hindsight, was this the best intervention?

Recovery Innovations has placed video cameras in the Recovery Response Centers for the purpose of using the video footage for educational purposes. Video cameras can be thought of as being intrusive and result in people not acting naturally. This has not been the case and the video footage that has been reviewed captures real life. This has been extremely helpful. An event can take place very quickly, and being able to “rewind and review” results in knowing exactly what took place and how to learn from each situation.

Another option to consider is facilitating a “Community Meeting” as needed to ensure all other guests on the unit have the ability to verbalize their concerns, ask questions, and express fears, as staff focus on minimizing angst and restoring a recovery environment. Allowing this discussion and “debrief” with all guests further supports the ability to maintain a NFF environment.

So we ask ourselves, “Where do we go from here?” “How do we keep creating and what is the next innovation?” “How do we keep learning and growing?”

Having the data to support that a NFF environment is effective is critical. Ongoing review of outcomes related to restrictive interventions, safety interventions, declining staff injuries and guest injuries, guest and staff feedback, and external regulatory agency reviews all support the development, maintenance and sustainability of a NFF environment. This also provides the evidence needed to promote recovery practices and the continued development of recovery programs across the board.

Incorporate an ongoing forum with leadership to review the principles of No Force First and ensure its continued effectiveness. Recovery Innovations has instituted a forum called “No Force First Champions.” This forum meets once a month and includes the Recovery Service Administrators from each of the Recovery Response Centers and Living Rooms within the company. It also includes the Regional Vice Presidents and Chief Quality Officer. The intent of the forum is multifaceted. Each meeting allows the participating staff to provide feedback regarding what is happening well at their location and what areas need enhancement. The forum includes the ability to review policies and procedures, documentation, and training resources. The power of collaboration maximizes the ability to continuously grow, learn and maintain a NFF environment.