Department of Social Welfare and Development
National Capital Region
SANCTUARY CENTER
Welfareville Compound, Brgy. Addition Hills, Mandaluyong City

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Policy on the Use of the Time-Out Room in Managing Aggressive Behaviour of Residents in Sanctuary Center

I. Rationale

Since the center's inception last April 1988, the center has been providing care and support to women with mental illness ages 18 and above. As the only residential care facility of the Department of Social Welfare and Development (DSWD) that caters to women with this specific ailment, it becomes one of the center's thrust to ensure that updated policies are devised based on changing trends and evolving needs of the target population.

Risk Management in the mental health setting refers to the thorough assessment and individualized system of minimizing risks through scientific calculation of outcome based on predictable patterns of behavior by residents in a psychiatric setting. Risk assessment is being done prior to implementation of intervention centered on existing symptoms and behavioral patterns based on given diagnosis. This is focused on the salient features of the mental illness taking into account their existing personality profile.

In this context, time-out in a residential facility that caters to mental health residents refers to the *"supervised confinement of a patient in a room, which may be locked to protect the client and others from significant harm"* (Mental Health Act Code of Practice, 1999, par 19.16). This is intended to address the resident's risks conceptualized as affecting not only the individual, but also co-residents, staff, and the general public widening the sphere of risk. Lupton in 2013 defines this as the possibility of adverse or dangerous events combined with the belief that the prevention of these events is achievable. Sanctuary Center has adopted one strategy of risk management through supervised confinement to minimize incidences of uncontrolled behavior may it be uncontrolled aggressive impulses caused by psychosis or uncontrolled physical flight in psychotic states which leads to abscondence of residents. Through time, its use has evolved as a means of regulating unwanted behavior by residents and occasionally as a means of disciplining residences with repeated offenses.

Considering that the method offers restricted movement and freedom for the resident at the peak of tantrums/aggressive outbursts, the method takes into consideration

standards in putting up a time-out room. Room standard follows the American standard in room size and construction given limitations in available literature and guideline from the local psychitric setting

Further, this policy safeguards the basic rights of the residents from violation of their rights to freedom while ensuring that standards are met for the humane treatment of the residents with their symptoms. This policy similarly addresses the standards in implementing this supervised confinement either as disciplinary measures or as part of preventing risks from harm to self and others.

In addition to this, this policy seeks to reduce the abuse and misuse of the time-out room as a convenient method of "putting away" residents when they are under distress or every time they have tantrums. When used solely for its intended purpose, mismanagement of tantrums using the time-out room can be avoided. Similarly, prolonged confinement can be avoided if not reduced to ensure that detrimental effects on their mental health caused by seclusion is moderately used as an intervention during peaks of relapse.

At the core of this policy is House Bill No. 349, An Act Promoting/Advocating Mental Health, Promulgating a National Mental Health Policy Towards the Enhancement of Integrated Mental Health Services, the Promotion and Protection of Persons Utilizing Mental Health Services and the Establishment of a Philippine Mental Health Council and the Magna Carta for Women. These two laws and/or on-going House Bill seeks to protect the women and their mental health needs specifically in providing a respectful intervention that is consistent with their psychiatric and developmental needs.

Recognizing the need to ensure that case management, treatment and rehabilitation of women with recovered mental illness remain at par with the standards set forth by the department, this guideline is written to spell out the circumstances permitting the use of time-out as a risk management technique leading to its gradual minimization in effective recovery-focused treatment of women with mental illnesses.

II. Legal Bases

International Instruments

A. *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)* - a legally binding international treaty that " promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities, and to promote respect for their inherent dignity "

B. *United Nations Convention on the Elimination of All Discrimination Against Women (CEDAW) – First* & only international treaty that comprehensively addresses women's rights not only within civil and political spheres, but also within economic, social, cultural and family life. Discrimination against women violates the principles of equality of rights & respect for human dignity that hampers women's participation, on equal terms with men, in all fields for development and peace.

C. Biwako Framework promotes a right-based, barrier-free and inclusive society for persons with disabilities. It adheres to community-based rehabilitation as an approach in providing rehabilitation services and in promoting the rights and empowerment of persons with disabilities as an adherence to the Rights of Persons with Disabilities. Further, the *Incheon Strategy to "Make the Right Real" for Persons with Disabilities* in Asia andthe Pacific was adopted in consonance with the Biwako Millennium Framework. The Incheon Strategy aims to accelerate actions to promote disability-inclusive development and is composed of 10 interrelated goals, 26 targets and 49 indicators similar to the Millennium Development Goals structure. Aligned in this endeavour is the continued strengthening of social protection for persons with disabilities including individuals with mental illness.

National Laws

A. The *Philippine Constitution* declares that the "State shall promote social justice in all phases of national development". In the fulfillment of this policy, the State must give preferential attention to the welfare of the less fortunate members of the community - - the poor, the underprivileged and those who have less in life. It further declares that the "State values the dignity of every human person and guarantees full respect for human rights" which recognize the belief in the inherent dignity and worth of every human person regardless of origin, status and condition in life.

B. *Republic Act No. 7277 – The Magna Carta for Disabled Persons, an "Act Providing for the Rehabilitation, Self-Development and Self-Reliance of Disabled Persons and their Integration into the Mainstream of Society and for Other Purposes."* It guarantees the rights of every Filipino citizen including children with disabilities to access services on health and rehabilitation, education, training, and preparation for employment opportunities. RA 9442 an Act amending Republic Act 7277 expanded the benefits for persons with disabilities such as discounts for medicines, transportation, etc.

C. *Republic Act No. 9710 - Magna Carta for Women* is a comprehensive women's human rights law that seeks to eliminate discrimination against women by recognizing, protecting, fulfilling and promoting the rights of Filipino women, especially those in the marginalized sectors.

D. *Republic Act 8425* - Social Reform and Poverty Alleviation Act provides for the poverty alleviation of the basic sectors, including women and persons with disabilities.

National and DSWD Policies

A. *Executive Order No. 221 series of 2003*, defines the role of DSWD as an administrator of special social development funds intended to assist disadvantaged individuals, families and communities. It further defines the functions of DSWD among others as to operate and maintain support institutional facilities, projects and services and social laboratories and learning centers for the benefit of its constituents and in furtherance of social welfare and development.

B. *Executive Order No. 123*, the DSWD is mandated to provide care and protection and rehabilitation to those who have least in life and need social welfare assistance and social work interventions to restore their normal functioning and participation in community areas.

C. *Administrative Order No. 17, Series of 2012* – Standards in the Implementation of Residential Care Service that prescribes guidelines on the minimum administrative and program requirements for the operation of a 24-hour group care that provided alternative family care arrangements to the poor, the vulnerable and the disadvantaged individuals in crisis whose needs cannot be adequately met by their families and relatives or by any other form of alternative family care arrangements.

D. *Memorandum Circular No. 02 Series of 2008* – Revitalizing the Role of the Psychologists in the Case Management System in DSWD Centers and Residential Care Facilities. Systematizes the operationalization of the role of the DSWD Psychologist in the DSWD Case Management System.

III. Objectives

General Objectives

To implement a comprehensive guideline on the use of the time-out room ensuring safety and protection as a mechanism in managing aggressive behaviour.

Specific Objectives

Specifically, it seeks to address the following:

1. Determine the circumstances that will warrant the use of the time-out room involving those with aggressive behaviour.
2. Establish procedures relevant to the use of the time-out room for residents with relapse and imposing of disciplining for those with aggressive behavior;
3. Establish a monitoring system and mechanism in the implementation of this policy;

IV. Definition of Terms

For the purpose of this guideline, the following relevant terms are hereby defined:

Aggressive behaviour – refers to a type of behaviour that involves exerting power over others in ways that are hostile and violate the rights of others. It is reactionary and often results in breaking household rules or the law. (Davis, 2004).

Misbehavior – refers to externalizing behaviors that violate explicit rules or implicit norms that disturbs community structure and order. (Jessor & Jessor, 1977)

Negative Punishment – refers to the contingent removal of a stimulus that decreases the rate of the response. (Miller, 2006)

Pre-Timeout Placement – refers to the strategies employed before the use of the timeout room which may include but are not limited to the circumstances leading to its use, the procedures done before its use, and the persons responsible for the room's use.

Post Timeout Placement – refers to the strategies employed after resident's use of the time-out room which may include but not limited to measures done to ensure appropriate processing of experiences while inside the timeout room, persons involved, and the accompanying measures to be done.

Relapse – refers to a recurrence of symptoms of a disease after a period of improvement. (Webster's Ninth New Collegiate Dictionary, 1987)

Resident – refers to a woman between 18-65 years old with a recovered mental illness undergoing treatment and rehabilitation at the center.

Risk Assessment – refers to the scientific process of calculating risks and its outcome specifically in the resident's management of manifested symptoms of mental illness. (Morgan, 2007)

Risk Reduction Management – refers to the scientific use of risk assessment to mitigate impact of risks caused by the manifested symptoms of a resident. (Morgan, 2007)

Sleeping Area – refers to a designated area for sleep comprised of the bed mat, pillows, & blanket.

Time Out – refers to involuntary confinement of women with violent behavior in a room or an area where she is physically prevented from leaving.

Timeout Placement - refers to the strategies employed while using the timeout room which may include but are not limited to monitoring of the resident's placement, standards in maintaining safety and precaution while resident is inside the time-out room, and ensuring optimal delivery of service for the resident while inside the room.

Time-out Room – refers to a well-ventilated, secured room specifically designed for the temporary seclusion from other residents.

V. Scope and Coverage

This guideline shall be implemented for the residents of Sanctuary Center with aggressive and violent behaviour.

VI. General Policies

a. The Rehabilitation Team Members shall be responsible for identifying residents with high risk for relapse and misbehavior.

b. Entry into the time-out room should be based on recommendation of the Medical Officer (for relapse) and the resident's case manager (for both relapse & misbehavior). In their absence, the officer-of-the-day can recommend placement into the room.

c. The time-out room shall be intended for two purposes, to manage risks of relapse and to manage misbehaviors.

d. For resistant resident, the staff-on-duty has the authority to physically bring the client inside the room with the use of proper restraint procedures. Humane handling shall be applied at all times.

e. Ensure that no other resident shall approach the secluded resident and provide materials that can cause further infliction of self-harm.

f. The time-out room shall be free from harmful objects and shall comply with the standard requirement and description of the time-out room. (see VII. Description of the Time-Out Room)

g. No resident shall be placed inside the time-out room without the knowledge of the officer-of-the-day/ executive on duty.

VII. Description of the Time-Out Room

The timeout room shall be big enough to fit at least seven people. It has to be covered with cushioned vinyl on both floors and walls. In the absence of resources, any room that can offer appropriate ventilation with wide enough windows strip bare of any materials except for sleeping area will do. The ceiling has to be at least 3m higher than average height. It has to have a locking mechanism that can be locked from the outside preferably with automatic lock-in system. (Mental Health Policy Implementation Guide, 2007)

VIII. Implementing Procedures

A. Pre-Timeout Placement

A.1 Placement due to Relapse

1. The House-parent –on-duty shall immediately report to the case manager/officer-of-the-day/medical staff regarding the observed disruptive behaviour within 6-24 hours for immediate management and recommendation for time-out.

2. Indicators of relapse shall include the following behaviors

- Aggressive behavior with intention to inflict physical harm to co-residents, staff, and others which include visitors, students, and the like
- Uncontrolled aggressive behavior such as undressing, destruction of furnitures/fixtures, physical fights against co-residents/staff, self-harm/homicidal activities.
- Uncontrolled mobility & restlessness that may result to leaving without permission.
- Heightened occurrence of hallucinations and delusions that lead to disruptive behavior (i.e. uncontrollable screaming, hysterical fits and other heightened emotional reaction that affect the co-residents & can lead to aggressive reactions.)

A.2 Placement due to Misbehavior

1. Placement inside the time-out room needs to be precluded with adequate orientation and explanation of resident's placement from the officer-of-the-day/supervising houseparent.

2. Indicators of misbehavior shall include the following behaviors:
   a.Disrespect to staff, visitors, & co-residents
   b.Initiating fights
   c.Stealing/selling of center/co-resident's belongings/property
   d.Destruction of the center's property
   e.Smoking
   f.Leaving the center without permission

3. No resident shall be placed inside the time-out room without the knowledge of the officer-of-the-day.

4. Duration of placement in the time-out room shall be the discretion of the officer-of-the-day as coordinated with the supervising houseparent to determine if this was a one-time offense or is a multiple offense. (Refer to SC's Manual of Operation for the complete reference for behavioural modification measures beyond the scope of Time-Out room placement).

A.3 For both relapse and misbehavior

1. Decision should be done by the Executive-on-Duty/assigned Officer-of-the-Day and should be duly recorded on the EOD/AOD's logbook specifying the instances leading to the seclusion of the resident. This should also specify the duration of stay in the time-out room. Accompanying report should be forwarded by the recommending Homelife Staff to ensure synchronicity of information for the Case Manager's information.

2. Isolation slip has to be duly filled out securing copies for both the officer of the day and the homelife staff where client is housed for monitoring purposes.

3. Search and inspection of residents should be done by the Houseparent to prevent entry of sharp objects/other materials that can cause them harm.

4. As a general rule, no resident with relapse shall exceed 24 hours inside the time-out room and for misbehaviour shall not exceed three days. Placement due to misbehavior can be shortened based on the recommendation of the rehabilitation team members based on the recommendation of the homelife staff.

B. Timeout Placement

B.1 Placement due to Relapse

1. Nurse on Duty shall closely monitor the resident to ensure her safety and protection from infliction of pain and self-injury and record observation for possible recommendation. Monitoring can be done after every 30 minutes. Use of monitoring board and records

observation on the behavior to determine if she can be released or be referred to the National Center for Mental Health (NCMH) shall be done.

2. Use of therapeutic music shall be done as a calming strategy to diffuse strong negative emotions experienced by the resident.

3. The resident will be allowed to diffuse the strong emotional reaction on her own which may include shouting or ventilation of negative feelings through expletives but ensure that she does not harm herself in the process of diffusing.

4. Staff shall ensure resident's proper hygiene and shall exert efforts to ensure that resident placed in the time-out room maintains good grooming. Should the resident have limited volition to initiate completion of basic grooming, it shall be the responsibility of the assigned Houseparent to ensure accomplishment of such.

5. If manic phase has not subsided while inside the room, refer the resident again to the officer-of-the-day for immediate disposition of stay inside the time-out room. Extension could be done on a case to case basis.

6. To address the manifested disruptive behavior, refer the resident for psychotropic medications.

7. Residents placed inside the time-out room due to relapse shall only stay for a minimum of four hours to a maximum of 24 hours.

B.2 Placement due to Misbehavior

1. Upon placement in the time-out room, strict monitoring by the houseparent shall be enforced with an interval of 30 minutes to one hour.

2. Activities for the resident while inside the time-out room should be purposive and should adhere to the recommendations given by the rehabilitation team. Otherwise, resident is not allowed to bring anything inside the room except for her sleeping mat. Activities will be upon the approval of the senior staff.

B. 3 Placement due to both relapse and misbehaviour

1. Assigned houseparent shall strictly follow the number of hours recommended by the officer-of-the-day.

2. Only one resident shall be allowed inside the time-out room at a given time.

3. The houseparent-on-duty shall write status reports on the resident's placement per shift to determine client's progress or relapse while inside the time-out room. This shall be used as basis for early or extended placement inside the room.

C. Post-timeout Placement

C.1 For Placement due to Relapse

1. Houseparent on duty shall continuously monitor residents that came from the time-out room to determine if client is continuously being harmed by her symptoms.

2. Resident can be referred back to the time-out room should the symptoms persist with the recommendation of the medical service/officer-of-the-day.

C.2 For Placement due to Misbehavior

1. The resident shall be referred to the psychologist/case manager for processing of experiences while inside the timeout room before release from the room.

2. Observations and recommendation can be discussed during the Rehabilitation Team meeting to determine possible post-timeout placement intervention.

3. The Rehabilitation Team shall closely monitor and recommend for possible after-care interventions appropriate to the resident's needs that will help minimize recurrence of inappropriate behavior.

4. The resident should be referred to NCMH should there be continuous violent behaviour caused by personality disorders that cannot be addressed by time-out placement.

IX. Institutional Arrangement

A. SANCTUARY CENTER

The Sanctuary Center shall be responsible for the adherence of staff and its implementation to the residents of the center.

Medical Officer

1. Recommends for the placement of resident inside the timeout room including maximum and minimum required hours due to relapse.
2. Supervises the increase/decrease in medications as recommended by the psychiatrist.

1. Recommends for the placement of the resident in the time-out room.
2. Responsible for convening the rehabilitation team concerning the resident placed inside the timeout room.
3. As the Case Manager, ensures implementation of the interventions recommended by all concerned rehabilitation team.

Center Head

1. Oversees the implementation of the policy in ensuring that the standards are adequately met.

B. DSWD-NCR Centers/Residential Care Facilities Coordinator

1. Provides technical assistance relevant to operations concerns.
2. Monitors standardized implementation of the operations concerns.

C. Social Welfare Specialist for Persons with Disabilities Welfare Program

1. Provides technical assistance relevant to program concerns
2. Monitors standardized implementation of the program concerns.

X. Effectivity

This guideline shall take effect immediately upon its approval. Issued in Manila this 8th day of June, 2018.

VINCENT ANDREW LEYSON
Regional Director