

Utilizing a **research**
based continuous
learning and
development approach

Unrivaled **global**
experts in preventing
workplace and
relational violence

Since **1975** we have
partnered with organizations
worldwide to create **healthy**
relationships



The Mandt System[®]

EVIDENCE BASED PRACTICES

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IS THE MANDT SYSTEM[®] EVIDENCE BASED?



The answer to this question must first start with the definition of the phrase evidence-based practice when used in asking the question. Many times, when this phrase is used, it is not done so with the traditional research definition in mind. Rather, it is meant in a much looser context with the questioner asking: "Is there general evidence to support the practice's use?" This evidence is often anecdotal and not put through the rigors of a scientific method. The Oregon Research Institute states:



An evidence-based practice is a practice that has been rigorously evaluated in experimental evaluations – like randomized controlled trials – and shown to make a positive, statistically significant difference in important outcomes.

A program that has stood the test of rigorous experimental evaluations:

- Has shown that it is supported by data, not just based on theory
- Has been repeatedly tested and is more effective than standard care or an alternative practice
- Can be reproduced in other settings

(Source: http://www.ori.org/resources/what_does_it_mean_to_be_evidencebased)

While studies have compared the content and makeup of commercial training systems in crisis response, most recently in 2018 by Couvillion, Kane, Peterson, Ryan and Scheuermann, there still is very little research in validating their overall effectiveness through meta-analysis or randomized controlled studies. Randomized controlled studies come with their own inherent ethical dilemma of providing safety training for one group while denying safety to another. Meta-analysis is difficult to do when no consistent data requirements exist across sectors and definitions of restraint and seclusion are not standardized nationally.

To date, we are not aware of any nationally-recognized vendor of crisis management training that can claim to be evidence based using the more traditional scientific definition of evidence-based practice. This is validated by The California Evidence-Based Clearinghouse For Child Welfare (CEBC). The CEBC lists five national crisis management training programs and not one has received a scientific rating.

<https://www.cebc4cw.org/program/the-mandt-system/>

So how do we answer the original question? We can say The Mandt System[®] has been utilized in practices that are deemed evidence-based and have contributed to the body of knowledge in the field of restraint reduction. We can also say there is an extensive body of research and evidence-based practices used in each chapter of The Mandt System[®] program. Finally, what can be said and shown, is Mandt has extensive practice-based evidence after over 45 years of working in this industry, that the program, when implemented and followed, has a positive impact in creating safer environments for caregivers and persons in care.





CONTRIBUTIONS TO THE SCIENCE & BODY OF KNOWLEDGE

We believe that we should continuously endeavor to contribute to, and improve upon, the 'body of knowledge' that surrounds workplace violence. To this end, we try to contribute to key publications whenever possible. In 2017 we contributed a chapter on moving away from control and coercion to the International Handbook of Forensic Psychology in Secure Settings. In 2014 The Mandt System® contributed a chapter on the system and processes being used in services utilizing Mandt to reduce restrictive practices, specifically with individuals with intellectual disability and Autism.

For multiple years, The Mandt System® has contributed seminars, sessions and workshops for the International Conference on Violence in the Health Sector and has been published as part of the conference record. Oftentimes, services that have partnered with The Mandt System® are cited for their Restraint Reduction efforts. This is most noted in the SAMHSA publication (2010) "Promoting Alternatives to the Use of Seclusion and Restraint—Issue Brief #4: Making the Business Case" where many of the cited case studies are organizations that have or do utilize The Mandt System® program.

The Mandt System® was implemented as a part of Kevin Huckshorn's (2008) "Six Core Strategies to Reduce the Use of Seclusion and Restraint." Huckshorn's work demonstrated the success of the State of Delaware Division of Mental Health and Substance Abuse in reducing the use of restraints using the "Six Core Strategies" evidence-based model. The Mandt System® program was utilized as the "Workforce Development" component in this model and its successful implementation.

Research published in The Permanente Journal/ Spring 2011/Volume 15 No.2 showed Mandt as a contributing factor in reducing seclusion and restraint in The New York City Health and Hospitals Corporation (HHC). HHC is the largest municipal health care system in the United States, with eleven HHC facilities operating psychiatric emergency services and inpatient psychiatric services. The article was entitled "Reducing the Use of Seclusion and Restraint in Psychiatric Emergency and Adult Inpatient Services—Improving Patient-Centered Care" (Wale, Belkin, and Moon, 2011).



EVIDENCE-BASED RESEARCH IN THE MANDT SYSTEM®

Each chapter of The Mandt System's RCT training program is based upon, and uses, an extensive body of research and evidence-based practices. Full listing of the materials used in the underpinning of the program can be acquired by contacting The Mandt System® and requesting a full bibliography. The Mandt System® uses adult learning theory models to train staff that includes activities and scenarios to help the learner better understand and comprehend key models.

The Mandt System® integrates Trauma Informed Services (Ko et al 2008, Steele & Malchiodi 2011) and Positive Behavior Support (Horner et al 1990, Stichter et al, 2005, Carr et al 2007, Hagan-Burke et al, 2007) into all the chapters taught in the program. Understanding, (1) the neurobiological changes that occur because of trauma, (2) specific neurologically based syndromes, and (3) autism spectrum disorders, is essential to understanding how to best serve affected individuals.

In addition to having two chapters devoted to the topics of trauma and positive behavior support, The Mandt System® integrates these two concepts into everything we teach. The Mandt System® incorporates the concepts of shaping, successive approximation, functional and structural assessments, the use of quality of life as an intervention and outcome measure and other evidence-based procedures that have been validated as broadly effective and are widely accepted in the crisis behavior management professional community.



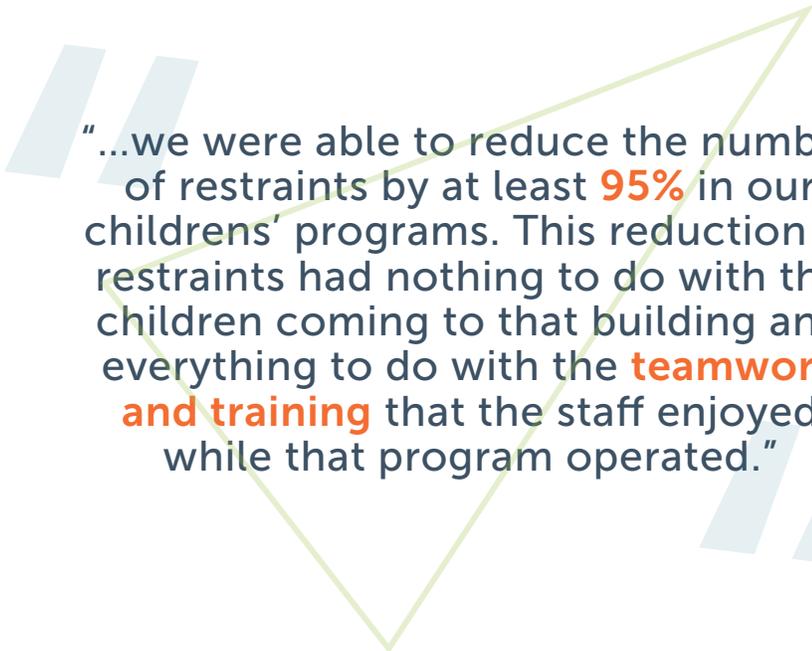
"Then we discovered Mandt. It wasn't aggression management plus trauma informed care. It was a truly integrated trauma informed aggression management system. (I am sure the Mandt folks would not consider themselves an aggression management system. They are very careful about language. However, this is a view from the trenches. For years restraint training was called aggression management training, or on a good day aggression prevention and management training.) Mandt does teach restraint, but the focus is on numerous interventions to avoid or contain without restraint. Since the vast majority of our kids are our kids because they are survivors of trauma, this is pretty important. I consider myself to be above average in my sophistication in childhood trauma theory and research, and have in fact been invited to teach a doctorate level social work course in treatment of traumatized children, despite having only a master's degree myself. Therefore, I think I know what I am talking about when I say Mandt integrates "state of the art" research on trauma. It also integrates "state of the art" positive behavioral support research, and a great deal concerning the theories about and research on communication." - Louise Hopkins



INDEPENDENT REVIEWS & RETURN ON INVESTMENT

The Hogg Foundation did a study of Texas school districts. At the time of the study, a total of eleven independent school districts in Texas were using The Mandt System®, ranging in size from 2,833 students to 51,266 students. The averages for those schools in Texas that use The Mandt System® was **84% lower** when measured as a percentage of restraints for the disability population and **93% lower** when measured as a percentage of restraints compared to the total student population. When restraints are reduced, schools will save money in a variety of ways, have an increase in instructional time with students and improve overall morale of staff. The experiences of schools in Texas have been replicated in school systems across the United States and Canada.

- Annette M. Kleinschrodt did research in 2011 looking at training programs that would meet the standards set forth in Minnesota's statute, 125A.0942 for Standards for Restrictive Procedures in Minnesota education settings. She determined The Mandt System® was the only program out of the six programs reviewed to meet all required parts of the Minnesota education standards
- According to The Osakis Review, when the Osakis School District changed to The Mandt System®, "the use of restraints dropped from an average of thirty restraints per year to zero this year"
- Research conducted at East Mississippi State Hospital also showed how The Mandt System® assisted creating safer work and living environments
- Mercy Hospital campuses in Dubuque and Mason City, Iowa have reduced their workers compensation costs by over 40%
- Dorothea Dix Psychiatric Center in Bangor, Maine reduced restraints and restraint associated injuries by 80% in 2010
- Treasure Coast Forensic Treatment Center in Florida serves 180 patients per day and in 2010 had only 2 work related injuries resulting in time off from work
"When staff are confident in their physical skills, they give non-physical skills the time it takes to either prevent or de-escalate. As a result, our restraints and injuries dropped by over 70%"



"...we were able to reduce the number of restraints by at least **95%** in our childrens' programs. This reduction in restraints had nothing to do with the children coming to that building and everything to do with the **teamwork and training** that the staff enjoyed while that program operated."





GOVERNING BODIES & STANDARDS

The Mandt System® meets or exceeds major standards set forth from states in which we hold contracts with education systems. The Mandt System® also meets or exceeds major standards set forth from the Centers for Medicaid and Medicare Services and Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (C.A.R.F.), The Council on Accreditation (C.O.A.), Creating Excellence Together/Striving For Quality - Alberta (CET./SFO) and Children's Health Act of 2000 Public Law 106-310 Parts H and I. Crosswalks are available upon request.

The Mandt System® is accredited to provide continuing education credits through the International Association of Continuing Education and Training (IACET). The IACET website provides a search function which can be used to determine if your entity of interest recognizes continuing education units from IACET <http://www.iacet.org/who-accepts-the-iacet-ceu-g-see-a-list>. Instructors can contact their entity that approves their continuing education units to learn if the entity honors IACET credits and how to maximize those credits. The website also takes recommendations of entities that could be added to the list.

