No Force First

“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.’” ¹

Mental health recovery-based organizations that embrace the “no force first” approach follow these guidelines.

1. Make public their no force first policy.
2. Define the use of force and coercion as a treatment failure.
3. Have an active program to eliminate and avoid the use of force; restraint, seclusion, pharmacological restraint, and forced medication that includes:
   a. Training of staff in effective de-escalation techniques and the no force first process.
   b. A debriefing that includes the service recipient whenever coercion/force occurs.
   c. A critical incident review for any use of coercion/force.
   d. A performance improvement process that includes tracking and trending of all types of forced interventions that includes feedback to staff and stakeholders.
4. Seek to avoid the use of outpatient commitment through the use of advance directives, active outreach and engagement, and peer support.
5. Only use involuntary inpatient treatment for individuals who present clear danger to self or others and, then, only after rigorous interventions to engage the individual in choice-based voluntary alternatives.
6. Relationships with service recipients, including facility-based programs, are characterized by “risk-sharing” partnerships instead of “risk management” control.
7. Design and implement, with service recipient input, self-directed programming including education and self-advocacy to reduce the reliance on “compliance-oriented” services like medication monitoring.
8. Support and assist with the training of law enforcement personnel, families and guardians in the no force first process.

For additional information on “no force first” contact
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