

Wyoming Life Resource Center: Seclusion and Restraint

October 2, 2026

Summary

W.S. 25-5-133 currently prohibits staff at the Wyoming Life Resource Center (WLRC) from using isolation or seclusion of clients during significant behavioral episodes. As the WLRC is assuming its new mission as “one campus, long streets” with the Wyoming State Hospital, staff are restricted to using alternative methods (e.g. physical restraints) to prevent clients with high behaviors from injuring themselves and others. In most of these cases, isolation or seclusion would be a safer and more effective method.

Requested statute change

25-5-133. Restraint; conditions for use; strict administration of medication; prohibited uses.

Isolation or seclusion procedures in which a person is placed alone in a locked room or in an area from which the person is physically prevented from leaving, or rare prohibited. Restraint of a client shall be used only when less restrictive measures are ineffective for the welfare of the client or others and only when necessary to ensure the immediate physical safety of the client or others. Restraint or seclusion shall be used in a manner which ensures that the dignity and safety of the person restrained or secluded are protected and shall be regularly monitored by trained staff. The reason for restrictive measures shall be reported in the client's records and shall be reviewed by the interdisciplinary team and program manager. In addition, the client's individual program plan shall address active treatment or less restrictive measures to manage or eliminate the behaviors for which restraint was used. The center shall establish written operational policies and decision-support protocols governing the use of restraint and seclusion. Operational policies shall be guided by evidence-based best practices, prioritizing early de-escalation, objective risk assessment, and environmental safety management.

Justification

- W.S. 25-5-133 strictly bans seclusion under any circumstance, forcing staff to rely solely on physical restraints to handle high-risk behavioral crises.
- Physical restraints can cause harm if, during an intense crisis, an individual may violently resist a hold for an extended period. Hands-on interventions often escalate distress, prolong the crisis, and significantly increase the risk of physical injury for both the individual and the staff.
- Seclusion is sometimes safer and more humane. In certain complex situations, placing an individual, untouched, in a continuously monitored safe space is less restrictive, preserves dignity, and allows the crisis to pass naturally without physical contact.
- This proposed change would explicitly authorize tools like delayed egress (doors equipped with a brief time-delay lock that prevents individuals from impulsively wandering out or eloping), which would give staff critical time to intervene and keep the resident safe without locking them indefinitely.
- The facility will enforce seclusion protocols, require thorough documentation, post-episode reviews, and personalized care plans to reduce and eliminate future crises. The facility would document:
 - The precipitating incident;
 - All attempted de-escalation measures;
 - A continuous observation log;
 - All the times the resident was offered the opportunity to exit; and,
 - The intervention's end time relative to the resolution of the danger.