

Webinar 5: Trauma- and Gender-Informed Approaches to Seclusion and Restraint Reduction

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An important part of trauma-informed practice is creating an environment that aims to prevent re-traumatizing practices and promotes practices that are experienced as safe for both clients and staff. The use of seclusion and restraints can lead to psychological harm; physical injuries and death; can be traumatizing for staff; reinforce power dynamics between staff and clients; and can be re-traumatizing for people who have experienced trauma.

Gender Differences in the Use of Seclusion and Restraints	
Men	Women
More <i>frequently</i> secluded and restrained	More <i>repeatedly</i> secluded and restrained
More likely to be secluded for <i>threatening</i> violence	More commonly secluded as result of <i>actual</i> violence, agitation or disorientation
More <i>physical</i> seclusion and restraint	Greater use of <i>forced medication</i>

Three organizations from Ontario, Nova Scotia, and Alberta share their experiences with restraint reduction from a trauma-informed perspective.

Centre for Addiction and Mental Health (CAMH)

Following two sentinel events in 2006, CAMH developed a taskforce to develop a three-year restraint minimization/prevention initiative. CAMH used six core reduction strategies: (1) leadership toward organizational change (2) use of data to inform practice (3) full inclusion of consumers and families (4) debriefing techniques and incidence review (5) workforce development (6) use of tools and resources.

Trauma-informed approaches, including education on trauma awareness and preventing re-traumatization, strategies for managing power dynamics, and ways of promoting choice, were important aspects of workforce training and support. One of the tools developed for staff was an ‘alternatives to restraints’ toolkit which has now evolved into a guide to wellness and comfort activities (available for download from www.camh.ca). Debriefing occurred after each incident of restraint use with the team (“What happened? Is everyone all right?”) and with patients (“What do they believe happened? What do they think could have prevented the use of restraints? What would have helped them?”). Incident reports were also looked at in detail to look at triggers for incidents and whether there were any themes. In the first three years of the initiative, CAMH was able to reduce the use of restraints by 67%.

Currently, CAMH uses the *Safe and Well CAMH* framework to prevent and manage acts of aggression and violence. Some of the key factors that affect these initiatives include: increasing acuity of patients, high demand for beds, shorter lengths of stay expected in response to bed flow, and “imperfect environments.”

IWK Health Centre

Policies on restraint use at IWK have evolved from “Least Restraint Policy” (2005) to “Restraint Prevention Policy” (2017). The current policy is grounded in models of care such as Trauma Informed

Care, ARC (Attachment, Self Regulation & Competency), Connect@, Collaborative Problem Solving and Non-Violent Crisis Intervention.

IWK began a Trauma Informed Care initiative three years ago (<http://yourexperiencesmatter.com>). All 3000 staff at IWK participate in a three-hour foundations training which includes an introduction to causes of trauma and how it may affect people's behaviour, principles of trauma informed practice, and a discussion of vicarious trauma, compassion fatigue, and burnout.

For staff working in the emergency department, mental health and addiction services, and protection services, this training is connected to other approaches to reducing the use of restraints and seclusion. Increased understanding about the effects of trauma has helped staff understand the meaning behind behaviours and has changed how they engage with patients. This has been mirrored in changes in language, e.g., from "escalating behaviour" to "dysregulated behaviour", from "safety items" to "comfort items" and from "limit setting" to "give choice/control."

Alberta Health Services

Alberta Health Services is currently moving towards one provincial policy to govern the use of restraints in eight different sectors (fully in place by February 2018). The policy objective is for restraints to be used as a last resort to prevent harm at times of behavioral emergencies. In mental health and addiction services, the therapeutic relationship is key to preventing the use of restraints. One staff member has commented: "Any time we use a restraint on our unit, we feel it is a failure of our ability to successfully engage with our patient."

Trauma informed principles have influenced admission practices. Admission assessment includes questions about a patient's history of trauma (including gender-based violence and suicidal behaviors), anxiety, behavioral emergencies and past experiences of restraint use. This is used to help staff better understand a patient's potential triggers and emotional responses and to help develop personal strategies to prevent or de-escalate behavioral emergencies. Patients are currently involved in the development of posters and other resources about the therapeutic environment, including messaging around restraints.

Presenters:

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