



TRAUMA-INFORMED APPROACHES TO SECLUSION AND RESTRAINT REDUCTION

Strategies for Change

Trauma-informed practice is an approach to care that recognizes the high rates of trauma and violence in the lives of individuals accessing health care and social services. Experiences of restraint and seclusion are major events in the lives of individuals accessing services as well as the service providers who work with them. The use of restraints and seclusion can result in psychological harm, physical injuries and death and can be re-traumatizing for individuals who have already experienced trauma. Trauma-informed practice works to create an environment that prevents re-traumatizing practices and promotes practices that are experienced as safe for both individuals accessing care and all staff within an organization.

Many organizations, institutions, and systems of care have successfully undertaken initiatives to reduce or eliminate the use of restraints and seclusion. Strategies for change vary across programs, populations served, and the context of care, but have often included:

- **A clear plan for organizational change and strong leadership** – Education for all staff on the impact of trauma and traumatic life experiences on an individual and how this affects their ability to access and engage in care and treatment; Provision or re-allocation of resources for change; Direct involvement in key initiatives such as post-event debriefing.
- **Changes in language in policy and day-to-day activities** – Recognition of how language reflects the culture of an organization and is reflected in policies and procedures (e.g.,

“compliance”, “denies/refuses”, “take down”); Identification of coercive language and a shift towards less stigmatizing and more supportive language.

- **Training and support for new tools for prevention** – Training guidelines/de-escalation models; Comfort/sensory rooms; Collaboration with individuals accessing services to develop safety plans/crisis plans/advance directives to identify triggers/preferences; Assessment and treatment for unmet needs that affect behavior and care.
- **Post-event debriefing** – Following the use of restraints or seclusion, a process of gathering information regarding who was involved, what happened, where it happened, when it happened, why it happened and what was learned.

Many organizations have identified patterns in how they work with different populations and have used research or program data to examine trends and common factors. For example, children and youth are often more likely to be secluded than older individuals; men are often more *frequently* secluded and restrained while women are more *repeatedly* secluded and restrained. Time since admission, diagnosis, race, and dis/ability are other factors that affect the frequency and length of incidents of restraints and seclusion.

Discussion Questions

1. In your experience, what is the impact of the use of restraints and seclusion on individuals accessing services? What is the impact on staff?
2. Thinking about when individuals you work with become dysregulated, can you identify what commonly happens before this event? In what ways could this possibly be prevented?
3. What alternatives to restraints and seclusion might be effective within your service context? Are there other strategies that can meet the treatment needs of the individuals you work with?
4. Do you see trends in the use of restraints and seclusion in your organization, e.g., men vs. women, time of day, number of available staff, program area?

This resource was developed by the Centre of Excellence for Women’s Health (CEWH) in 2017. The CEWH collaborates on multidisciplinary and action-oriented research on girls’ and women’s health and promotes the introduction of gender into health research, with particular attention to research that will improve the health status of girls and women who face health inequities. The CEWH is hosted by BC Women’s Hospital + Health Centre, an agency of the Provincial Health Services Authority.

The Trauma/ Gender/ Substance Use (TGS) project has received financial assistance from Health Canada. The views herein do not necessarily represent those of Health Canada.