PREPARING FOR DEBRIEFING PEDIATRIC RESTRAINT

Supporting providers to debrief pediatric restraint

Restraint is inclusive of all types of restraint (chemical, seclusion, physical and mechanical). The use of restraint is traumatic for everyone: children/youth, families, co-patients and health care providers. **The CHBC Least Restraint Guideline (2022)** provides guidance on the use of restraint in acute care settings. Restraint is a high-risk intervention that should only be used as last resort when there is an imminent risk of harm to self or others, and when all other interventions have been tried or deemed clinically inappropriate. Restraint may have adverse and severe physical and psychological consequences for children/youth, families, other patients, and health care providers. Physical effects may range from bruising to death; while psychological effects include fear, traumatization, shame and a disruption of therapeutic rapport between child/youth/family and health care provider(s). Restraint experienced or witnessed or hearing about it as a parent can particularly affect those with a history of **Adverse Childhood Experiences**.

Post-incident debriefing is part of a cycle of continuous quality improvement. Offer debriefing with the child/youth, family/caregiver(s) and all staff involved in a restraint event. The purpose is to rebuild trust and relationship, promote emotional and physical safety, enable learning and reduce future use of restraint. A full debrief should occur as soon as possible, when appropriate, after the event, and last about 15 minutes, but may take longer.

Three debriefing moments appear to be crucial to the child/youth's recovery progress:

1. Quick Check In: Are you ok?

- Right after the event when the child/youth has settled is the time for a very brief touch base. This is NOT the time to go into details and should focus on their needs in the moment.
- *Neurologically the child/youth is likely still in their trauma response and outside the bounds of their window of tolerance.*

2. 10-15 Minute Debrief Session- focus of the debrief guides

- Happens when the child/youth and health care provider are more settled.
- Requires sufficient stability and hindsight to have a discussion.

3. In preparation of hospital discharge

- To validate the child/youth's interpretation of the restraint.
- An opportunity for shared learnings.

The goal should be for all three of these individual events to occur following a restraint incident.

Debriefs are conducted following all restraint events to:

- Work towards restoring child/youth's hope for recovery and rebuild relationships.
- Offer space for a sincere apology, which can be powerful for all involved, and is a requirement for some Indigenous protocols.
- Emphasize the child/youth's strengths and restore their self-efficacy (e.g., the child/youth can have the capacity to regulate with their coping skills).
- To restore safety for everyone and plan for safety moving forward.
- Ensure support for the emotional, psychological and physical well-being of the child/youth, family, other patients, and health care providers.
- Provide an educational process where health care providers and the child/youth can learn from the event
- Update the plan for care moving forward.

A debrief is NOT a forum for critique, nor a punitive discussion that uses "you" statements. Many children/youth fear "getting in trouble" and/or experience shame and anger after restraint events. Debriefing is an important step in re-establishing safety and trust.

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