# Reducing seclusion and restraint in youth care by increasing trauma-awareness

How increased staff knowledge about trauma-informed care leads to a change in attitude about coercive measures

# EuSARF2025 TRANSFORMATION, **TRANSITION AND INNOVATION IN CHILD WELFARE**

### **Premises:**

### Incidence

- 90% of children in Dutch out-of-home youth care experienced at least 1 ACE; 20% experienced 4 or more ACEs (Vervoort et al., 2021).
- In The Netherlands, coercive measures are applied to as much as 30%-60% of children living in residential care.

### Consequences

- Coercive measures can lead to injuries and death, feelings of victimization, loss of control, the re-experiencing of previous trauma, and PTSD.
- As much as 46% of clients in psychiatric care who were subjected to coercive measures developed PTSD.

### Remedy

- Staff training on trauma and its consequences on (problematic) behaviour leads to different attitudes towards coercion and offers lessrepressive treatment alternatives for staff who face client agression.
- At Koraal, an extensive trauma learning curriculum is part of ongoing organisation-wide efforts to implement trauma-informed care (TIC).

### Study goal

• To investigate whether TIC training leads to a change in staff attitudes and practices in regard to the use of coercive measures.

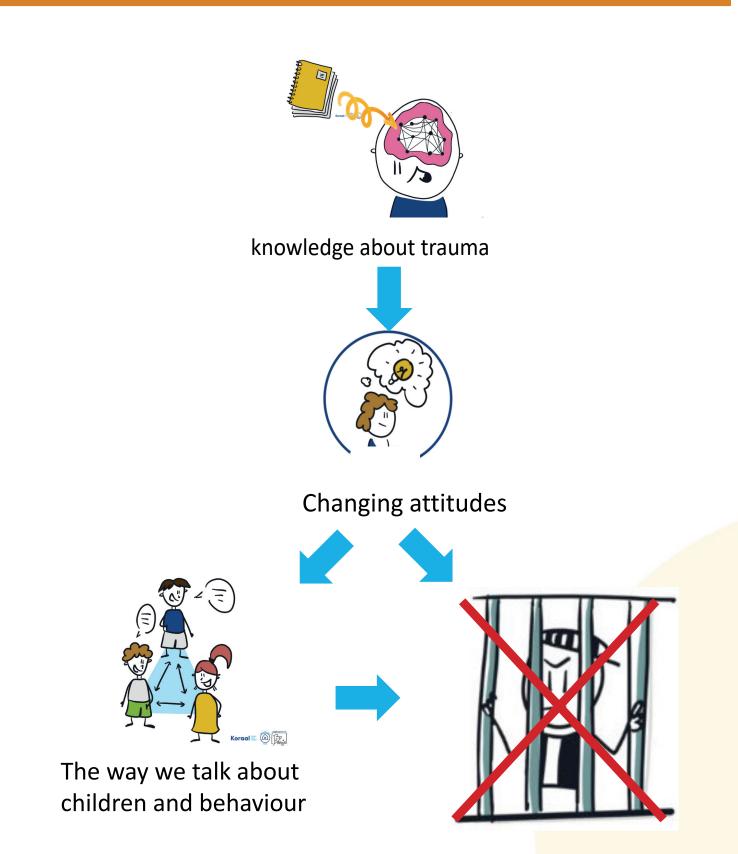
# **Methods:**

### Study site

• This study was conducted at Koraal Youth, a multi-site organisation for the treatment of children and youth with intellectual disabilities and borderline intellectual functioning.

### **Units of analysis**

- Incident reports on the use of seclusion and restraint were analysed qualitatively. In these detailed reports, staff describe how and why seclusion and/or restraint had been applied. 36 reports, consisting of 801 lines of codeable text, were analysed.
- In the course of analysis, a 6-theme coding framework emerged (see Results).
- All lines were coded as being 'TIC-favourable', 'neutral' or 'TIC-unfavourable' under one or more of the coding themes.
- We compared incident reports that predated the TIC training curriculum with reports filed after teams were trained.







4-day TIC

curriculum

6 months post-training

6 months

pre-training

Min 8 – max 32 sentences

Average 21.5, total 801 sentences Trigger – course – reflection

Only core staff members



- Rating per sentence:
- TIC+ neutral TIC--
- Double blind coding • Outcome: ratio TIC+ vs TIC- (Chi<sup>2</sup>)

# Results:

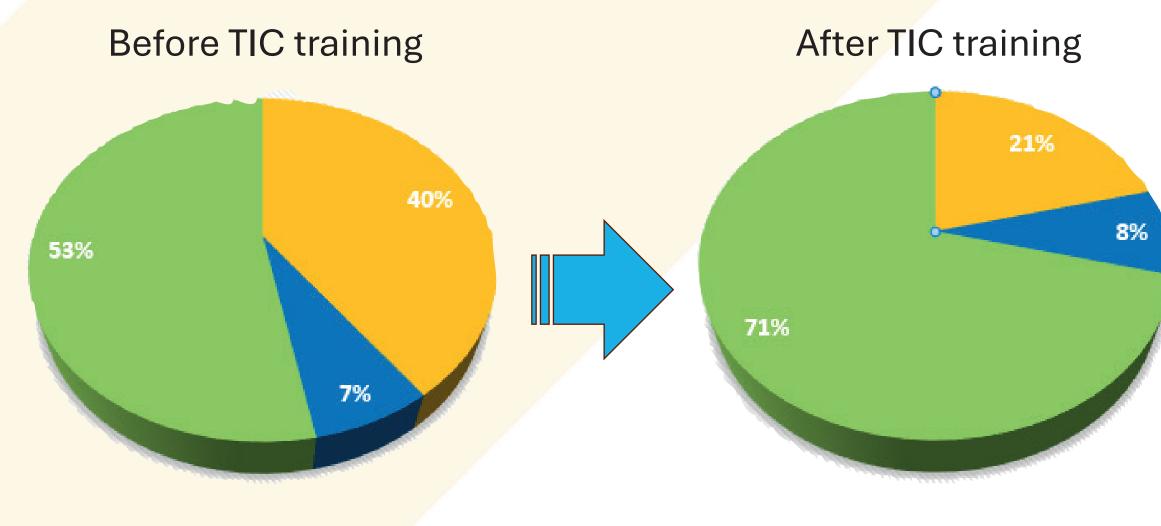
### Overall

- Results showed a general but modest positive shift towards more trauma-sensitive attitudes and responses in managing challenging behavior.
- We observed more collaboration, less repression, and a tendency to stay connected, even in times of distress and aggression.

## By theme

- Significant positive shifts were identified for the themes Repression versus Collaboration, Dealing with (Physical) Agression and Co-regulation of Stress Responses.
- No such shifts were observed for the subthemes Fostering Growth and Change, Drivers of Challenging Behavior and Empathy and Connection.
- For all themes, room for improvement remained after training.

# **Overall effect**

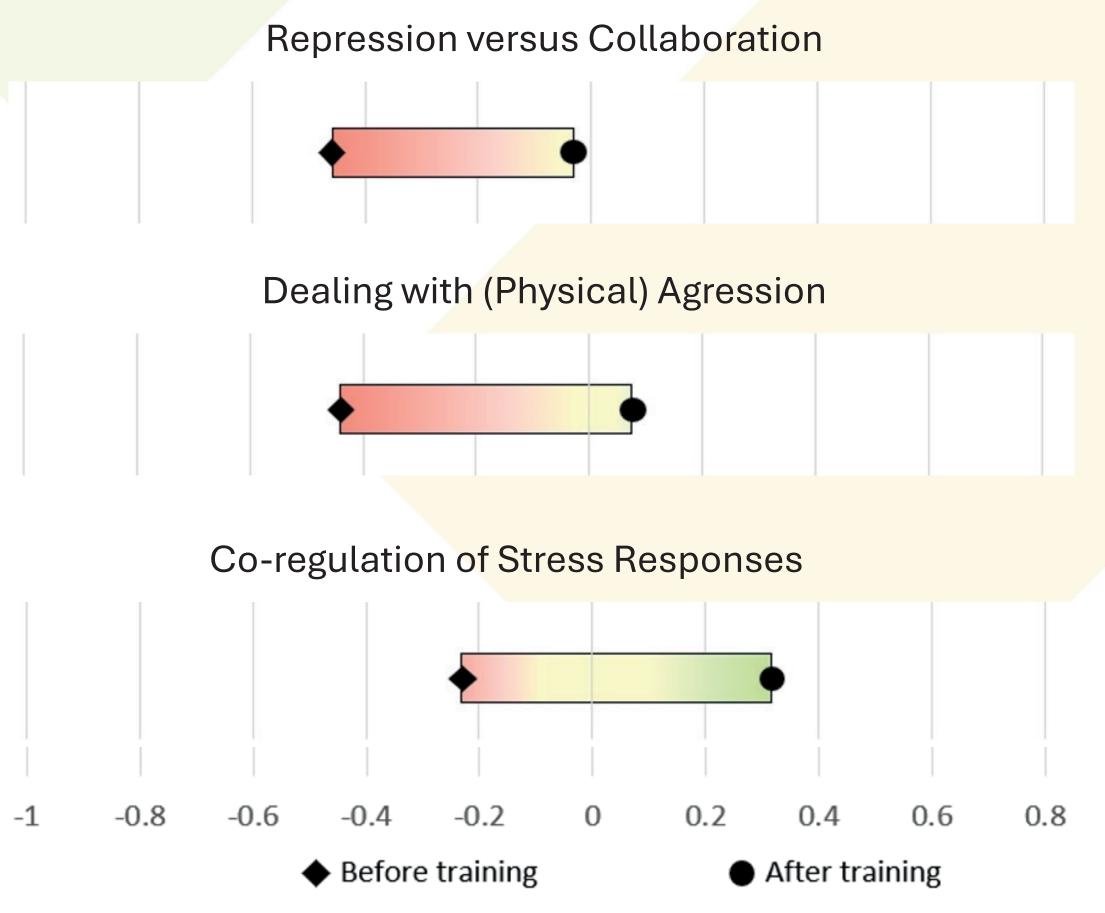


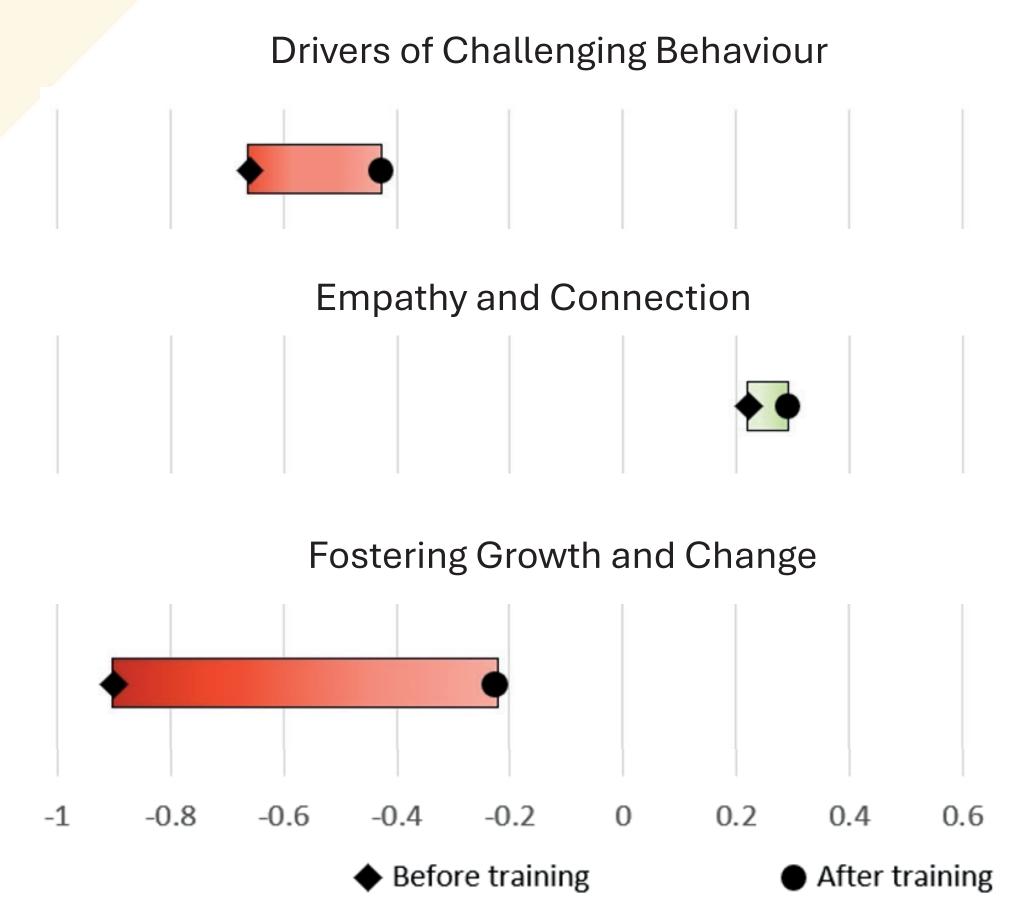
■ TIC + ■ Neutral ■ TIC --

■Neutral ■ TIC --

 $X^{2}(2) = 15.61$ , p < .001, Cramers' V = .21 (medium effect)

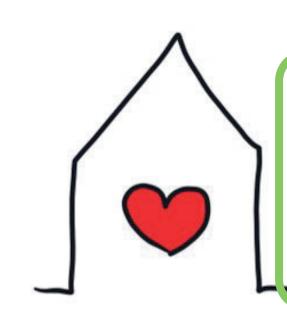






## Interpretation:

- Professionals have started to realise and recognise the impact of trauma on behaviour.
- But they have yet to learn how to put the newly acquired knowledge into practice.
- Especially in heated, high-pressure situations!







# Call to action:

- Both researchers and the professionals involved stress that more opportunities for coaching, intervision and supervision should be offered to translate knowledge into practice.
- Training and psycho education to support stress and emotion regulation skills is needed. For children, parents AND staff (so everyone can stay calm under stress!)



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