STUDIO III

Training Systems

# Creating a Restraint and Seclusion-Free World

Professor Andrew McDonnell

# What are Restrictive Practices?

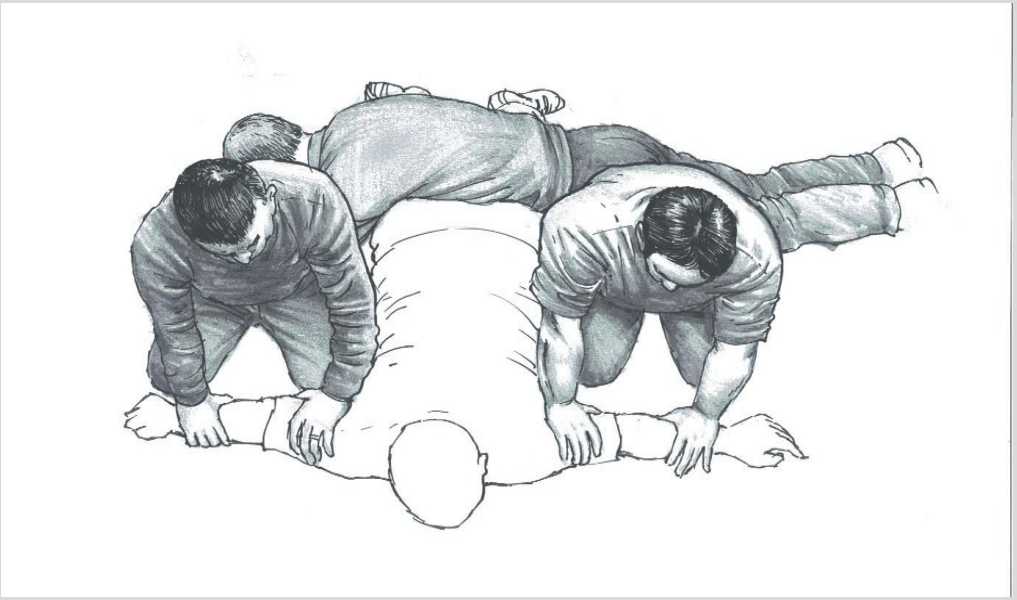
- Physical restraint is a response to crisis situations that involves the containment of one individual by another, usually using some form of physical holding

- Seclusion involves the wilful isolation of an individual with the goal of managing a person's behaviour

- The primary goal is to keep people safe – however, this is not always the case

# Physical Interventions Training: 1985-2020

- Early in my career, I used physical restraint methods, as I had been taught
- I look back on these times with a great deal of shame and guilt



# Physical Interventions Training: 1985-2020

- I have since spent most of my career teaching alternatives to restraint and seclusion

- Restraint is often described as the ‘last resort’, but this is rarely the case in practice (McDonnell and Deveau, 2008). In 2020, we still see restraint and seclusion used as the first response

- In organizations with a culture of high restraint and seclusion usage, it is difficult for people to see alternatives

- When people use restraint and seclusion, it is because they feel they have no other option

# What the Literature Does (and Doesn't) Tell Us

- Large amount of literature on restraint and seclusion in adult and children's fields
- Negroni (2017) identified problems when examining definitions in this field e.g. where physical and mechanical restraint are used, physical abuse and coercive strategies aren't always reported
- Issues about the use of emergency medications and chemical restraint
- One study shows the successful eradication of a seclusion protocol, but fails to mention increased use of psychotropic medication

# Historical Context

- In France, Jean Marc Gaspard Itard and Victor, the 'Wild Boy of Aveyron'. His humane approach could be described as an early version of the Low Arousal Approach

- In Gheel in Belgium, there is a history of trying to avoid the use of restraints

- In the UK, the York Retreat was set up by a Quaker in the 1700s with an approach known as 'moral treatment'

# The Restraint Industrial Complex

- Professor Roy Grinker is a leading anthropologist who noticed that conditions create businesses, describing what he calls the autism industrial complex

- The cost of restraint and seclusion, both in resources and time, are estimated to be extremely high in human services (Chan, LeBel & Webber, 2012)

- If we assume that 1% of the workforce receive training, then we can estimate that around 40,000 people per year get some formal training in restraint and/or seclusion

# Seclusion and Restraint in Schools

- This is an international issue
- In the UK, a survey of families on restraint use *(Reducing Restrictive Intervention of Children and Young People, 2019)* produced alarming figures
- 88% of survey respondents reported that their disabled child had experienced restraint – a third of those saying it happens regularly
- 71% had children who had experienced seclusion, 21% of those on a daily basis

# Schools in Ireland

- In the Irish Republic, a survey by Inclusion Ireland (Shining a Light on Restraint and Seclusion in Ireland, 2018) produced similar results:

*“Liam was forcibly held and taken to a padded room where he was locked on his own numerous times in his special school. One day I was even locked into the room when I went to get him out. Liam told me that when he is being brought into the room ‘my feet do not touch the ground’”.*

# Schools in the US

- The most recent GAO statistics identified the potential of under recording (Disability Scoop, April 2020)

*"It is extremely alarming that even though we know that students, particularly students with disabilities and students of color, are being secluded and physically restrained at school, the Department of Education still can't provide us with quality reporting to understand the scope of the problem and begin to solve it,"* said Sen. Patty Murray, D-Wash

# The Emotional Experience of Restraint

- Practitioners of restraint and seclusion can become so concerned with safety that the emotional impact of the experience is often minimised

- Fish and Hatton (2016), in a qualitative interview study of women with intellectual disabilities in a secure forensic setting, described the emotional experience of restraint

# Fish and Hatton, 2016

Researcher: What happens when you get restrained?

Louise: They just hold you down, and you can't move.

…

Researcher: How does it feel?

Louise: Horrible, hate it.  It makes me more angry.

Researcher: Does it not help you calm down?

Louise: No.

# Research

- Sequeira and Halstead (2001) found that the use of physical intervention could cause pain and be construed as punishment.

- They also found that some female service users reported that restraint evoked flashbacks of previous sexual trauma

- Mohr, Petti, T. A. & Mohr (2003) Identified adverse effects associated with physical restraint including trauma

# Restraint and Seclusion: Decision Making

- In the moment decision making is also a key area. Negative emotional arousal  is strongly associated with poor decision making and this is located in the prefrontal-parietal regions (Sohn et al, 2015)

- A study looking at emergency room uses of restraint and decision making identified that rapid responses may lead nurses to make decisions without adequate assessment and thinking, and therefore biases and errors may be generated (Li & Fawcett, 2014)

# Restraint and Seclusion: Justification

- Human nature means that we often rationalise and justify decisions after the fact (Kahneman, 2011)
- There is a tendency that people blame the person they perceive as violent or aggressive (The Actor/Observer Effect, Jones & Nisbett 1971)
- The post-hoc rationalization of restraint and seclusion is an essential part of any intervention

# The Trauma Narrative

Example:

I was once told a story of a psychiatric adult service that had a former special forces soldier who was suffering from PTSD. This man had a ‘do not touch’ guidance due to the injuries he had caused while being restrained. In crisis situations, staff and service users would evacuate the area

If we could do this for him, why can we not do it for others?

If a person’s behaviours that challenge are rationalised by carers as being strongly associated with trauma, this should mediate the need for controlling responses.

# Grafton Approach

- Craig & Sanders (2018) described a restraint and seclusion reduction programme run by Grafton in the US
- The sample was in effect a service audit
- There was a 99% decrease in the use of restraint and seclusion from 2003 through 2016
- Sanders (2009), in a previous audit found that there was a 91% decrease in restraint frequency from 2008 to 2016, including a 97% decrease of restraint in community-based programs and a 90% decrease in restraint in residential treatment centres.

# The Low Arousal Approach

- The approach was first used by Studio 3 in the early 1990s, predominantly in services for adults with developmental disabilities
- The approach involved teaching a limited number of physical strategies
- Minimisation of restraint training with no prone or supine holds
- A chair restraint method was originally developed in the late 1980s and mid 1990s, but was phased out from training in 1999 due to its overuse in a small number of organizations

# Evolution of the Approach

- The approach has evolved as a crisis management approach in the 1990s to a philosophical approach to managing behaviors, increasing staff confidence and reducing fear
- Fear reduction in front line staff is key to reduce restrictive practices and increase positive risk taking
- LA is a reflective approach where the majority of behaviour change has to occur in supporters rather than individuals – 'It's about US not THEM'
- The approach has a number of core factors, including understanding the transactional nature of stress and trauma (McDonnell,  2019)

# Low Arousal: Research Evidence

- Training with feedback to staff and a strong concentration on demand reduction led to the elimination of a seclusion on a locked area for adults with dual diagnoses (McDonnell, 1996)
- The same ward saw the publication of the first single case study of the low arousal approach. (McDonnell, et al. 1998)
- Studies have shown that training can increase staff confidence (McDonnell, 2011; McDonnell et al. 2008)
- Anecdotal clinical data has demonstrated significant reductions in staff injuries and restraint
- The Studio3 organisation has actively reduced use of restraint in over 50 UK, Irish and Danish organizations

# Low Arousal: Research Evidence

- A recent independent audit of Studio 3 training in Denmark (Larsen, 2020), for services for people with autism and intellectual disabilities (both adults and children), has produced significant reductions in the use of all restrictive practices between 2016-2019

- In Denmark, due to statutory requirements, reporting of 'challenging' incidents is quite an accurate process compared to other countries

- Reported physical interventions usage was reduced by 37%

- Staff sickness due to a challenging incident reduced from 7% to less than 4%

# Relationships, Freedom and Empowerment

- LA can sometimes be viewed as anti-behavioral but this is a fallacy
- LA emphasises pro-active interventions in the early stages to create a period of calm and reflective understanding
- Creating opportunities for building therapeutic and empathic relationships
- The driving force of the approach is the avoidance of consequence-based learning and sanctions
- Empowerment of individuals - encouraging freedom and self regulation is central

# The Negative Behavior Narrative

- In a recent article on the Studio 3 website, I described myself as ‘A Behaviorist in Recovery’
- Low Arousal Approaches are almost 80% reactive in nature
- They are not ‘instead of’ other therapeutic approaches
- Accepting that our role is to SUPPORT and not FIX people is an essential focus of the Low Arousal Approach (McDonnell, 2019)

# Understanding Stress is Key

# Stress and Trauma

- Viewing behaviors from the perspective of stress and trauma is essential
- This requires empathic understanding of why a person behaves in the way they do
- Stress and trauma are transactional and cumulative
- Stressed people make poor decisions – supporters included
- In a recent study, we attempted to understand the stress of staff in adult service in the UK. Some of the results were surprising

# Carer Stress

In a Grounded Theory Study (Rippon et al., 2020) of staff who support adults with behaviors of concern identified 5 sources of stress:

1) Organizational Factors
2) Work Environment
3) Relationships with Colleagues
4) Interactions with Service Users
5) Intrinsic Qualities of Staff

# 1) Organizational Factors

Debriefing

- Organizations may talk about emotional debriefing, but some staff indicated that this did not occur or was difficult to schedule
- *'If an incident ends up in restraint or seclusion, the adrenaline starts pumping and it is good to have a bit of time away and reflect on what happened'* (Participant 12)

# 2) Work Environment

- Poor quality environments with little opportunity to engage in a meaningful manner was identified as a stressor
- *'There is not much for members of staff to be able to become creative with, and look how they can facilitate different experiences…You need a good room to get away and get some good work done with the patients.'*
- Many environments where seclusion and restraint occurs often involve overcrowded areas

# 3) Relationships Between Colleagues

- Emotionally supportive staff were well received by participants
- Some staff showed little emotional support
- *‘ She would just lash out and hit and it was always me who got it… Certain members of staff laughed and thought it was funny’*

# 4) Interactions with Service Users

- Participants identified negative characteristics of the people they supported
- Sometimes people reported that service users were not motivated to engage with them
- Others reported more empathically that service users may be suffering from mental illness or other conditions which makes interaction difficult

# 5) Intrinsic Qualities of Staff

- Individuals must be able to reflect on their abilities and make good decisions

- *'It's having that self awareness of what you need to manage in those situations …Not everyone has the self awareness to be honest about what they need to develop'*

# What Does This Mean in Practice?

- If we are going to get serious about restraint and seclusion eradication, we need to treat these practices almost like they are a disease to be eradicated

- In my experience, you can only achieve these outcomes by focusing on many different elements at the same time

# Government Regulation

- Different countries and nations, and even organizations, exist within regulatory frameworks
- In Scandinavia, they have very tight ‘use of force’ laws which helps our work in Low Arousal
- All regulatory frameworks need to focus on human rights perspectives

# Towards Better Practice

In the US, some guidance has been issued around restraint and seclusion which seeks to move away from the industrial complex narrative (Sahmsha 2010):

1. The Personal Experience of Seclusion and Restraint
2. Understanding the Impact of Trauma
3. Creating Cultural Change
4. Understanding Resilience and Recovery from the Consumer Perspective
5. Strategies to Prevent Seclusion and Restraint
6. Sustaining Change Through Consumer and Staff Involvement
7. Review and Action Plan

This is an important initiative and there is no doubt that many human services try to follow these guidelines. Sadly, many do not.

# An Organizational Response

- The key to reducing restrictive practices in a setting is having a clear organizational message
- Creating a culture of non-restraint and seclusion takes more than a few kind words and a written policy
- Changing the narrative from control and fear to freedom and positive relationships means deconstructing the narrative around restraint and seclusion as a ‘necessary evil’
- Changing persistent day-to-day practices requires strong leadership and collaboration – top-down AND bottom-up

# Monitoring and Feedback

- Repeated use of restraint or seclusion needs to be targeted
- Reduction targets need to be set by an MDT
- Organizations need external monitoring
- Both behaviour support and advice should be provided for any child or adult who has recurring incidents of restraint and seclusion
- Leadership is critical in the reduction of restrictive practices (Deveau & McDonnell, 2009)

# Practitioner Examples

- There are many practitioner issues about applying Low Arousal Approaches to reduce seclusion and restraint

- I'd like to highlight just a few key day-to-day practice issues (there are many others)

# Quiet Areas, or Seclusion Rooms?

- Seclusion and restraint are often used as a form of classroom control and can be easily abused easily

- Removing a highly stressed individuals is often very traumatising for people, including observers

- Renaming seclusion rooms ‘quiet areas’ is not the solution, it is a ‘*rose by another name*’

# Planned Escape

- Planned escape is the cornerstone of crisis management

- We must move outside the confines of buildings and small rooms (this is a mindset change)

# Accepting ‘Bad’ Behavior

- Property destruction and verbal aggression are tolerated. Our main goal is the reduction of physical aggression first

- Albert Bandura stated, ‘All behavior is about perception’

- To achieve behavior change, we need to first achieve perceptual change and challenge our own beliefs about behavior

# The Battle for Control

As practitioners, we often try to over-control behaviours

# Overcontrol: Rules and Sanctions

*'A high degree of perceived control can lead to increased use of sanctions and restrictions'* – McDonnell, 2019

# Staff Need Good Evidence-Based Crisis Management Training

- We must teach alternatives to the existing crisis management toolbox
- Training in the management of challenging behaviour has been associated with increasing people's confidence (McDonnell, 2010; Allen & Tynan, 2002)
- Confident people take risks!

# It’s About Our Behavior!

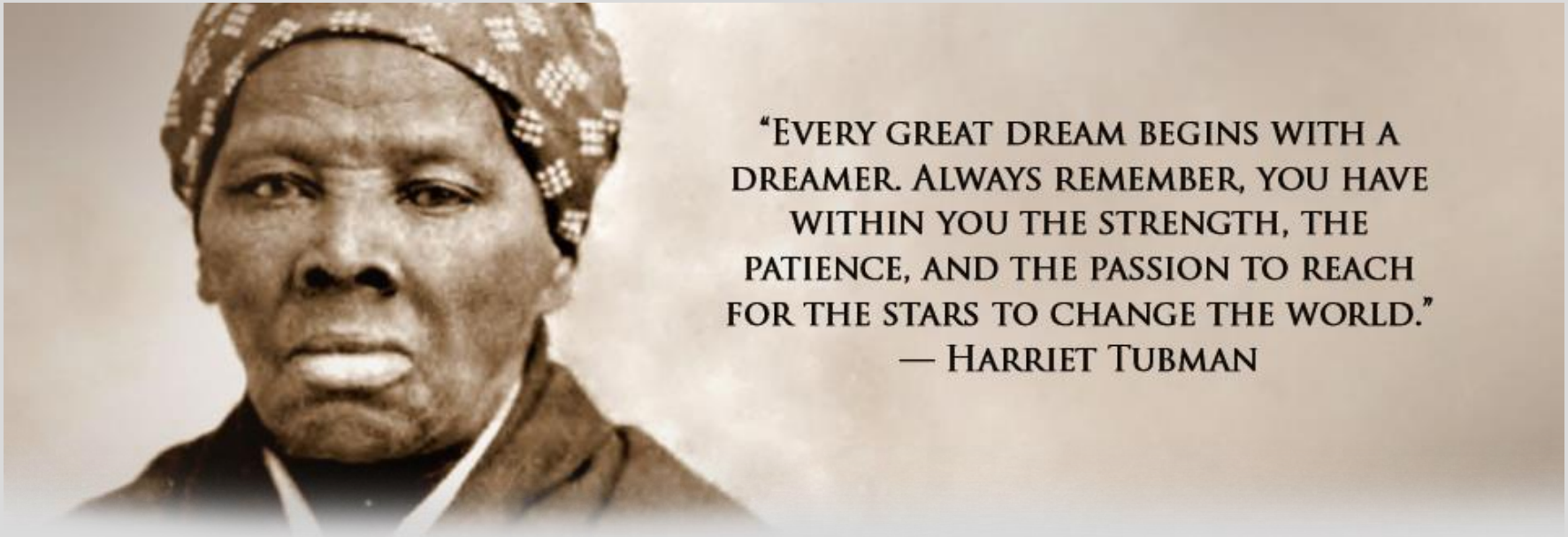
- A guiding principle in Low Arousal Philosophy is that we have to change OUR behavior
- A reflective approach (McDonnell, 2019) requires honesty and transparency
- Low Arousal Approaches are criticised for challenging deep rooted beliefs about behaviour, both in children and adults
- We never accept that restraint or seclusion is an unfortunate by-product of distressing situations

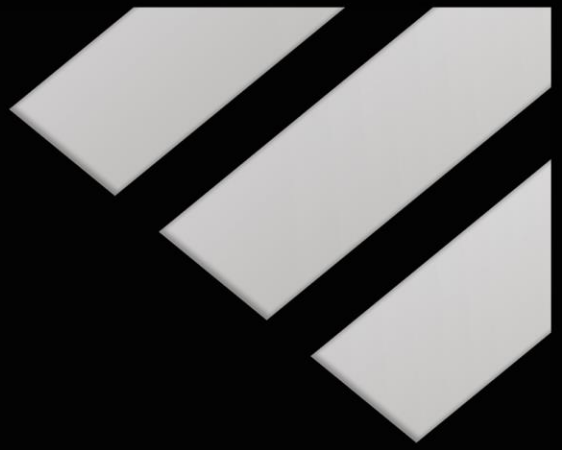
# Self-Regulation and Co-Regulation

- Reducing arousal and stress helps a person to self-regulate
- To achieve this WE must also be regulated
- It’s about co-regulation

# Dare to Dream

Restraint and seclusion eradication is a realistic goal within our lifetimes





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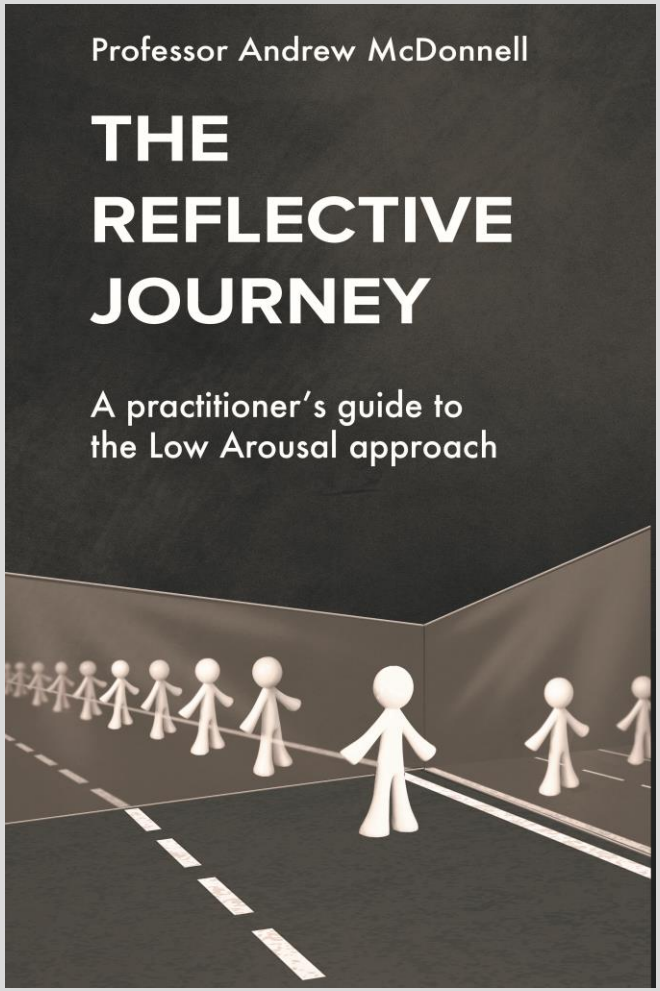
Thank you for watching!

# What Makes a Low Arousal Practitioner?




***The Reflective Journey: A Practitioner's Guide to the Low Arousal Approach***

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Available on the Studio 3 Website at
www.studio3.org/product-page