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The Use of Physical Restraints “Examining past staff perceptions, attitudes, and beliefs”

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Abstract

The use of physical restraints in special educational school settings has long been a topic of conversation and concern of parents, students, and the staff members. The intent of this research is to examine the thoughts of having to use restraints as a form of intervention from the viewpoint of individuals who once worked in a special educational school with students with emotional behavioral disorders. This research was conducted through qualitative surveys. Grounded Theory methodology was used in data analysis. Respondents provided feedback to eleven open ended questions that included their thoughts on the positive and negative aspects of using restraint, training, safety concerns and thoughts on changing current use of restraints. Findings identified four areas of concern: insufficient training and education from the amount of hours required to the content of material provided, the importance of team cohesion, the negative aspects of using restraints including the physical, emotional and mental effects it has on both staff and student, and that using physical restraints are a necessity. The themes that surfaced were consistent with previous research. To provide students and staff with safer school environments, there should be continued exploration on the use of physical restraints in special educational school settings.

The Use of Physical Restraints

“Examining past staff perceptions, attitudes, and beliefs”

by

Robert Nguyen, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of
Master of Social Work

Committee Members:

Dr. Pa Der Vang Ph.D., MSW, LICSW (Chair)
Linda Azure, LICSW, MSW
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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Introduction

Special educational services within the educational system help to provide families with services to students who are struggling in a main stream school setting. Students with severe emotional behavioral disorders often end up being referred to a Federal Setting IV school which is dedicated to those who cannot flourish in a mainstream setting. Class sizes are small and the staff to student ratio is greater. In order to work as a special educational assistant (SEA) in an environment that caters to emotional behavioral disorders, staff are required to have at least completed 90 quarter or 60 semester college credits, and/or earned an AA degree in the area of Education, Child Development, Child Psychology, Behavioral Sciences; or area related to position assignment. They must also attend additional ongoing mandatory training that focuses on Physically and Otherwise Health Impaired (POHI), autism, and EBD. They must also be certified in First Aid and CPR. Major functions of the position include providing behavior support to classroom teachers and act as a liaison between the students, family, community, and the school. Students that enter into this setting often act out in aggressive manners. Some behaviors that staff members may encounter from students are hitting, spitting, kicking, and throwing objects. Students often have conflict with other students and engage in fighting with one another and in destructive behaviors. As an intervention and safety measure, staff members are allowed to use physical restraint as a means to maintain a safe environment. The purpose of this research is to help gain insight into this culture of using restraints on students with emotional behavioral disorder from the perspective of previously employed SEAs. The researcher seeks to answer the question:

How does the attitude of having to use physical restraints change once a worker is no longer employed in the setting? With experience usually comes knowledge and this acquired knowledge may not get passed down to the SEA's who are new to the environment which could possibly result in providing a safer environment which includes decreasing the use of physical restraint.

Statement of the Problem

The use of physical restraint in the school continues to be a topic of interest among the community, of the students, parents, and educators. Much of the qualitative research focuses on the educators that are actively engaged in the use of physical restraints. There is little research found on the attitudes of previous educators and support staff from settings that utilized physical restraint as a form of intervention. It is important to gain these individuals' thoughts on the usefulness of restraints to find if their attitudes toward having to restrain students have changed after no longer being employed in that setting and if it is a necessary form of intervention. It is also important to identify any areas that they believe can be improved upon with the intention of reducing the amount of restraint that are being used. The purpose of this paper is to examine the thoughts of previous support staff that engaged in physically restraining children in an EBD setting to determine whether or not their attitudes, perspectives, and beliefs on the use of physical restraint has changed since no longer working in the setting IV EBD school.

History of Restraints

The use of restraints on individuals dates back to the 1400's. Mechanical restraints were often used with individuals that were deemed to have "madness", and was often a better choice than the alternative which may have included being "taken outside and whipped until the devil was expelled being hung or drowned" (Winship, 2006, p. 56). It wasn't until the 1700's that anti-restraint movements began to surface. In 1796 the United Kingdom "developed a new approach where kindness and humanity replaced mechanical restraint whenever possible" (Winship, 2006, p. 56). However, the use of strait-jackets was still being utilized. The use of mechanical restraints started seeing its demise in 1851 when public attention was alerted to its excessive use. American James Norris, an extremely violent man, was mechanically restrained for 10 years. Mrs. Forbes, a matron of Bedlam led the anti-mechanical restraint movement, had greatly decreased the use of mechanical restraint on both males and females. "The capacity to manage the mental patient with the minimum degree of restraint became an acceptable marker for civilizing progress" (Winship, 2006, p. 57). The 1900s saw the induction to chemical restraint which included the use of sedation followed by a biological approach such as electroconvulsive therapy, psychosurgery and more advanced psychiatric drugs in the 20th century. As a result, the use of strait-jackets vanquished. The earliest use of manual restraint dates back to the late 1800's. Guidelines were in place that ensured the safety of the patient that no pressure would be placed on bones or vital organs and only on the limbs of the individual. For the next 100 years the use of manual restraint remained consistent with the addition of de-escalation skills and the idea of the use of reasonable force. The goal of having to use restraints remains to be "one where the conception of

care and therapy is centermost in the mind of the practitioner” (Winship, 2006, p. 56). In today’s school setting there are many precautions taken to provide the student and staff with safe restraint procedures. In this study, only standing restraints are utilized. Standing restraints as described by Couvillon (2010) “typically entail one or more staff members using their hands and bodies to immobilize a student from the standing position” and “attempt to control the student’s arms while maintaining him in an unbalanced position to prevent him from being able to strike a staff member with his legs” (p. 12).

Literature Review

Minnesota Statute 125A.0942 on the use of restrictive procedure plans states that “schools that intend to use restrictive procedures shall maintain and make publicly accessible (via in electronic format or on paper) describing a restrictive procedure plan for children with disabilities”. This includes the types of restrictive procedures to be used, how it will be implemented, monitored, and post-use debriefings. Training should include skills in positive behavior interventions, communicative intent of behaviors, relationship building, alternatives to restrictive procedures, de-escalation, the physiological and psychological impact of physical holding, responding to a student’s physical signs of distress, and recognizing the symptoms of and interventions that may cause positional asphyxia. The restrictive procedure that has been accepted for use is physical holding is “the least intrusive intervention that effectively responds to the emergency” and “must end when the threat of harm ends and the staff determines that the child can safely return to the classroom”.

“The goal of any behavior management plan is to build an adequate repertoire of adaptive skills” (Matson& Boisjoli, 2009, p. 111). Matson views physical restraints as holding a person by another person with the purpose of restricting movement it should be for “a specifically defined period, under safe conditions, with well delineated release criteria, and careful monitoring by a qualified professional trained in applied behavior analysis” (p. 113). The psychological impact that restraints have on both client and administrator are unclear. Most often physical restraints happen in emotionally intensified moments that neither student nor staff can win. Winship (2006) explains the psychological challenges and impact that physical restraints may have on an individual.

He states that the act of restraint may be a “re-enactment of an infant’s experience of being held and comforted by a parent” (p.58). Niesyn (2009) found that “general education teachers have reported “a lack of the necessary skills needed to support students with EBD” (p.228) and that their inability to address the needs of children with EBD stems “from the feelings of a lack of competency” (p.228).

Making the decision to use restraint is a complex decision. For the most part, restraints are only to be used as a last resort. In my experience, “last resort” is an objective term based on one’s own capabilities to handling difficult situations. Steckley and Kendrick (2009) conclude that there must be congruence between staff members affect, action and communication of ‘care’ and last resort. And there should be clarity as to what this means. Outside of the normal stress and pressure that occurs when deciding to use physical restraints, there is the additional pressure that staff have to consider in that “if the restraint is not necessary and justified, and/or excessive force is used, it can involve general criminal law related to assault” (Steckley & Kendrick, 2008, p 554). In many of these situations where a child is acting out and becomes a danger to self or others, techniques are not often taught to staff members on how to deal with the ensuing struggle that occurs prior to getting the child into the restraint. The Human Rights Act, The Children (Scottish) Act 1995, and the National Care Standards: Care Homes for Children and Young People are instituted to protect the child from abuse and “torture or inhuman or degrading treatment” (Steckley & Kendrick, 2008, p. 555). The staff is constantly aware of the possibility of physical injury to students during an intervention.

In order to compare the differences in opinion of those who are currently affected by physical restraint and past users of restraint, it is important to see what kind of impact

that using physical restraint has on the staff, students and families while directly working with the individuals. This next section reports on the cognitive and behavioral attitudes of staff, students and parents as they experienced physical restraint.

Parents/Family Perception

To gain an understanding of all the psychological perspectives of physical restraints, it is important that we do not discount the feelings and attitudes of the parents whose children are being restrained. Staff often expresses their frustration and difficulties dealing with students that exhibit difficult behaviors, but what are the experiences that are faced by the parents? The decision for parents to use physical restraints on their own children is a difficult one. The parents realize that their child is or maybe bigger and stronger than them and to engage physically with their child may run the risk of injury (Elford, Beail & Clarke, 2010). There are many similarities in this study compared to the thoughts and concerns of the staff in the school system in regards to making the decision to physically restrain a child. One major limitation to this research is the limited number of participants in the study. This study differs from our topic in that the parents are dealing with their adult children and the diagnosis are not limited to emotional dysregulation, but include other complex needs such as autism and physical disabilities. Matson (2009) found research in a study of 72 participants that parents that have had to use physical restraint on their children who have severe challenging behavior 87.5% used physical restraint, 20.8% used it frequently, but of all that had used physical restraint only 25% of these individuals had received proper training on the use of the procedure.

Many parents talked about needing addition support for themselves stating that the stress involved can be overwhelming and that support groups finding value in

relationships with other parents that have students enrolled in a EBD school. One parent stated that it “is like having a big stigma, like a big wart” referring to the stigmatization of children with emotional problems (Crawford & Simonoff, 2003, p. 483). Parents also believed that the relationship between them and the professionals is an important one. The negative view parents had with the staff in the schools were the perception that staff had judged or belittled the parents, that staff members were not properly trained to deal with children with EBD, and the lack of services provided to these students was inefficient. This study took place in London and the policies and procedures that are in place there may not be the same as the policies and procedures implemented in Minneapolis Public Schools. Family dynamics and cultural differences may not be comparable to those in Minneapolis. This was a relatively small sample, which may not be representative of the entire EBD population.

Lai & Wong (2008) conducted a survey of families’ perspectives on the use of physical restraints which consisted of a closed ended questionnaire inquiring about their perception of the usefulness of physical restraint. Eighty-eight percent of the people interviewed believed that the use of restraints were necessary. Only 8 percent of the people interviewed stated that they would want the restraints removed from the individual. This study is different in the current research on many levels. First, the populations of individuals restrained were an older population and the setting was in a medical/geriatric environment. The interviewees were comprised of the siblings, spouses, and one parent of the restrained person. The reasons for the restraints had more to do with physical disabilities rather than emotional outburst and disruptive behavior, which

accounted for only 12.5%. The study was also done in China and the family structure and belief system may vary greatly to that of an inner city family in the United States.

Staff perception

It is likely that the SEA, being the front-line professional, is involved in physical restraint more so than any of the other professional staff members within the school system. In an inpatient group home, it was found that 97% of restraints used were initiated by the youth worker (Persi & Pasquali, 1999). The high use of restraints in this setting may be attributed to the stress face by the staff, staff job satisfaction and “burnout”. This setting differs from a school setting mainly because this is an inpatient setting compared to that of a six to seven hour school day. Smith and Bowman (2009) conducted interviews to try and gain a better understanding of the use and impact of physical restraint by asking those who were involved in physical restraint with an overall objective to better understand the needs of troubled youths. Staff members are only allowed to use physical restraint when all attempts at de-escalation have been exhausted. Fourteen staff members participated in the study. Of the 14 staff members, one staff member commented “I think it’s necessary. It’s not something you want to do, it’s not something you like doing, but it is a necessary part of the job” (p. 64). Staff member’s comments towards why restraints needed to be administered focused upon keeping the students safe from hurting themselves or others, however their actions appeared to contradict their words. When reviewing why restraints were utilized the study found that it was to “gain instructional control” or was applied due to noncompliance; “we did it to get him under control, basically. There wasn’t going to be a restraint until he didn’t listen” (p. 68). Staff’s feelings and emotions toward using restraints differed between

members some feeling indifferent to others having felt pumped up. Other staff members felt lingering effects having to speak to family members about the incidents “I went home and told my sister about the restraint...I was sad when I told her” (p. 69). One male staff stated “I didn’t leave it at work...I talked about it with my wife” (p. 69) There were other feelings of being emotionally and physically drained. It doesn’t appear that at any time during the interview were there questions asked of the staff members on what other type of interventions could have been used as an alternative to physical restraints or if they had been trained in any other procedures. Most feelings in the literature focus on negative emotions. It is interesting to note the psychological and physiological impact that physical restraint has on the staff members. Even prior to the administering physical restraint the staff member begin to have negative cognitions to the act of having to restrain. In a qualitative study consisting of 8 staff members whose ages ranged from 26-53 years of age in a residential setting that used physical restraint as an intervention reported negative emotional reactions prior to the physical intervention. They note feeling frustrated, that other forms of de-escalation were ineffective and “overwhelming thoughts about what lay ahead for them” (Hawkins, Allen, & Jenkins, 2005, p. 27).

Physiologically the staff members felt a rise in adrenaline. The range and flooding of emotions that staff experience during the restraint process have been identified as fear, anger sadness, worry, shock, frustration, boredom, and self-doubt. The environment of a residential setting differs from that of a school setting, and the types of interventions used in this setting also differed. The study stated that years of experience of the staff members had a mean of 6 years 6 months, but does not state the level of education which may have an impact on their abilities to perform the job. The biggest difference was the age of the

individuals who had to be restrained. Our current study focuses on school aged students (K-8) whereas the residents in the study ranged from 18-43 years of age.

In a research study provided by Fogg et.al (2008) found that 86% of Principals/Administrators from day treatment and residential programs working with elementary students with emotional behaviors disorders agree that staff were adequately trained in the use of physical restraint, 94% indicated that staff knew how to recognized potentially violent situations and 9 out of 10 staff knew how to de-escalate impending violence.

Student Perception

Smith and Bowman (2009) interviewed 5 children ages 13 to 15 from a locked juvenile incarceration facility. These children were juvenile offenders, many of which suffer from emotional and behavioral disorder. These were all children that had been physically restrained by staff members and the purpose was to gain insight into what the children experience from being placed in a hold. A 14-year-old male stated “restraint sucks, but at least they is paying attention [*sic*]” (p. 64). The physical restraint was often viewed as a painful and emotional event; however one female student saw restraint as a good intervention when someone is trying to hurt himself or herself. A student believed that staff should attempt to talk to the students about their feelings, that “if I could have told them what I was thinking, they might have not hurt me” (p. 66). Some students blamed the staff for their own behaviors saying “they got me mad, if they didn’t get me mad it wouldn’t have happened” (p. 66).

Students even struggle to determine when restraints should be used. According to an article written by Steckley & Kendrick (2008) students had difficulties determining when restraints should be utilized. Students often believed that unless there was a chance of getting seriously injured staff should not intervene. There were also contradictory statements made by students stating restraint was acceptable in one situation then later stating that it was not. Students physiologically experience soreness, bruising and/or abrasions. Some students acknowledged that, when injury resulted during the struggle to be restrained, the “staff had done the best they could under difficult and violent circumstances” (p. 561). Students also identify a cathartic effect of being restrained with one stating “after a restraint I feel much more like, I don’t know how to say it, just more, I feel better because everything is out” (p. 563). Staff acknowledges that the student, for the moment that they are restrained, “helps them to internalize their own coping mechanisms for uncontrollable emotions” (p. 563). However, these students may develop a pattern of relying on restraints as a coping mechanism and seek out the intervention. In this case, it adds to the staff member’s difficulty when deciding whether or not to place a child in a therapeutic hold.

The Role of the School Social Worker

In a setting IV EBD program, the social worker is exposed to all the violent behaviors as the rest of the staff are, and are also trained in the use of physical restraint as a form of crisis intervention. The Minneapolis Public Schools list some of the responsibilities of the social worker in the school system as providing advocacy for students and families, serving as a resource to students and families experiencing crisis, facilitating due process procedures to ensure that parents and guardians have full access

to procedural safeguards and involve parents in educational planning, screening and identifying the problems and needs of students through consultation with students, parents, staff and community agency personnel, and writing and presenting social work assessment summaries and recommendations for educational planning and social work services.

In a random study of 150 social workers found that “physical violence by clients against workers was common and occurred most often in correctional, health and mental health settings” (Newhill, 1995, p. 632). An effective social worker helps to collaborate with teachers, parents and the students to implement effective behavior plans in helping to increase the child’s ability to function in a school setting without the use of physical interventions.

“To focus on the child alone, in the absence of a focus on the school or family, would be to expect heroic changes in the internal patterns and the external world the child inhabits. It is likely to be ineffective and an exercise in frustration” (Frey & Nichols, 2003, p. 99).

Conceptual Framework

Cognitive Theory, developed by Adler, takes a more holistic approach in his theory that views personality as a “unified whole” and is based on the concept that “there is reciprocal interaction between what one thinks, how one feels, and how one behaves.” (Cooper & Lesser, 2011). The idea behind cognitive theory is that a person’s thoughts determine their feelings, and their feelings then determine their behavior. Cognitive theory encompasses a plethora of ideologies one of which is the constructive perspective, which helps an individual to “understand how and why they constructed their particular reality” (Cooper & Lesser, 2011). The basic principle behind cognitive theory is the idea that the way we think about or perceive others and ourselves, affects the way we respond to the world with our emotions and behaviors. This is especially critical in a special educational program with inner city youths. There may be preconceived notions by the staff members about the student’s culture, environment and mental health condition. Because of the complex nature of working in a Federal Setting IV EBD program and all the different aspects and relationships in the setting, it is fitting that the focus is on changing the mentality of the environment and of the workers that have direct contact with the student population. Cognitive theory works well with individuals of all levels of functioning and is typically short-term treatment. The nature of therapeutic response is to change irrational thinking and to modify the thinking process in order change behaviors. The goal of any treatment would have to include changing the way a person thinks about himself and/or the world. The SEA may be better poised to provide services to youth when their own cognitive functioning is intact. However, scenarios involving the use of restraint may negatively influence cognitive decision making due the increased feelings associated with these situations. Cognitive theory was applied to this study because its

usefulness is effective on those individuals that have qualities and characteristics that are represented in special educational assistants.

Methodology

To obtain data on the experiences of having to have used physical restraint in elementary students diagnosed with emotional behavioral disorder (EBD), previous special educational assistants (SEA) from an inner city public school that have had training and were direct users of physical restraints will be contacted and given a survey. The participants were selected based on several factors. They all have had several years' experience working in a setting IV EBD school, they are all now currently removed from that setting going on to advance their careers, and they all have had obtained a minimum of a four year degree. Each of the participants should have received the same level of training in Crisis Prevention Intervention (CPI) where the SEA is first taught the techniques of physical restraint. A consent form approved by the University of St. Thomas/St. Catherine was given to the respondent prior to receiving the survey (see Appendix C). The purpose of the consent form is to ensure the respondent of confidentiality and anonymity. The questions asked to the respondent and the consent form will first be approved Pa Der Vang, Ph.D., MSW, PhD., LICSW, course instructor.

Research Design

This research will be conducted through qualitative surveys using Grounded Theory Methodology. "Grounded theory is a qualitative research methodology that seeks to inductively distil issues of importance to specific groups of people, creating meaning through analysis and the modeling of theory" (Azita & Ghezeljeh, 2009, p. 15).

Grounded theory involves a process of collecting and analyzing data. The researcher then identifies concepts and themes that emerge from the data that appear to have relevance to the research. Drawing from the emerging themes the researcher can then formulate hypotheses based on conceptual ideas. “The researcher has no preconceived ideas to prove or disprove. Rather, issues of importance emerge from the stories that participants relate” (Azita & Ghezeljeh, 2009, p. 15). Data collection is gathered based on a series of questions that have been prepared (see appendix B) and will be administered through the use of a survey. Unidentified issues or concerns may arise from the survey process and will be addressed accordingly.

Sample

The sample size will consist of 8-10 adults who have been previously employed in a public school system. The researcher plans to recruit one person from a past professional relationship with the researcher. Additional participants will be recruited through snowball sampling. Names of potential participants will be solicited from the first participant and so on.

Study Recruitment and Protection of Human Subjects

Initial contact with the primary participant will occur while studying at the University of St. Thomas while enrolled in the MSW program. The researcher and the participant have both been employed in a Federal Setting IV Public School where the use of restraints was utilized. Through professional relationships, both the researcher and primary participant will be able to connect and contact other past employees from this setting. Information on the research will be sent out via email (see appendix A) to these

individuals. These participants were chosen because I hypothesize that their attitudes and belief about the use of restraints will have changed once out of the environment as I will be asking them to report on the use of restraints retrospectively.

The names of the participants will not be used or identified throughout the research. Each participant will be assigned a number to each survey. Their surveys were stored in a locked folder in my computer without their names. Informed consent can be ensured as I will be the primary and only contact person they will be responding to if interested in participating in the research. I will explain in detail all of what the study incorporates. Participants will always have the option to drop out of the project and the information gathered will not be used.

Data Collection

Participants will complete a brief survey consisting of 11 open ended questions. The survey questions will focus on the thoughts and opinions of past employees who have been involved with using physical restraint. Survey questions pertain to both the cognitive and behavioral attitudes of the staff that use physical restraint as a safety intervention and will elicit staff's perception on the use of restraints. Questions will include thoughts on the positive and negative aspects of using restraint, training, safety concerns and thoughts on changing current use of restraints.

Data Analysis

The surveys were analyzed using grounded theory methods. The surveys were then coded for themes and common topics. Coding involves the process of reviewing the

surveys line by line and to pick out general ideas and concepts expressed in the responses; these are not to be interpreted at this point of the process. From this information, common data that was extracted from the responses will be grouped together and an emergence of themes will begin to develop. It is at this time that a write up of the analysis can be done and theories generated.

Strengths and Limitations

Qualitative research strengths lie in its ability to provide more precise information and statements given directly from the source. In this research, qualitative research is useful because it focuses on an area that is not representative to all school systems, but focuses more specifically on the less represented population that has to use physical restraint as an intervention. Qualitative research can identify and explain the thoughts and behaviors of people through first hand experiences with a goal to better understand how their meaning influences their behavior.

One main disadvantage of qualitative research is that, although the people surveyed have practical work experience with the use of physical restraint, this does not make these individuals experts in the field of child psychology and their thoughts and opinions on the use of physical restraint have not been tested or are not empirically based. The participants may have a bias towards different aspects of the study, including the population or the environment. Because the sample size is small, it is difficult to generalize qualitative research to the majority of the population of people in the field. In qualitative research, the researcher can have a bias toward the research and may attempt to sway the participant in questioning a direction that validates the research question. I

have a personal bias towards this research as I too have worked with children with emotional behavioral disorder and have had to use physical restraint on students. In order to not allow my personal opinion to effect the research, I will acknowledge any bias I may have towards the subject matter. I will ask the participants open ended questions and avoid asking any leading questions.

Findings

All participants were former employees working as a Special Educational Assistant at a Federal Setting IV elementary school located in an inner city in Minneapolis, Minnesota. After reviewing all the surveys and coding the information, there were four major themes that emerged from the qualitative research study. The first theme that was identified was training and education and how participants expressed feelings of receiving inadequate or insufficient training when working with this population. The second theme that emerged was team cohesion and how important it was to have staff members to be on the same level of understanding when it came to using physical restraints. The third identified theme was the negative impact using physical restraints have on both students and staff. The final theme extracted from the surveys is the continued need for physical restraints.

Theme 1: Insufficient training and education

Because all of the respondents came from the same school, the training that was provided was consistent with all participants. Each of the respondents received initial 8 hour training from material provided by the Crisis Prevention Institute (CPI). Staff would then receive a 4 hour refresher course each following year. The majority of participants expressed some concern about the training that was provided ranging from the limited amount of hours, the lack of content that was taught, and dealing with real life situations. The following are some of the comments made regarding the training that was provided.

The trainings give a good baseline for an umbrella of situations, however every situation is unique and individuals have to learn (through being in the situation) how they are going to respond to that particular situation.

Before school begins, I think we get maybe 2-4 hours to provide all the information for the year. There is never enough time to team and this is an important part of successful programming.

...the designed implementation of the restrictive procedures is often not feasible. The staff would try very hard to implement "by the book" restraints, but they often did not work or were not practical ways of safely restraining students.

Participants also offered their input on how to improve upon the training that is provided including the concern for more hours and different training as noted below.

Trainings on trauma as well as trainings on specific disorders (ie: how to work well with students with Oppositional Defiant Disorder/Conduct Disorder)

...more time teaching staff verbal de-escalation techniques and the use of distraction.

The overall mood of the quality of training indicated that, while staff was taught proper techniques of using physical restraints, it does not quite prepare the staff for real life

situations and that staff feel as though additional training could be taught teaching different de-escalation skills and techniques. Having worked in the same setting, I also found that the training was only practical in the application of the hold. I thought that some of the other staff members ability to deal with an escalating student were inadequate at times include my own skills. The school offered no other training other than teaching CPI.

Theme 2: Team cohesion

A classroom in this setting usually will cater to 8-10 students. There will be one teacher and two SEA's assigned to that classroom for the year. Each room is a self-contained unit or team and they work together to try and come up with the best plan of action to conduct classroom activities and lessons. The difficulty with this is that there are multiple classrooms in the school each with their own teams. Not all teams share the same plan of action and respond to situations differently. All participants stressed the importance of team cohesion.

Staff within programs need to all be on the same page with procedures and techniques that are being utilized within their programs. If a student is aware of the same procedures each time, then they will become familiar with them

I would make it so a select group of people form a crisis team and this crisis team goes to all the behavioral episodes this way the team works well together and knows each other

The team needs to communicate more effectively about ways to assist students in coping, prior to the student becoming so escalated that he/she needs to be placed in a restrictive hold.

One respondent noted how changes in administration can negative impact staff relationships.

When I first started, I felt very supported by all staff (social workers, principals, school psychologist, and other SEA's). We later had a change in principals, which lead to many other of our support staff leaving the program. I no longer felt the support I once had.

Time was another factor in team cohesion. A school day is typically lasts for 5.5-6 hours a day. Special educational assistants usually arrive 10-15 minutes prior to the beginning of the day. Some assistants are bus aides and arrive at school the same time as the students. At the end of the day the assistant who are bus aides leave with the students and others go home. Time does not seem to be a luxury that SEA's have as noted by one of the participants.

Before school begins, I think we get maybe 2-4 hours to provide all the information for the year. There is never enough time to team and this is an important part of successful programming.

Most of the participants stressed the importance of team work and the need to effectively communicate with one another. It was noted by some, that restraints were being over utilized as a means to behavioral intervention.

There were some staff who restraints all the time, even when something else would have worked

I believe that they are sometimes used too soon or in situations where restraint is not necessary

While working in the environment, one of my assignments was to work in the “break out room” or “alternative instruction room (AIR)”. This was the room where students were taken when they became disruptive in the classroom. It was also the room where most of the restraints were used. Restraints were also used in the classroom and in hallways if the student didn’t make all the way to the alternative instruction room. There were little attempts by staff members to try alternate methods of de-escalation primarily because the students were being physically abusive to staff or another student. Each staff member appeared to have their own de-escalation techniques. The problem with this was that their technique usually only worked for them.

Theme 3: Negative aspects of using restraints

There were many areas indicated by the participants of how using physical restraints can negatively affect both staff and student. These included the physical dangers, educational concerns, and the relationship between staff and student.

Physically restraining a child is just what it states; there is a physical interaction of having to hold a child against his or her will and most often the incidence is not a positive as noted by the respondents.

A hold could not go exactly as planned...they may make a student more aggravated.

Some respondents noted that some students sought out physical restraints which may lead to unhealthy coping mechanisms and relationship building skills. Children often become more aggressive towards staff until the reward of being physically restrained takes place.

Many students want to be restrained...the one-person hold can make students feel as if they are being hugged”

Some students seem to need the restrictive hold in order to complete the escalation cycle and appear not to be able to calm down until that happens.

More importantly, the student is in school for an education as one responded wrote about.

this obviously is pulling the student from academic instruction time.

This respondent also noted the impact that it could have on the student/teacher relationship

After a hold, it is hard to rebuild that relationship with the student, and some relationships are never restored.

The physical, mental, and emotional impact while working in that setting was sometimes too much for staff members to handle. I recall one female special educational assistant being bruised to the bone on her shin due to a student heel kicking her in the leg repeatedly. I once walked into a classroom after school had let out for the day to see a

teacher behind the desk sobbing because she felt as though she was unable to teach these students. This was a veteran teacher that had been with the district for many years. Despite staff's best effort to safely restrain a student, they also have had minor scraps from being held.

Theme 4: Restraints are necessary

After all the feedback that was provided about the use of restraints, all agreed that the use of physical restraints is a necessity when working in this environment. One participant noted

...if an unsafe situation was occurring and students, staff, or myself were in an unsafe situation, I would utilize restraints.

This respondent went on to give reasons as to why restraint is necessary in some situations

Some students unfortunately are unable to get regulated without the use of physical restraints.

CPI is known as a nonviolent crisis intervention, so it was interesting to note that while one respondent agreed that restraints are a necessity, they did not see it as an intervention

Physical restraint is not an intervention, it is an emergency procedure, and it should not be treated as an intervention option.

The question that I have seen that most staff will debate about is when to place a child in a physical restraint. I was at work when a student put his foot through a glass window,

and when I asked the special educational assistant why the student wasn't placed in a hold, the staff responded that the student wasn't a harm to himself or others. Some staff would allow a student to destroy a room and never put a hand on him, whereas others would have placed the students in a hold just to avoid the possibility of the student hurting themselves. \.

Discussion

This study differs from previous studies primarily due to the fact that the participants are no longer working in the environment where they had to use physical restraints on students whereas previous qualitative research interviewed current employees.

This research on the use of physical restraints focused on the thoughts and beliefs of past employees that had been employed in a kindergarten through fifth grade Federal Setting IV School dedicated to serving students with severe emotional behavioral disorders. Approximately 97% of the student population was African American males with diagnoses of ADHD, ODD, ASD, and coming from homes in low socioeconomic status. Many of the behaviors that staff experienced from students included hitting, punching, kicking, biting, spitting and the destruction of school property.

Although the Minnesota State Statute 125A.0942 regarding the use of physical restraints state that training should include skills in positive behavior interventions, alternatives to restrictive procedures, and de-escalation techniques, what was found in this research was that staff members felt that there was not sufficient enough training provided to be able to deal with all the different circumstances that arise when working in this environment. This disagreed with earlier research when Principals from a day treatment facility believed that their staff knew how to recognize potentially violent situations and 9 out of 10 staff knew how to de-escalate impending violence (Fogt et.al, 2008). There may be a breakdown in communication between the special educational assistant and supervision when it comes to being able to effectively work in this environment. The administration wants to believe that their staff is capable of working with this population of students and the staff wants supervision to believe that they are

capable of doing so. However, this research did agree with the parent's perception of the staff's ability to handle their children, feeling that staff members were not properly trained to deal with children with EBD. This might indicate that both parent and staff have a better understanding of the level of education and training it takes to work with these children, than perhaps the administration. This may be due to the fact that it is the special education assistant and teacher that spends the majority of time with the student. The parents of these children believe that the relationship between them and the professionals is an important one, but expressed the need to have additional support for themselves.

One area that was not clearly acknowledged from previous research was the idea of team cohesion. Found in this research was the idea that all staff should be on the same page with procedures and techniques. In addition, special educational assistants expressed the need to feel supported by the administration. There is no time allotted for staff members to meet prior to the beginning of the school day, no time for staff to spend together moments after a restraint was used, and no time after school has let out for staff to convene and discuss the day's incidences. It was noted in previous research that some staff members held on to negative emotions long after physical restraints had been administered. Working together as a team and taking time to talk about and decompress after a stressful situation seems to be an important part of team work that was non-existent in the school setting according to the findings.

The negative impact that using physical restraints on a student has on a special educational assistant physically, emotionally and mentally were no different from the perspective of past employees, as reported in this research, or of current employees as

indicated in previous research. All of the research has noted a negative impact on the users of physical restraints expressing feelings of frustration, physical exhaustion, and the psychological struggle of having to place a student into a hold. Students also experienced feeling similar feelings after being restrained by staff, viewing restraints as a “painful and emotional event”. Children at this age often have difficulties being able to express feelings. From my experience, the feeling that is most commonly expressed by these children is the feeling of anger. There are often underlying feelings of hurt and sadness that are never revealed by the child. In addition, many of these children’s needs of healthy physical and emotional needs are not met and are sought out in the form of physical restraints.

This study found that although the participants were willing to accept restraint as an essential part of their job, they remained uncomfortable with its use. The attitudes about using physical restraints for past employee experiences are similar to research studies that have interviewed current employees in schools that cater to emotional behavioral disorders. It is agreed by both current and past employees that using physical restraints should be used as a last resort, but there is concern from both whether or not all resources have been exhausted prior to having to place a student in a restraint. The negative impacts reported by past employees are also consistent to those of past employees where having to put a student in a physical restraint can put a strain on the staff/student relationship including the physical, emotional and mental aspects of using physical restraints.

What this research was able to identify that was not reported in past research was the thoughts and ideas of past employees on the use of physical restraints that could

possibly have a positive impact in schools that utilize physical restraints. This research identified the possible lack of education that is offered to employees and the difficulties staff has with working with one another and the communication breakdown when it comes to the understanding having to use restraints as a “last resort”.

Strengths and Weaknesses

An identified strength of this research was that through the “snowball” approach to collecting data, I was able to obtain surveys from past employees that were in the environment at the same time. This allowed all the responses to be relevant to one another especially concerning thoughts on teamwork and cohesion. All the participants were working as Special Educational Assistants at the time and all had received CPI training.

One weakness to this research was the way information was gathered which was by the use of surveys that were handed out and then collected. Although open ended questions were asked, responses written by the participants were sometimes brief. Holding an interview would allow the researcher to ask for clarity or request that the participant expand on their responses.

The number of participants could be considered a weakness to the research. Only 8 surveys were collected. However in this environment there are typically a small number of special educational assistants in the setting during the school year. In the kindergarten through 5th grade setting that was researched, there is usually 2 SEA’s per classroom, therefore there may only be a staff of 10-12 SEA’s in the program.

Implications for Social Work

Continued research in the use of physical restraints could have a positive impact to the social worker. The information that is gathered from the staff members that use physical restraints on students can be incorporated into the student's individual educational plan and could have a positive impact on the student's behaviors. Social workers could advocate for better training and resources to help prepare staff members to manage difficult behaviors. Getting additional education and training such as de-escalation techniques could create a less volatile environment and create an environment that is more conducive to learning. After a restraint has been applied to a student, a call has to be made home to the parents of the student. The majority of these calls are typically handled by the social worker. The reduction of physical restraints would also mean the reduction of calls made to the family. Although some parents are supportive with the school, there are other parents that are not supportive of the school system and its use of restraints. Finding alternative solutions can bridge the gap between Social worker and family. Social workers are not exempt from having to use physical restraints and social workers are often right on scene with the special educational assistants when trouble breaks out. Any information that can help reduce the use of restraints also means the fewer restraints that have to be applied, therefore decreasing the risk of injury to both staff and student.

Implications for Future Research

Based on the information gathered in this study, future research could extend into various areas of interest which have been identified by the participants. Research could focus on whether the amount of training Crisis Prevention Institute provides is sufficient and review how training is administered, from the amount of hours that is provided to the content of the training. Research can find if adding additional training such as educating employees on alternate methods of handling crisis situations and teaching staff members about different diagnoses could prove to be more effective when working with this population of students. There could also be a greater focus on how to create more cohesiveness within the school system addressing the concern that perhaps not all team members are all on the same page. This research may also make school administration more aware of the thoughts of their staff members and address some of their concerns. The goal in any educational setting is to get the student to learn and one main factor that is disrupting the learning process is the student's behaviors. Research could focus more closely on behaviors of the children that precede the physical restraint. More research could focus primarily on the student's home life and how it impacts the student's ability to succeed in a school setting.

Research can also take a look at the age of the staff members that have to use physical restraints on students. The role of special educational assistant is typically not a long term position. Individuals that enter into this position are usually are right out of college having recently received their undergraduate degree and are continuing to advance their education going on to become a teacher, social worker, or other school related position. During my five year employment with the school, I witnessed a lot of

staff turnover because of this reason. Special educational assistant's ages range in the early to mid-twenties; few of the staff members were over the age of thirty plus years. Age, inexperience, and maturity level may all be contributing factors why schools continue to struggle with the use of physical restraints on students.

Conclusion

Hindsight is defined as an “understanding of a situation or event only after it has happened or developed.” The importance of this study was to understand the attitudes and beliefs towards using physical restraints from the perspective of past employees. It appears that there is little disagreement in whether the uses of physical restraints continue to be a necessity while working with children in environments that cater to emotional behavioral disorder, this study suggests that there is a need for improved workplace practices and implementation of educational resources that could benefit both staff and student. The phrase “using physical restraint as last resort” is when the individual is posing an immediate danger to self or others and when all other attempts to calm escalating behaviors have failed. This is what is taught to the staff. The problem is, is that there may not be an agreed upon definition of what "immediate danger to self or others" to each staff member and it can differ greatly between each individual. One staff member may allow a child to destroy a classroom and not feel as though restraint is necessary whereas another staff member may think that there is an immediate concern that that student is putting himself in danger of hurting himself. Staff members also have different skill sets, coping mechanisms, tolerances, and report with the students. This makes it difficult to then say whether or not all "attempts have been made to calm the situation" or

we would have to assume that each individual exhausted all of their best efforts regardless of what other staff members believe could have been done differently.

Working with difficult behaviors can be very challenging to both staff and student. It is important that we take into consideration the ideas and beliefs of the people who have been in these environments so that we can improve the lives of staff and students that are actively involved with physical restraints.

References

- Azita, A. & Ghezeljeh, T. (2009). Grounded theory: methodology and philosophical perspective: Tahereh Najafi Ghezeljeh and Azita Emami explore aspects of grounded theory and constructivist grounded theory using examples from research. *Nurse Researcher*, 17(1), 15.
- Cooper, M. & Lesser, J. *Clinical Social Work Practices: An Integrative Approach*. 4th edition. Alley & Bacon, 2011
- Couvillon, M., Peterson, R., Ryan, J., Scheuermann, B., & Stegall, J. (2010). A review of crisis intervention training programs for schools. *Council for Exceptional Children*, 42(5), 6-17.
- Crawford, T. & Simonoff, E. (2003), Parental views about services for children attending schools for the emotionally and behaviourally disturbed (EBD): a qualitative analysis. *Child: Care, Health and Development*, 29, 481–491.
doi: 10.1046/j.1365-2214.2003.00368.x
- Elford, H., Nigel, B. & Clarke, Z. (2010). "A very fine line": Parents' experiences of using restraint with their adult son/daughter with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 23, 75-84.
- Fogt, J., George, M.P., Kern, L., White, G.P., & George, N.L. (2008). Physical restraint of students with behavioral disorders in day treatment and residential settings. *Council for Children with Behavioral Disorders*, 34(1), 4-13.

Frey, A. & George-Nichols, N. (2003). Intervention practices for students with emotional and behavioral disorders: using research to inform school social work practice. *Children & Schools*, 25(2), 97-104.

Hawkins, S., Allen, D., & Jenkins, R. (2005). The use of physical interventions with people with intellectual disabilities and challenging behaviour--The experiences of service users and staff. *Journal of Applied Research in Intellectual Disabilities*, 18(1) 19-34.

Lai, C. & Wong, I. (2008). Families' perspective on the use of physical restraints. *Contemporary Nurse*, 27(2), 177-186.

Matson, J. & Boisjoli, J. (2009). Restraint procedures and challenging behaviours in intellectual disability: An analysis of causative factors. *Journal of Applied Research in Intellectual Disabilities*, 22(2), 111-117.

Minneapolis Public Schools Urban Education Global Citizens: Retrieved from <https://empapp.mpls.k12.mn.us/PreviewJob.aspx?qryKMjZ3Ob3E%2bQNKphci%2fVqlg%3d%3d>

Newhill, C.E. (1995). Client violence toward social workers: a practice and policy concern for the 1990s. *Social Work*, 40 (5), 631-636.

Niesyn, M. (2009). Strategies for success: Evidence-based instructional practices for students with emotional and behavioral disorders. *Preventing School Failure*; 53(4), 227-232.

- Persi, J. & Pasquali, B. (1999). The use of seclusions and physical restraints: Just how consistent are we? *Child and Youth Care Forum*, 28(2), 87 – 103.
- Smith, M. & Bowman, K.M. (2009). The restraint spiral: Emergent themes in the perceptions of the physical restraint of juveniles. *Child Welfare*, 88(3), 57-83.
- Steckley, L. & Kendrick, A. (2008) Physical restraint in residential childcare: The experiences of young people and residential workers. *A Global Journal of Child Research*, 15(4), 552-569.
- Winship, G. (2006). Further thoughts on the process of restraint. *Journal of psychiatric and mental health nursing*, 13(1), 55 – 60.

Appendix A

This is Robert Nguyen, student of St. Thomas in the MSW program. I am currently doing some research with having to use physical restraints in the school system from the viewpoint of past users. Because you have experience working in this field, I believe that your knowledge can add useful and beneficial input to this topic. I have previously worked in the setting for 5 year and appreciate all the hard work and dedication you have given. I believe it is those of you that have had direct experience with restraints and that have been removed from the environment that can provide the most useful knowledge to the usefulness of restraint by identifying issues and concerns identified by the staff, students and parents. You can respond to this email or reach me @ 651 895 0035 for further questions.

Thank you for your cooperation,

Robert.

Appendix B: Survey Questions

1. Can you describe the work environment that you used to work, including the population you served, and the safety concerns involved?
2. What type of training did you receive in crisis intervention?
3. What are your thoughts on the training that was provided (was it sufficient)?
4. What type of training do you feel should be taught or implemented to help reduce the use of physical restraint?
5. Can you describe to me what your attitude about the use of restraints was when you first began to use them?
6. What is your attitude toward the use of restraints now?
7. What are the strengths in using physical restraints?
8. What are the negative aspects of using physical restraints?
9. In your opinion, what does staff need to do differently in the matter of having to use restraints?
10. Regarding the use of physical restraints, what changes, if any, could the school system make?
11. Are there kids that want to be restrained? If so...What do you do with those kids?

Appendix C

The Use of Physical Restraints
“Examining staff perceptions, attitudes, and beliefs”
RESEARCH INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating the use of physical restraint in the school system. This study is being conducted by Robert Nguyen, student in the Masters of Social Work Program at St. Catherine University. You were selected as a possible participant in this research because of your previous work experience in a setting that implemented physical restraint as a safety intervention and training Crisis Prevention Intervention. Please read this form and ask questions before you decide whether to participate in the study. The study will be done under the supervision of Dr. Pa Der Vang (faculty advisor).

Background Information:

The purpose of this study is to gain insight into the use of physical restraint in the school system and to gain your input on the reduction of its use. Approximately 10 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to take part in a survey answering 10-12 open ended questions pertaining to your experiences in the use of physical restraints. Responses to each question will vary per each participant. Surveys will be handed out to the participants along with a postage paid return envelope which the participants will be asked to mail back without any identifying information.

Risks and Benefits:

The study has little to no risks involved. The use of physical restraints can evoke some emotion and may be a sensitive issue to some of the participants.

The benefit to participation is to gain knowledge in hopes of finding alternative solutions to the use of physical restraint in the school system.

Confidentiality:

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a password protected computer and/or a locked file cabinet in my home and only I will have access to the records while I work on this project. I will then destroy all original reports and identifying information that can be linked back to you. Only I will have access to the surveys, and after the data has been collected surveys will be destroyed no later than June 1st 2014.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. If you feel uncomfortable with any of the questions asked during the process, you need not answer them. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

Contacts and questions:

If you have any questions, please feel free to contact me, Robert Nguyen, at 615-895-0053. You may ask questions now, or if you have any additional questions later, the faculty advisor, Dr. Pa Vang, Ph.D., MSW, LICSW at 651-690-8647 will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

I consent to participate in the study. (If you are video- or audio-taping your subjects, include a statement such as "and I agree to be videotaped.")

Signature of Participant

Date

Signature of Researcher

Date