

## *Episode 08 - Residential Treatment Issues Series - Physical Restraints*

Physical Restraints are, in my opinion, the best option for safely dealing with violent behaviors among children and youth in residential treatment.

Self-injurious behaviors need to be stopped before they lead to permanent, or at least significant, damage. Assaultive behaviors need to be stopped before they lead to harm.

Runaway behavior is a more nuanced judgement call. Sometimes staff can continue to monitor a runaway child or youth. However, allowing a troubled kid to be on their own in a wilderness, urban, or other environment can place them in serious danger.

Property damage can sometimes be monitored without physically intervening. However, in my experience, when kids are allowed to rage they tend to escalate to the point where they are creating a real safety risk to themselves and others. There are also practical limits to how much damage a facility can financially endure.

There are alternatives to physical restraint, including mechanical restraint, chemical restraint, and seclusion. However, each typically are preceded by a physical restraint.

In addition, mechanical restraints tend to be very frightening for the child or youth, require a separate type of training for the staff, require constant monitoring, and the transition into the mechanical restraint frequently requires more directed force than a physical restraint. They also lack any tactile feedback for staff to help determine when the level of restrictiveness on the restraint can be lessened.

Chemical restraints require specifically trained personnel, and most residential treatment programs are not licensed to use them.

Seclusion tends to result in either the client raging in the seclusion room to the point where a physical restraint may have to be re-established to prevent self-harm, or the client calming down which implies that they don't really need seclusion. In my experience seclusion can be an effective tool to ending a violent situation; however, in most cases I have not seen it provide enough advantages to outweigh the added risks and the dehumanizing treatment of the client.

Some physical restraint systems train staff in the use of pain compliance holds. These can greatly shorten a physical restraint and may be a legitimate tool for programs that can't bring enough staff into a restraint situation (such as wilderness therapy programs that are in isolated setting rather than operating as part of a multi-unit campus). However, inflicting pain on children is morally repugnant and it may be that programs that can't, when needed, devote four or five staff to a physical restraint simply can't serve some clients.

Performing physical restraints subjects staff to "small t" trauma. There are things staff can do to minimize the effects of that trauma on their nervous system, which will make the staff person more resilient to this stress.