

Episode 09 - RTI Series - Trauma Protection with Physical Restraints

Physical Restraints tend to be in response to intense, often times violent, situations and will have some degree of traumatizing effect on both the staff and the client.

The neurochemical changes in the brain that are caused by traumatic incidents don't automatically reset. Instead, memories of the incident are stored in your brain with the emotional content that the incident evoked. Parts of your body, your muscles and nervous system, also store the stress caused by the incident, long after the incident has ended.

It can be very tempting to turn to coercion, essentially intimidation and force, to try and change the extreme behaviors that many children in residential treatment exhibit. That's because we instinctively understand that human beings will change their behaviors most quickly in order to avoid pain and unwanted consequences.

However, behavioral change motivated by a coercive environment tends to not be internalized or generalized by clients. That means that upon leaving a residential treatment program, the old behaviors reappear.

Instead of using coercion, even though it "works" more quickly, an effective treatment program encourages the growth of executive skills in children and youth and fosters cooperation from clients rather obedience.

As a staff person your attitude toward the clients impacts their functioning. The Pygmalion Effect (aka the Rosenthal Effect) refers to the observation that people will change their demonstrated abilities based on the expectations of other people. Kids will perform down to any low expectations you have for them. Likewise, the Stanford Prisoner Experiment demonstrated that if you think of yourself as a tough authority figure, such as a guard, and you think about your clients as something akin to prisoners, then sadistic tendencies will be more likely to emerge in you.

It helps to keep in mind that people are not their behaviors. The children and youth in your care are complex human beings with emotions, cognitions, behaviors, executive skills, relationships with others and tasks for which they've taken responsibility. All behavior happens for a reason. You may not know what that reason is, but give the kids in your care credit for even their most unpleasant behaviors being an attempt to get their needs met.

Anticipation and training are two qualities that will protect you from some of the traumatizing effects of restraint situations. Try to anticipate the various emotional reactions you might have to a restraint – including you might go frosty and not feel a lot during the actual process. Alternatively, you might feel elated at a restraint that goes well, or you might feel devastated by a restraint that doesn't go well. Try to balance your feelings afterwards.

Your program should have a formal training program in the actual physical techniques used in physical restraint. However, you may benefit from extra coaching and practice. You might have to seek that out.

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Once a restraint has been fully established, pay attention to your body and breathing. Relax any muscle groups that aren't necessary to maintain the hold. Pay particularly attention to your grip, which may be much harder than is needed. Pay attention to your breathing. Perhaps do some simple breathing exercises such as focusing on exhaling first and then relaxing and letting the inhalations happen automatically.

Check-in with the other members of your team. Someone simply asking if everyone is okay, needs to shift, needs to sub out, produces neurochemicals that counter the stress hormones that are flooding everyone's bodies.

Talking to the client, while the restraint is going on, can be very agitating for some clients, especially kids who struggle with processing words. In other cases, simple soothing statements appear to be helpful. In some cases, staff conversing among themselves has seemed to help a kid calm down. There's no universal formula for this.

Don't forget about the other kids. If other children in the program have been impacted by the restraint situation, checking-in with them, and reassuring them around safety helps minimize the trauma effects they might be experiencing just from what they've seen or heard.