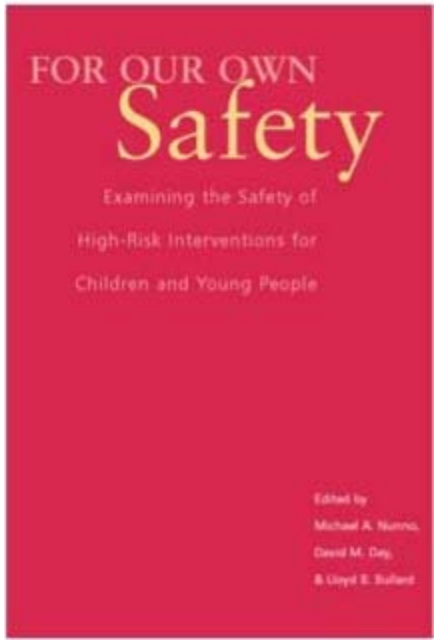
For Our Own Safety: Examining the Safety of High-Risk Interventions for Children and Young People

By:
Michael A. Nunno
David M. Day
Lloyd Bullard



For Our Own Safety is devoted entirely to the subject of, and risks associated with, restraint and seclusion of children. This book is a collection of the diverse viewpoints presented at the international symposium, *Examining the Safety of High-Risk Interventions for Children and Young People*. It presents frank examination of the legal, ethical, and historical uses of physical restraints and seclusion. Also addressed in this collection are issues of safety, the psychological and emotional impacts of restraint, guidelines for development and use, as well as clinical and organizational strategies likely to reduce use.

Intended for use by professionals who want to address the impact of aggression and violence in residential care, this volume contributes to the discussion of the appropriate use of high-risk interventions and the ways to improve the general quality of child residential treatment services though safe and harm-free environments.

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Edited by
Michael A. Nunno,
David M. Day,
& Lloyd B. Bullard

Foreword by Jaap E. Doek

This compact CWLA book is a definite must-read…. Gathered in one volume, it serves as a compendium of facts and current and historical perspectives written by experts in the field of restraint-related interventions for this special needs population. It provides surprising insight and direction for addressing safe and humane approaches to reducing restrictive and dangerous practices.

—Theodore A Petti, MD, MPH

Professor of Psychiatry and Director, Division of Child & Adolescent Psychiatry, Robert Wood Johnson Medical School-UMDNJ, and Coeditor, *Community Child and Adolescent Psychiatry*

For Our Own Safety *explores the myriad detrimental facets of this practice, sets out good models and lessons derived from them, and articulates a way forward. Most of all it underscores the importance of value-driven leadership that can inspire organizational change to overcome entrenched practices that are not in the best interest of children or young people. As such, it is a crucial contribution to the burgeoning global discourse on the issue of violence against children.*

—Nigel Fisher

President and CEO, UNICEF Canada

What is the goal of physical restraints? How does this goal fit into the overall objective of residential care (and other types of treatment)?

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Advanced Praise

For Our Own Safety is an imposing and important volume. It comprises a variety of chapters and viewpoints that eloquently lay bare myths and challenges concerning the use of restraint and seclusion with young people. Drawing upon a wealth of knowledge, and shared experience of the use and misuse of high-risk interventions, the authors deliver a number of messages and recommendations aimed at reducing—or eliminating—restraint and seclusion. The complexity and uncertainty that accompanies such an aim is always acknowledged and never underestimated. Yet the tone of the volume remains positive and supportive, with plentiful examples of practice changed for the better. The needs of young people and the needs of front-line staff are considered inter-twined. The fundamental influence of the organizational culture and the leadership offered is underlined time and again in case studies and reflections.

For Our Own Safety challenges anyone involved with children and young people in day and residential settings to examine their own practice and use of high-risk interventions. Chapters written from different perspectives and different settings mean there are lessons here for everyone working with children and young people in any role—no excuses are offered or accepted, we *all* need to read this book! If high-risk interventions are to be replaced by safer alternatives, then this book shows how we must come out of our comfort zones in order to make it happen. Happily, *For Our Own Safety* also shows that individuals and institutions embracing change have not only survived, but have taken important steps forward towards achieving their aims. Every individual and every restraint imposed is important; it is our responsibility to examine the safety and implications of high-risk interventions—*For Our Own Safety* can help us begin that examination.

—Dr. Helen Westcott
Senior Lecturer in Psychology
The Open University, Milton Keynes, UK

Advanced Praise

The Convention on the Rights of the Child clearly stipulates that children in any kind of institutionalized care are to enjoy a full and decent life, in conditions that ensure their dignity and facilitate their participation in the community. Yet across the world violence against children in residential care is justified and meted out as part of a treatment regime. Research in child development including the UN Secretary-General's Study on Violence Against Children has established that the effects of such treatment can include poor physical health, severe developmental delays, disability and potentially irreversible psychological damage.

The critical message in this book is that segregating or restraining children in residential care is inappropriate, with scant therapeutic value, at odds with children's rights. It explores the myriad detrimental facets of this practice, sets out good models and lessons derived from them, and articulates a way forward. Most of all it underscores the importance of value-driven leadership that can inspire organizational change to overcome entrenched practices that are not in the best interest of children or young people. As such, it is a crucial contribution to the burgeoning global discourse on the issue of violence against children which I believe will not only raise public consciousness but also stimulate public action to assure the best interests of children in institutionalized care.

—Nigel Fisher
President and CEO, UNICEF Canada

This compact CWLA book is a definite "must read" for administrators and clinicians working in child and adolescent residential treatment centers, psychiatric inpatient and partial hospital units, special schools and other programs serving children with disruptive or more serious psychiatric disorders. Gathered in one volume, it serves as a compendium of facts and current and historical perspectives written by experts in the field of restraint-related interventions for this special needs population. It provides surprising insight and direction for addressing safe and humane approaches to reducing restrictive and dangerous practices. The book will be of considerable value to anyone wishing to update their knowledge concerning the foundation for new federal regulations governing seclusion and restraint of minors. A copy should be available at all facilities serving special needs youngsters.

—Theodore A Petti, M.D., M.P.H.
Professor of Psychiatry and Director, Division of Child & Adolescent Psychiatry, Robert Wood Johnson Medical School-UMDNJ and Co-Editor, *Community Child and Adolescent Psychiatry*

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Contents

Foreword

Violence, Restraints, and International Standards

THERE IS A CONVINCING BODY OF RESEARCH DATA showing that children in residential care and/or treatment—and that can be the case for various reasons—are subject to violence, including torture and cruel, inhuman and degrading treatment.

This is confirmed in the recent UN Study on violence against children presented to the UN General Assembly in October 2006. This Study—covering all forms of violence[1] calls for a prohibition by law of all forms of violence against children in all settings including corporal punishment. In addition States should invest in systematic education and training of all professionals working with or for children to prevent, detect and respond to violence against children.

Codes of conduct and clear standards of practice, incorporating the prohibition and rejection of all forms of violence, should be formulated and implemented. These and other recommendations are supported by a resolution of the General Assembly in which States are urged to take various actions to prevent, reduce and eliminate violence against children[2].

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1. United Nations Study on Violence against Children Report submitted by Paulo Sergio Pinheiro, Independent Expert appointed by the Secretary General UN Doc. A/61/299). This study was recommended by the UN Committee on the Rights of the Child (see Recommendations adopted after the Days of General Discussions on Violence against Children in 2000 and 2001.

   The Study distinguishes the following settings in which violence against children occurs: the home and family, schools and educational settings, care and justice institutions, places of work and the community. It contains overarching and setting specific recommendations.

2. Resolution 61/146 on the Rights of the Child adopted by the General Assembly of the UN on 19 December 2006 at the 81st plenary meeting of its Sixty-First Session (UN Doc. A/RES/61/246; 23 January 2007).

But in the midst of all this almost no attention was paid to the use of force (or: violence if you want) in efforts to control or contain aggressive or violent behaviour of children in residential care.[3] The focus is much more on the prevention of physical and mental punishment of children in residential care and on measures to introduce non-violent forms of disciplining and control.[4] But this emphasis gives sometimes rise to confusion and the suggestion that the prohibition of corporal punishment means that professionals working in institutions are not allowed to use any kind of force to address aggressive behaviour of children.

This was a reason for the UN Committee on the Rights of the Child to explicitly recognize—in its General Comment on Corporal Punishment[5] that those working with children in institutions may be confronted by dangerous behaviour which justifies the use of reasonable restraint to control it and observes:

> "Here too there is a clear distinction between the use of force motivated by the need to protect the child or others and the use of force to punish. The principle of the minimum necessary use of force for the shortest necessary period of time must always apply. Detailed guidance and training is also required, both to minimize the necessity to use restraint and to ensure that any methods used are safe and proportionate to the situation and do not involve the deliberate infliction of pain as a focus of control."

In General Comment No 10 on Children's Rights in Juvenile Justice[6] the Committee elaborates on the use of force of restraint for children deprived of their liberty, including pre-trial detention and post-trial incarceration as follows:

> "Restraint or force can be used when the child poses an imminent threat of injury to him or herself or others, and

3. In the World Report on Violence against children —which accompanied the report submitted to the General Assembly—chapter 5 is devoted to Violence against children in care and justice institutions. In that chapter some attention is given to "Violence on the guise of treatment" describing some forms of electroshock and use of drugs to control children's behaviour. This World Report can be consulted and downloaded on http://www.violencestudy.org .

4. See e.g. Stuart N. Hart (ed.) with Joan Durrant, Peter Newell and F. Clark Power: Eliminating Corporal Punishment. The way forward to constructive child discipline (UNESCO 2005).

5. General Comment No 8 on The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment (Articles 19, 28(2) and 37 inter alia); CRC/C/GC/8 May 2006.

6. General comment No. 10 on Children's Rights in Juvenile Justice, adopted by the CRC Committee in February 2007 (U.N. Doc, CRC/C/GC/10).

> only when all other means of control have been exhausted. The use of restraint or force, including physical, mechanical and medical restraints, should be under close and direct control of a medical and/or psychological professional. It must never be used as a means of punishment. Staff of the facility should receive training on the applicable standards and members of the staff who use restraint or force in violation of the rules and standards should be punished appropriately?"

In the light of these observations and recommendations of the UN Committee on the Rights of the Child providing some international standards for the use of restraint or force I very welcome this book *For Our Own Safety: Examining the Safety of High Risk Interventions for Children and Young People*.

It provides excellent information on the various theoretical and practical aspects of the complexity of the use of restraints and force in order to control or contain aggressive or violent behaviour of children and young people in residential institutions. More in particular it shows how we can ensure safety and manage risk and reduce the need to use restraints through organizational changes.

It also informs us about the need to use legal and other remedies in case of violation of the rules and standards for the use of restraints or force. In that regard I like to underscore that every child in residential juvenile or other institutions should have the right to make complaints, without censorship as to the substance, to the central administration, the judicial authority or other proper independent authority and to be informed of the response to the complaint without delay.

I very much hope—and in that I concur with the conclusion of the editors — that our efforts as described in this book will ultimately contribute to the eradication of the conditions under which physical constraints are used. It is my opinion that the adoption of a public health model to reduce violence and restraints in children's residential care facilities as suggested by Paterson, Leadbetter, Miller, and Crichton (chapter 7) can best be realized by a full respect for and implementation of the rights of the child as enshrined in the Convention of the Rights of the Child. Let me in this regard quote one of the principles of rules that need to be observed and that the UN Committee on the Rights of the Child presents in its General Comment No 10 (par. 28c on treatment and conditions in cases of depuration of liberty) "Children should be provided with a physical environment and accommodations which are in keeping with rehabilitative aims of residential placement, and due regard must

be given to the needs of the child for privacy, sensory stimuli, opportunities for association with peers, and participation in sports, physical exercise, the arts and leisure-time activities". These and other principles and rules e.g. in terms of provision of education, adequate health care and contact with the family and the wider community can contribute to the eradication of the use of physical constraints and/or force in residential care facilities.

Everybody interested in contributing to this eradication should read this book and implement the lessons it presents.

—Jaap E. Doek
CHAIRPERSON OF THE UN COMMITTEE
ON THE RIGHTS OF THE CHILD (2001-2007)

Introduction

On June 1–4, 2005, an international symposium entitled, *Examining the Safety of High-Risk Interventions for Children and Young People*, took place at Cornell University, Ithaca, New York. Cornell's Family Life Development Center in conjunction with Stirling University, Stirling, Scotland and the Child Welfare League of America (CWLA) cosponsored the symposium. More than 90 researchers, policymakers, attorneys, advocates, and intervention system providers from the United States, Canada, England, Wales, Scotland, Australia, and Ireland participated. The professions represented included social work, law, medicine, psychology, and education. Presentations covered topics such as the legal, ethical, and historical uses of physical restraints and seclusion; safety, psychological and emotional impact; and guidelines for development and use, as well as clinical and organizational strategies likely to reduce use in children's treatment facilities.

This book was born out of the papers and the presentations of this symposium that are available online at www.rccp.cornell.edu/symposium.htm. All the contributors and the book editors participated in the symposium. Rather than reiterate and strictly reproduce the presentations and the papers from the symposium, the authors of the various chapters had the luxury of incorporating into their text much of the discussion, learning, and new research discussed at the symposium. To our awareness this book is the only volume that is devoted entirely to the subject of, and risks associated with, restraint and seclusion. The book is organized into six sections—young people and physical restraints, theoretical and historical issues, ensuring safety and managing risk, reducing restraints through organizational change, legal issues, and conclusions.

The reader should apply broad operational definitions of both restraints and seclusions. Consider the following definitions. *Restraints* are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient's body that he* cannot easily remove that restricts freedom of movement or normal access to one's body (United States General Accounting Office, 1999). *Seclusion* is defined as the involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving (Council on Accreditation of Services for Families and Children, 2003). The reader should also consider that restraints and seclusions are complex and foreseeable. Given the nature of our juvenile corrections, psychiatric, and child welfare institutions and the nature of the population they serve, it is foreseeable that the fabric or culture of the institution may be prone to aggression and violence.

To acknowledge their complexity and foreseeability, restraints and seclusions should be seen as a process with antecedents, precursors, unique interpersonal dynamics, consequences, and meaning beyond the limited scope of a one-time event. This complex process should extend beyond the individual child to include the staff, other children, the families, the treatment organization, and the community. Recognizing that these events are complex also demands that prevention, de-escalation and monitoring strategies are driven and guided by organizational leadership, all levels of staff, as well as the youth and their families (Bullard, Fulmore, & Johnson, 2003).

This book is written for anyone interested in learning from the expertise and experience of a broad spectrum of North American and British academics, scholars, agency directors, clinicians, quality assurance personnel, and crisis management systems experts. While the book's point of view is varied, as a whole it is biased towards the emerging international consensus to reduce restraints and seclusion to only those matters that involve immediate safety (British Institute for Learning Disorders, 2001; Child Welfare League of America, 2002; National Executive Training Institute, 2003; United Nations General Assembly, 1989). The editors selected the chapters because they represent a full range and diversity of the issues presented at the Cornell symposium, and, likewise, represent the best that we know at this point of time. The volume begins with children and young people's voices. These voices provide perspective to the discussion and tell us that the consequences and resolution of the intervention has to do with the qualities of the adult-child relationship and the qualities of the organization's

* For the ease of explanation and to avoid sexist language, we alternate between the personal pronouns, he and she, throughout the book.

culture. We hope that the contents challenge the reader to move the field to fewer, safer, and more appropriate uses of restraints and seclusion.

A Short Conversation About the Field's Evidence

Many of the contributing authors have pointed out that the applications and uses of restraints and seclusion are not as evidence-based as they need to be, especially given the emotional and developmental vulnerability of the child population in residential facilities, and the physical risks associated with restraint and seclusion use (Nunno, Holden, & Tollar, 2006). It is appropriate here to acknowledge some of the reasons for the shortcomings of the evidence base since acknowledging these shortcomings can alert the reader to the parts of the field that need immediate attention. Although as editors we hesitate to say definitively that there is no therapeutic value to restraints or seclusions, the reader will hear arguments throughout these chapters that there is scant evidence for even limited clinical benefit.

The Limitations of Study Designs

A limitation of the field's evidence is the same limitation that exists in the general child mental health and child welfare field: weak study designs and methodologies that hamper the ability to generalize. For example, there are no research studies in the restraint literature that use true experimental designs with random assignment to address the impact of restraints, used during aggressive or violent episodes while in treatment, on a child's psychological, social, emotional development, on clinical outcomes, or on the therapeutic alliance between the child and the adult. The lack of experimental designs extends to studies that examine the impact aggression, violence, and restraints have on staff morale, the possibility for primary and secondary trauma to staff, or the organizational environments in which staff work. Few quantitative studies even use control or comparison groups as reference points for determining change. Even existing qualitative studies are rarely large enough or rigorous enough in their methodology to achieve anything but anecdotal information, and very few studies or evaluations combine qualitative and quantitative designs that have the potential to balance each methodology's limitations to give a multidimensional richness and depth to our learning (see Kazdin, 2006, for a recent discussion of these methodological issues in the social sciences).

The qualitative and quantitative study designs in this book represent some progress in that they add complexity to our knowledge base. Well-designed studies that measure the impact of restraint-reduction programs are crucial, as

section 4 of this volume points out. Data-driven approaches are essential to strategies that discover, energize, and monitor successful efforts, but only if the data produced are reliable, accurate, and timely.

The Interchangeability of Age and Population Specific Literature

Much of the restraint literature cited as evidence for programs and initiatives within the field are both age-specific and population-specific. The vast majority of the restraint and seclusion literature refers to geriatric, adult psychiatric, or adult corrections populations, and not to children or young people. This adult and elderly literature is used interchangeably within the child literature and often without warning to the reader. This haphazard interchangeability is a problem because the adult and geriatric populations do not have the same, and necessary, considerations for child safety and child development. The field has long recognized that for children in residential care, any practice or procedure that is not based on their unique safety and developmental needs may be considered abusive (Thomas, 1990). Although it would be foolish to ignore other related literature and research, the reader would do well to measure the applicability and validity of the adult and geriatric literature against the safety issues, programs, and the developmental needs of children in care.

How We View Aggression and Violence

Another limitation of the restraint literature is that the literature tends to see aggression and violence as one unidimensional phenomenon, and it often does not differentiate aggression from violence nor does it differentiate among the subtypes of aggression or see aggression on a continuum. For example, the field rarely makes a distinction between *reactive* aggression that is a sign of impulsivity, frustration, and immaturity; and *proactive* aggression or violence that is revengeful and planned. By not distinguishing between the two the field limits the effectiveness of our organizational initiatives to curb aggression and violence, creating obstacles and perpetuating misunderstanding, and limits strategies and treatment options that organizations and professionals need to address the complexity of aggression and violence in treatment organizations.

Perhaps the most important consequence to the lack of an operational definition and the lack of differentiation of subtypes of aggression is that with few exceptions, notably in the corrections and law enforcement field, the literature does not balance the safety and risk of the aggressive and violent behaviors professionals and practitioners are trying to contain against the levels of intervention risk or the potential consequences (Desmedt, 1995). In other words the literature does not address the question "Does this intervention have more risk

than the aggressive or violent behavior we are trying to control or contain?" This book contributes answers to this important question.

Lack of Models

The literature cited in the following chapters also indicates that the descriptions of the restraint phenomena are varied and mixed. It is often uncertain whether we are addressing the phenomena of workplace violence with planned assaults by mentally ill children, or the phenomena of staff initiated or triggered violence or aggression, or even safety interventions that teach developmentally appropriate methods of coping. There are few, if any, models that address how or why restraints occur in children's treatment facilities beyond the interactional model portrayed by, for example, Jones & Timbers, (2002). This lack of multiple models (or one unifying model) has hampered the development and the consensus on the intervening variables or mediators that impact the restraint event. Without a clear articulation of these intervening variables we have a more difficult time determining the characteristics of an aggressive or violent event and we reduce our understanding of the types and degrees of interventions necessary to prevent aggression and violence in treatment facilities. Ultimately, we reduce our effectiveness to prevent or reduce restraints and seclusions. Therefore, the introduction of the public health model to prevent or reduce aggression, violence, and restraints (chapter 7, this volume) is a significant contribution to the field.

The Dynamics of Restraint Episodes and Organizational Responses

This book contains examples of the power and determination of leaders who motivate and challenge their staff to overcome and change established practices that are not in the best interests of their client population. This book documents, with original research and observations, circumstances in which restraints and seclusions are troubling. Examples of these troubling practices include the disproportionate use of restraints with younger children and the reliance on the use of restraints with children who are restrained multiple times even when their use appears to be ineffective in modifying the child's maladaptive behavior. Further, Suess (chapter 12, this volume) points out that leaders need to discover the discrepancies between their own organization's "official" beliefs and attitudes regarding seclusion and restraints and how and why restraints and seclusion are actually used in practice. It is evident that decreasing these inappropriate restraint episodes in children's treatment facilities depend on knowing the aggregate and individual treatment needs of the child

population that facilities serve, and providing strong systems of care with programs that build enduring and positive staff and child relationships. These enduring and positive relationships between adults and children have the potential to reduce aggression and mitigate its consequences when it does occur. The agencies that have been successful in reducing restraints all have strong systems of care that have the best interests of children as their core mission and strong, values-driven leadership that monitor interactions and incidents to ensure compliance to core values and positive adult-child relationships.

Qualities of Values-Driven Leadership and the Motivation to Change

Leadership has been cited as an essential component of national and international efforts to reduce aggression and violence (Bullard et al., 2003). However, the literature does not document the characteristics of effective leadership in this effort. A number of chapters in this volume fill this void and afford strong examples of leaders who are optimistic and committed, who communicate clearly and consistently, who establish new paradigms, especially among clinical staff, and who share leadership and responsibility throughout the organization. The leaders responsible for the organizations discussed in these chapters understand that learning does not necessarily occur with tragedy but stems from self-reflection and self-examination. These leaders also understand that training does have an impact on the reduction of aggressive and violent incidents but only if training is part of an overall reduction plan, the organization over-trains staff with immediate and corrective feedback, and training is reinforced by on-the-job supervision.

This book supplies examples of a leader's vital role in organizational restraint-reduction activities that are initiated from sources external to the agency. External sources, such as governmental regulatory and licensing agencies or professional accreditation councils, can mandate restraint-reduction efforts through edict, law, or regulation. Penalties for noncompliance can often accompany these mandates, and staff reaction can be resentful and angry. Restraint-reduction efforts also can emerge from more benign external sources. For example, multiple chapters cite invited individuals who are considered experts or "visionaries" and who motivate an organization to develop aggression-free or restraint-free treatment environments for children. Although some staff initially are skeptical, these efforts are generally viewed positively and often with great enthusiasm. The leader's role in the first case is to overcome the natural organizational anger and resistance when pressure for change comes from external sources; in the second case the leader's role is to marshal

staff enthusiasm into sustainable strategies. In either case effective leaders exemplified in this book used these opportunities to employ sound psychological and organizational theories to shift the treatment and environmental paradigms of their organization to serve safer and harm-free environments.

Goal of This Volume

The primary goal of this volume is to contribute to the discussion on the appropriate use of high-risk interventions, and, therefore, to improve the general quality of young people's and children's correction, residential, and psychiatric treatment. The book is intended for use by those who want to address the impact of aggression and violence in residential care settings within the context of evidence-based practice and the national and international impetus to reduce the use of restraints and seclusions. The editors trust that the reader will be able to convert her information needs related to practice and policy into answerable questions and track down or uncover the best evidence with which to address them. The reader can then undertake a critical appraisal of this best evidence, as well as its validity, impact and usefulness, and apply the results to his own practice and policy decisions. The reader can find ways to improve upon these practice and policy decisions based on the information and evidence presented.

—Michael A. Nunno
David M. Day
Lloyd B.Bullard

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