EXPLORING STUDENT UNDERSTANDING AND PERCEPTION OF CRISIS INTERVENTION USING A TRAUMA INFORMED APPROACH VERSUS A RESTRAINT BASED SYSTEM

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By

Mary E. Triana

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ABSTRACT

EXPLORING STUDENT UNDERSTANDING AND PERCEPTION OF CRISIS INTERVENTION USING A TRAUMA INFORMED APPROACH VERSUS A RESTRAINT BASED SYSTEM

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The purpose of this study was to understand the perspectives of students who have experienced two different types of crisis intervention for aggressive or self-injurious behaviors, one being restraint and the other a restraint-free, trauma-informed approach. Studies on the use of restraint have found that it has detrimental emotional and physical effects, along with the risk of injury and death. Emerging research into the use of trauma-informed approaches (TIA) has demonstrated that they can substantially reduce or effectively negate the need for restrictive practices. For the purposes of this qualitative study, participants were in grades six through twelve and had a history with both restraint and Ukeru™. All were recruited from one school district in Pennsylvania and took part in face-to-face interviews with the researcher. Resulting themes confirmed previous negative associations with restraint. Conversely, Ukeru™ was described using neutral or positive terms and was deemed a safer option when students recalled experiences. The results of this study indicate that schools can safely support students in crisis without the use of restraint using Ukeru™, a TIA that avoids re-traumatization, increases safety, and maintains connections with staff.

Key words: restraint, Ukeru™, public-school, student perception, student experience

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DEDICATION

I dedicate this study to my children, Eli and Evie, and especially to my husband, Brad. To Brad, thank you for your patience, love, and support; I could never have done it without you. Thank you for building me an office to work in, for getting the kids in bed, and for your unshakeable belief that I could (and would) do it.

Without encouragement from my parents, Gary and Evelyn Flowers, and their unwavering confidence in my abilities, none of this would have been possible. It was never a question of if, only of when. Thank you for always being my biggest fans.

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CHAPTER 1: INTRODUCTION

In special education, there are many needs that teachers and staff support each day. There is a continuum of placements available, ranging from itinerant to full time special education services. Some students may only check in with teachers and require minimal accommodations, while others spend extensive time in a classroom specifically designed for students with special education needs. For those students with significant autism, emotional disturbance, or intellectual disability, the environment is frequently more restrictive due to the need for ongoing supports throughout the school day. Some of these students also engage in self-injurious and aggressive behaviors, which require additional staff to ensure the safety of the students, the staff, and themselves.

In some cases, including the researcher's, staff have been trained in the use of restraints for students who are considered a clear and present danger to themselves or others due to the intensity of their assaultive behavior. The use of restrictive practices introduces the potential for physical (Child Welfare League of America, 2000; Buter, 2019; Holden & Nunno, 2019) and psychological harm (Butler, 2019), which has prompted both federal and state legislation. In 2012, the US Department of Education formally defined restraint and presented a list of principles that schools have to follow (USDE, 2012). The Pennsylvania Senate recognized the long-term effects of trauma with the passage of a 2019 bill that requires yearly training for all school staff in trauma informed care (Zee & Fennick, 2019). Most recently, the Keeping All Students Safe Act (KASSA) was brought to the Senate to increase oversight for schools using restraint (Murphy, 2021). Districts are required to ensure they are following state and federal guidelines and train their teachers accordingly.

In the area where the researcher was trained, Handle With Care™ was a system used by many districts. The day long training focused on both verbal and physical de-escalation strategies, including standing, seated, and supine restraints. All of these physically restrictive practices were deemed safe and effective, and avoided the use of pain compliance techniques. The program trainers explained that there is no dignity in allowing students to hurt themselves or others, and the use of a pain-free restraint technique was the best and only way to ensure safety in the event that a student becomes a clear and present danger to themselves or others.

In speaking with other staff working with students with aggressive or self-injurious behaviors at the yearly training and in staffing meetings, the researcher noted that teachers and educational assistants – especially those new to restraint procedures – described intense emotions during and after the use of restraint. The researcher herself dealt with feelings of guilt and sadness, and worry for the student. These feelings were echoed by other staff. The vast majority never felt there was a question of whether or not the students met the criteria of being a clear and present danger, but that did not change the fact that the experience of restraining a child was emotionally draining and physically exhausting. The researcher noted for herself that, over the course of years in the field, these feelings of intensity lessened and it became a difficult part of the day, but something that could be moved on from more easily. These feelings were mirrored in conversations with colleagues. Staff who had been using restraints for years, including the researcher, believed the use of restraint was in the best interest of all parties, including the child being restrained. This is a comfortable perspective for staff to take, especially for those who are using physically restrictive practices on a regular basis. Yet, what was left out was the critical conversation with the children who were being restrained. Understanding their experiences, in

juxtaposition or in tandem with the experiences of the staff doing the restraint, is a critical area that has been frequently overlooked.

The use of physically restrictive practices continues in many areas of the country (USDE, 2013). For these districts, the use of interventions, like Handle With Care™ and other behavior management programs, is considered a necessity to maintain the safety of staff and students. However, in 2016, due to ongoing concerns regarding staff and student safety, a medium-sized suburban district began a pilot program to introduce a trauma informed approach (TIA) touted as restraint-free, called Ukeru™. This program trained staff in the use of large pads, called shields, to protect staff. In addition to learning how to use the shields to protect themselves from assaults, staff learned how to use them to protect students engaging in self-injurious behaviors (SIB), to complete a "safe-turn" when students were attempting to elope from an area, and release maneuvers to protect themselves if grabbed by a student. The training reviewed that it was critical that shields were never to be used offensively, to contain, or to seclude a child.

While the majority of classrooms remained trained in the physical management program that had been in place for years, three special education classrooms began using Ukeru™. Staff implementing this approach initially appeared skeptical, but restraints in those classrooms decreased and remained consistently low (Nientimp, 2018). Episodes of intense aggression and self-injury continued, but instead of using restraint, the classroom staff used the blocking pads to protect themselves and trauma informed de-escalation techniques to support students before, during, and after a crisis.

The next year, the pilot project scaled up to include every autistic support and emotional support classroom in the district. After implementation, rates of restraint were consistently low across settings (Nientimp, 2018). Even though several team members in the district remained

trained in restraint, the practice was no longer needed or used once staff had been trained in a Ukeru™. Anecdotal feedback from staff during debriefing sessions with administrators was positive. In addition, teachers began debriefing with students after an event to discuss the use of coping strategies and self-regulation skills. These sessions provided some insight into the reasons a student became aggressive or self-injurious; however, students' personal experiences and perceptions with this new intervention were not explored.

At this time, to the researcher's knowledge, there have been few, if any, conversations with students who have the interacted with both a restraint-based intervention and a trauma informed approach during crisis situations (Steckley, et al, 2008; Morgan, 2012). Since the district has only made this change in the past five years, there are a number of students still with the district who have experienced both interventions. That is, there are students in the district who experienced physically restrictive practices through Handle With Care when it was in place five years ago, who have since been supported during crisis through the use of Ukeru™. The researcher is currently a supervisor in this district and has the opportunity to interact with students frequently before, during, and after a crisis. Understanding the student perspectives, as the individuals who have the unique experience of encountering both of these interventions, is critical.

Students are restrained every day in schools across the country. More than seventy thousand students in kindergarten through twelfth grade are restrained each year according to data provided by the US Department of Education (2019). Of the students who were restrained, approximately 75% of those students were students with disabilities (US Department of Education, 2020). The use of restraint is a serious concern for school districts. With the passage of PL 94-142 in 1975, students with disabilities were finally granted the right to attend public

school. The passage of this law came after decades of parent advocacy and campaigning and was a pivotal step in ensuring civil rights for all students, including those with disabilities.

School districts had new challenges to face as they opened their doors to students with disabilities, especially those classified as severe, like autism, intellectual disability, and emotional disturbance. Individuals identified with disabilities in these categories may engage in more extreme behaviors, including physical aggression and self-injury. These challenging behaviors make it more likely that the learning environment will be interrupted for that student and for others (Powell, Fixsen, Dunlap, Smith, & Fox, 2007), and that the student will need a more restrictive instructional setting (Lauderdale-Littin, Howell, & Blacher, 2013).

The question for districts then becomes, how do they ensure that everyone is kept safe, and that the learning environment is not disrupted? For decades, restrictive practices have been used in public schools to intervene with students who are considered dangerous to themselves or others, and as more students with disabilities entered the public-school setting, the use of physical restraints increased (Ryan & Peterson, 2004). According to the US Department of Education (2012), physical restraint is defined as, “A personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely.” And while there is currently no federal law regarding the use of restraint in school, the US Department of Education lists 15 principles that public-school districts must follow (USDE, 2012).

Not surprisingly, students and staff have been injured during the use of restraints. Physical injuries, from bumps and bruises to broken bones, occur every year. Far worse, multiple students' deaths have been attributed to the use of restraint at school (Child Welfare League of America, 2000; Butler, 2019; Holden & Nunno, 2019). In recent years, the potential for

psychological trauma has become an increasing concern (Butler, 2019; The Council for Children with Behavioral Disorders, 2020). Anecdotal evidence from students who have been restrained indicate feelings of fear of going to school, fear of abuse from their teachers, and symptoms similar to those in post-traumatic stress disorder (PTSD) (The Council for Children with Behavioral Disorders, 2020).

Several studies have focused on the experience of adults with disabilities who have been restrained in residential or day settings. The feedback from them has been consistently negative, as those interviewed identified feelings of sadness, anger, fear, and pain (Mèrineua-Côtè & Morin, 2014, Sequeira & Halstead, 2001), anxiety and disappointment (Hawkins, et al, 2004), and acts of physical abuse and fear of staff (Jones & Kroese, 2006). Even fewer studies have interviewed children who were restrained. Similar to the adults, students identified feelings of anger (Steckley & Kendrick, 2008), frustration, resentment, pain, and sadness (Morgan, 2012).

As concerns have mounted over the physical and psychological repercussions of restraint, new interventions for supporting individuals during crisis have been identified. Trauma informed approaches (TIA), for the purposes of this study, Ukeru™, focus on providing comfort, rather than control, during crisis. Instead of using restraint if the student becomes aggressive or self-injurious, staff use large blocking pads to shield themselves from injury. Recent studies have shown a 99% reduction in restraints in one facility (Craig & Sanders, 2018) and rates of zero restraints in a public-school setting in initial years of implementation (Nientimp, 2018).

As new approaches to supporting students with aggressive or self-injurious behaviors become available, some districts are changing the ways that they intervene with students in crisis. Moving from restraint-based interventions to a TIA changes the way staff interact with

students in crisis. Understanding the perspectives of students who have encountered both approaches is necessary in furthering our understanding of the supports that are most effective for students with challenging behaviors.

Statement of the Problem

In 1975, PL 94-142 made it possible for every student to have access to the public-school setting. Over the following decades it has been reauthorized on several occasions. In 2004, the Individuals with Disabilities Education Improvement Act (IDEIA) made it law that all students, including those with severe disabilities, have the opportunity for a Free and Appropriate Public Education (FAPE). Moreover, IDEIA 2004 placed "child find" obligations on school districts, requiring them to evaluate children suspected of having a disability regardless of grade advancement or emotional status. Districts were required to consider the need for mental health assessments as part of the evaluation process for school aged children, and critically, Part C (infants and toddlers) was the first to recognize early childhood trauma as a potential precursor for services. Specifically, a child "…who experiences a substantiated case of trauma due to exposure to family violence…" required an evaluation referral (Zee & Fennick, 2019). IDEIA 2004 and the subsequent revisions required districts to go beyond academics and consider mental health and trauma as precursors for evaluation and identification, while increasing accountability (USDE, 2020).

In 2015, the Every Student Succeeds Act (ESSA) was passed to ensure equity for students with higher needs (USDE, 2021). Though not aimed specifically at students in special education, ESSA, in part, focused on the use of strategies rooted in special education practices. For example, the use of preventative frameworks was front and center, including the

implementation of Positive Behavior Interventions and Supports (PBIS) and Multi-tiered Systems of Support (MTSS) to support all students behaviorally and academically through a school wide approach. In addition, ESSA required that schools closely monitor groups of students who consistently underperform on statewide tests. All too frequently, students in the special education subgroup fall into this category of low performance, and ESSA required districts to create plans specific to these students (Marx, 2016). ESSA's increased attention to specific groups in need of support further highlighted the academic and behavioral needs of students with and without disabilities.

In April 2019, PA Senate Bill 144 formally recognized the impact of abuse, neglect, and trauma on the long-term well-being of students. With the passage of this bill, schools were required to provide a minimum of one hour of professional development on trauma-informed approaches to school staff and school board members. Training is required to focus not only on the impact of trauma, but signs of trauma and best practices for supporting students and their families through a multi-tiered systems of support (MTSS) framework. The goal is to prevent the re-traumatization and to foster resiliency in the community. The passage of PA Senate Bill 144 identifies the long-term impact of trauma and the need for training in a trauma-informed approach for professional school employees (Zee & Fennick, 2019).

The need for a trauma-informed focus for all school staff members is not without precedent. Data collected by The Child & Adolescent Health Measurement Initiative (2017), released a national and state report analyzing the prevalence of trauma across the United States using data collected through the Adverse Childhood Experiences (ACEs) survey. Adverse experiences include: physical, emotional, and/or sexual abuse, physical or emotional neglect, and

household dysfunction, including mental illness, domestic violence, divorce, substance abuse, and incarceration. Results indicated that, nationally, 45% of children have been exposed to least one adverse childhood experience, and more than 20% have experienced two or more. For those children with two or more ACEs, the likelihood of the child engaging in school decreases significantly. Moreover, 20% of children with two or more ACES will go on to be identified with an ongoing emotional or behavioral disorder (Bethell, et al, 2019).

In 2018-19, students identified with a disability made up 14% of all learners nationwide and approximately six percent are identified as having an emotional or behavioral disorder (NCES, 2021). The needs of these diverse learners include, at times, supports for aggressive or self-injurious behaviors. Knowing that students with challenging behaviors will be entering the public-school setting, some districts have chosen to train their staff in the use of restraint to help protect staff and students. However, multiple advocacy groups, including the Alliance Against Seclusion and Restraint and Autistic Self Advocacy Network, along with several others, have continued to decry the use of physically restrictive practices in school settings (Murphy, 2021).

In response to the continued concern for students, the Keeping All Students Safe Act (KASSA), was reintroduced on the Senate floor in May 2021 by the US Senate Committee on Health, Education, Labor, and Pensions. This bill focuses on student safety by withholding federal funding to schools who seclude students or use “dangerous restraint practices,” specifically those that end with a child in a prone or supine restraint. It also requires training for all staff in evidence-based strategies and increased oversight for schools using restraint. Increasing protection for more vulnerable student populations has been an increasing area of

focus on both the national and state level, especially given the inherent risk that comes with using physically restrictive practices (Murphy, 2021).

The use of restraint undeniably has the potential for harm. Several studies have found that there are multiple student deaths each year due to the use of restrictive practices (Child Welfare League of America, 2000; Buter, 2019; Holden & Nunno, 2019). Physical injury (Holden & Nunno, 2019) and psychological trauma, especially for those students who have a history of abuse from caregivers, are also a real possibility (Butler, 2019). Both staff who have performed restraints and individuals who have been restrained both report feelings of sadness, guilt, and fear (Mèrineua-Côtè & Morin, 2014, Morgan, 2012, Hawkins, 2004). In interviewing students in residential facilities who had been restrained, anger was the most commonly reported emotion (Steckley and Kendrick, 2008).

As districts begin implementing restraint-free, trauma informed systems for supporting students, it seems likely that the risk for psychological traumatization or re-traumatization due to restraint are less likely to occur (Zee & Fennick, 2019). Trauma can include either directly experiencing or witnessing physical, sexual, or emotional abuse, neglect, or natural disasters (Winder, 2016). The incidence of trauma is difficult to estimate since it's likely that much of it goes unreported (Winder, 2016). In 2019, more than four million abuse and neglect referrals were made nationwide. Of those, more than 600,000 came back as founded (US Department of Health and Human Services, 2019).

These traumatic experiences affect children and their behaviors. Research indicates that children who have had traumatic experiences show differences in brain development that may lead to behavioral changes (DeBellis & Zisk, 2014; Perry, 2000) and put them at risk for

behavior challenges as early as elementary school (Whitlow, et al, 2018). These students are less likely to form positive relationships with their teachers, and their teachers are more likely to report strained relationships (Freire, et al, 2020). However, several studies have indicated that a positive, personal connection with a teacher or school staff member is critical for school success for students with a history of trauma (Whitlow, et al, 2018; Zolkoski, 2019; Leggio & Terrace, 2019). Yet, those students with disabilities and a trauma history are also those students who are more likely to engage in challenging behaviors, and potentially, to be restrained. Repeated traumatic incidents, especially for young children, can have ripple effects through multiple domains of functioning, including academics, behaviors, social-emotional, and adaptive.

The use of restraint comes at a cost, both fiscal (Chan, et al, 2012) and emotional (Mèrineua-Côtè & Morin, 2014; Jones & Kroese, 2006; Hawkins, 2004; Steckley and Kendrick, 2008). There is currently little research available that asks students to speak about their experiences during crises (Steckley & Kendrick, 2008; Morgan, 2012). In 2020, the Council for Children with Behavioral Disorders noted the lack of research into the psychological effects from students who have been restrained. Steckley and Kedrick posit that in order for there to be a positive relationship between staff and students, "there must be congruence between staff members' affect, action, and communication of 'care'" (p. 566, 2008). There is a need to offer a voice to those who are most directly affected by practices put in place in schools, especially those used during crisis situations. To date, there has been minimal research that focuses on understanding the perspective and experiences of students with disabilities who have experienced restraint-based interventions and a restraint-free TIA. This study aims to fill that gap by interviewing students with these experiences in a school setting.

Research Questions

1. What are the perspectives of students who have been exposed to both restraint-based (HWC or Safe Crisis) and trauma-informed crisis intervention programs (Ukeru™) for aggressive or self-injurious behavior?
2. What are the participants' understanding of safety during the use of restraint versus the use of blocking shields during a crisis?
3. Given that the student has a reasonable perception of what traditional restraint and TIA is intended to be, do they perceive any positive or negative connections with school members who implement these practices?

This information does not currently exist in the literature and exploration of this phenomena will provide a rare chance to understand the feelings and experiences of those who are directly affected by the changes in practice and policy within this facet of special education.

Proposed Methods

A phenomenological approach was chosen for this research project since the individual perspectives of students are required, and this approach interprets participant viewpoints. The purpose of this study was to understand the perceptions of students who have experiences in both interventions through the use of a semi-structured interview based on the research by Hawkins, Allen, and Jenkins (2004) with adults who had encountered physically restrictive practices. Understanding how students interpret the interventions being used to keep them safe during a crisis provided additional insight into the use of a trauma informed approach from the perspective of a student who has previously encountered physically restrictive measures. It has

added to the limited studies available that directly speak to students about their experiences and provide information into an area that has not previously been researched.

Definition of Important Terms

1. *Adverse Childhood Experiences (ACEs)* – Potentially traumatic events occurring between the ages of zero and 17 years old. These include physical, emotional, or sexual abuse, physical or emotional neglect, and household dysfunction, which includes mental illness, domestic violence, divorce, substance abuse, and incarceration.
2. *Full Time* – Special education supports and services are provided to the student by special education staff for 80% or more of the school day (Bureau of Special Education, 2019).
3. *Handle with Care Behavior Management* – According to their website, "The Handle With Care Verbal Program prepares staff to use the power of the relationship to de-escalate the tension level of someone in crisis and avoid physical intervention whenever possible. Handle With Care's physical skills training enables staff to manage situations where the only appropriate response is the prompt skillful use of physical restraint." It is a crisis management training program used in school, hospitals, juvenile justice, and residential treatment setting (Handle With Care, n.d.).
4. *Itinerant* – special education supports and services are provided for up to 20% of the student's school day in any setting (Bureau of Special Education, 2019).
5. *Mechanical restraint* - "The use of a device such as a device used for physical or occupational therapy, a seatbelt in a wheelchair, a safety harness on a bus, or a functional positioning device. Mechanical restraints are permitted and may be used to prevent the student with a disability from injuring himself or to promote normative body positioning

and physical functioning. The use of mechanical restraints must be recommended by a qualified medical professional, agreed to by the parent(s), and specified in the IEP. This type of restraint must be applied as recommended by qualified medical personnel" (PDE, 2021, Mechanical Restraint section).

6. *Physical restraint* – "A physical restraint in an educational program occurs when an adult uses physical force for the purpose of restraining the free movement of a student's body." (PDE, 2021, Physical Restraint section)
7. *Restraint* – "Restraints are a measure of last resort and may be used only in an educational program after less restrictive measures, including de-escalation techniques, have been used by personnel. The use of physical restraints is limited to controlling acute or episodic aggressive or self-injurious behavior when the student is acting in a manner as to be a clear and present danger to himself, to other students, or to employees, and only when less restrictive measures and techniques have proven to be less effective. Restraints are not to be used for punishment or incidents of non-compliance that do not pose a clear and present threat of harm to the student or others" (PDE, 2021, Use of Restraints section).
8. *Seclusion* – "The involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming" (CRDC, 2009).
9. *Trauma Informed Approach* – "A thorough understanding of the neurological, biological, psychological, and social effects of trauma and violence on an individual" (Ukeru™,

n.d.) An evidence-based approach that recognizes and responds to the long-term effect of trauma and provides positive and restorative responses to behavior (Thomas, et al, 2019).

10. *Ukeru*™ – According to the Ukeru™ website, it is the first crisis-training program to offer a physical alternative to restraints and seclusion. Ukeru™ utilizes blocking pads in a variety of sizes, along with release techniques, and a "safe-turn" approach to support students during crisis without the use of physical restraint (Ukeru™, 2020).

Basic Assumptions

This study proposed the use of a phenomenological approach based on the need to understand participants' unique viewpoints. This enabled a rich and in-depth understanding of the student's lived experience of both physically restrictive interventions and a TIA. A phenomenological approach is an eidetic approach with a goal of gaining a clear understanding of the individual's experiences as they view them and in their own words. The use of a phenomenological approach allowed the researcher insight into the participant's perception of their experiences and allowed for the identification of larger themes. Finally, this approach allowed for an in-depth analysis of a small number of cases. Given the limited sample size of participants, the goal of understanding individual perspectives, and the identification of overarching themes, a phenomenological approach was the most appropriate methodology.

Based on previous findings in the literature, a trauma informed approach, like Ukeru™, that does not use physically restrictive practices may be viewed more favorably by participants. A review of research has revealed that physically restrictive measures, including the use of restraint, are generally regarded negatively the individuals being restrained. Interview questions were structured in a manner meant to avoid biased language in either direction.

Participants were not randomly assigned to treatment versus control groups. Students were selected for possible inclusion for the study based on the criteria set forth by the researcher based on the scope of the study. Students in grades six through 12 identified with an emotional disturbance, other health impairment, autism, or a specific learning disability, and without an intellectual disability, who have been in crisis situations that have led to interventions with Ukeru™ and restraint, and whose parents/guardians provided consent for their participation, were included in the study. Students with challenging behaviors will continue to be a part of the public-school setting. Understanding their perceptions of the services put in place to protect them and others during crisis, and to offer de-escalation and support, is critical.

Basic Limitations

This study was conducted between March and June 2022 in a suburban school district in the northeastern United States. This study included only those students identified with an emotional disturbance, other health impairment, specific learning disability, or autism, and without an intellectual disability in grades 6-12 who had been supported with both Ukeru™ and restraint during crises. Generalizability to other populations should be considered carefully as the experiences discussed here were specific to the individual student. The small sample size also makes it difficult to generalize to the larger population of students as a whole. The researcher is in a position of leadership at the school district as an Ukeru™ trainer and supervisor for special education. However, the students interviewed were unlikely to be aware of this aspect of the researcher's job.

Participants had varying levels of familiarity with the researcher. For some students, the researcher had been a part of their school career since early elementary school. For other

students, the initial interview was their first meeting. To that end, having little to no background or previous experience with the researcher may have impeded students' willingness to speak openly and honestly about their experiences. Some students may have been more reluctant to speak with the researcher having had no prior experience with her before the interview, while others may have felt comfortable in the presence of an interviewer who they had not previously met. Proper procedure was followed throughout the interviews to ensure that trauma informed interviewing protocols were used. Students were able to leave the interview or decline to answer questions at any time.

Generalizability beyond the current sample is limited. Given the small sample size, the specific programs being reviewed, and the geographically limited range of participants, generalization to the overall population should be avoided. However, given the increasing interest at the national and state level into the use of trauma informed approach, this group represents a small, but potentially growing, sample of the overall student population.

Summary

Students with disabilities who display challenging behaviors need supports during crisis in the school setting. For decades, districts have chosen to use physical restraints to manage the aggressive or self-injurious behaviors of students (Ryan & Peterson, 2004); however, there are risks, both physical and emotional, when restricting the movement of a student (Child Welfare League of America, 2000; Butler, 2019; Holden & Nunno, 2019). Physical injury and psychological trauma or re-traumatization have the potential to occur (Butler, 2019; The Council for Children with Behavioral Disorders, 2020). Traumatic experiences can have significant effects on children and may make them more likely to engage in anxious, aggressive, or

hyperactive behaviors (DeBellis & Zisk, 2014; Perry, 2000). Restraint-free, trauma informed approaches may reduce the likelihood of psychological injury or trauma. Direct feedback from students with disabilities who experienced both restraint-based interventions and a restraint free TIA provide a clearer understanding of how students view these interventions during crisis. Trends identified include more neutral and positive associations with Ukeru™, an increased willingness for students to reconnect with staff after a crisis when Ukeru is used™, and a perception of safety for both the individual and for others when Ukeru™ is used during a crisis.

CHAPTER 2: REVIEW OF THE LITERATURE

Introduction

Chapter two provides a review of the literature, beginning with the historical context of restraint and the inclusion of students with disabilities, including those with aggressive and/or self-injurious behaviors, in the public-school setting. Definitions of restraint and its use in school settings follow, along with information regarding policy and procedure surrounding physically restrictive practices and statistics regarding rates of injury. Next is a review of commercially available training packages that include restraint as an intervention and in-depth review of two specific to this research. An overview of patient and staff perceptions on the use of restraint follows. The prevalence of trauma and research on teacher student relationships is then examined. Finally, the history of trauma-informed approaches is reviewed, along with its use in the public-school setting. A review of commercially available programs is next. This chapter concludes with research regarding the reduction of restraints in a variety of settings and feedback from implementing staff.

The Historical Context of Restraint

Using physical restraint as a means to restrict the movement of an individual who is attempting to harm themselves or others has been around for hundreds of years. Philippe Pinel and Jean Baptiste Pussin began the use of restraint in French psychiatric hospitals in the late 1700's. Within a few decades, an anti-restraint movement began in England as more people became aware of the types of restraints, both physical and mechanical, that were being used on patients (Ryan & Peterson, 2004). Those who were opposed to the use of restraints protested the use of these tactics for individuals with psychiatric illnesses, denouncing them as punishing and

abusive. Those advocating for the use of restraints viewed the practice as a necessity for keeping patients and staff safe. In the United States, the physically restrictive measures were frequently viewed as a therapeutic intervention by psychiatrists (Dowell & Larwin, 2016). The practice of restraint made its way into the school setting years later through a series of congressional and court decisions that changed the landscape of education.

In 1975, Public Law 94-142, the Education for All Handicapped Children Act, was passed by Congress. This groundbreaking legislation opened the doors of public schools to all children, specifically those with disabilities. Prior to 1975, children with disabilities were frequently educated outside of the local public school in private or residential settings. While there were some public-school programs for students with disabilities, they varied in quality, safety, and availability from state to state (Wright &Wright, 2021).

Since its initial passage in the mid-1970's, PL 94-142 has been reauthorized, most recently in 2004 with the Individuals with Disabilities Education Improvement Act, known as IDEIA. Public schools are required to provide all students, including those with disabilities ranging from mild to severe, with a Free and Appropriate Public Education (FAPE) (Wright & Wright, 2021). In 2017, the Supreme Court ruled in Endrew F. vs. Douglas School County that schools must provide students with disabilities with more than a *de minimis*, or minimal, educational benefit (Lee, 2020).

The right for students to access education in a public-school setting took decades of advocacy, culminating with the passage of PL 91-142 in 1975. Since the original legislation, the rights of students with disabilities have been revisited multiple times, both through federal reauthorizations and Supreme Court legislation (Wright & Wright, 2021). Students with

disabilities, regardless of disability severity or category are entitled to FAPE and must reap educational benefit. For students who are severely disabled or who exhibit severe aggressive or self-injurious behaviors, districts must carefully consider how to meet the needs of the individual student while maintaining safety for staff and other students in every school setting.

Restraint in Public Schools

Public schools across the United States have learned to develop and adopt programing that meets the needs of diverse learners. In 2018-19, students with disabilities made up approximately 14% of learners nationwide (NCES, 2021). While many students with disabilities are able to attend school and participate effectively with accommodations in place, others require significant levels of support due to learning, adaptive, or behavioral needs. In some cases, students in crisis may exhibit aggressive or self-injurious behaviors that are harmful to themselves or others. Nationwide, approximately 75% of incidents involving restraint are with students with disabilities. Frequently, restraints occur with students who are identified with disabilities categorized as severe: Autism, Emotional Behavior Disorder, and Intellectual Disability (US Department of Education, 2020).

The use of restraint is a serious consideration for districts. The US Department of Education (2012) defines physical restraint as:

> A personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term physical restraint does not include a physical escort. Physical escort means a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location.

Currently, there is no federal law or regulation regarding the use of physical restraints in the public-school setting (Peterson, et al, 2020). The US Department of Education (2012) issued a list of 15 principles regarding the use of restraint in public schools. These recommendations include:

- every effort should be made to prevent the need for the use of restraint and for the use of seclusion;
- schools should never use mechanical restraints to restrict a child's free movement or use medications unless it is authorized by a licensed physician or health professional;
- physical restraint or seclusion should not be used except in situations when the child's behavior poses imminent danger of serious physical harm to self or others and other interventions are ineffective and should be discontinued as soon as imminent danger of serious physical harm to self or others has passed;
- policies restricting the use of restraint or seclusion should apply to all children;
- intervention must be consistent with the child's rights to be treated with dignity and to be free from abuse;
- restraint or seclusion should never be used as punishment or discipline, as a means of coercion or retaliation, or as a convenience;
- restraint or seclusion should never be used in a manner that restricts a child's breathing or harms the child;
- the use of restraint or seclusion, especially when repeated by a specific staff or in the same classroom, should trigger a review of the supports and, if appropriate, a revision of strategies;

- behavioral strategies should be used to address underlying cause or purpose of the dangerous behavior;
- teachers and other personnel should be trained regularly on the appropriate use of effective alternatives to physical restraint and seclusion such as positive behavioral interventions and supports and, only for cases involving imminent danger of serious physical harm, on the safe use of physical restraint and seclusion;
- every instance in which restraint or seclusion is used should be carefully and continuously and visually monitored to ensure the appropriateness of its use and safety of the child, other children, teachers, and other personnel;
- parents should be informed of the policies on restraint and seclusion at their child's school or other educational setting, as well as applicable Federal, State, or local laws;
- parents should be notified as soon as possible following each instance in which restraint or seclusion is used with their child;
- policies regarding the use of restraint and seclusion should be reviewed regularly and updated as appropriate;
- each incident of restraint and seclusion should be documented in writing and provide for the collection of specific data that enables other to understand the preceding principles (p. 12-13).

However, as recently as 2019, only 39 of the 51 states (Washington D.C. included) had laws providing protection for students in terms of restraint, and only 26 states require that danger be imminent for restraint to be used (Butler, 2019).

At the time the guidance from US Department of Education was issued, Pennsylvania had already issued its own rulings regarding the use of restraint. Per school code (22 PA Code

§14.133 et seq., 2007), the use of restraint and seclusion is only allowed under specific circumstances:

> (a) Positive, rather than negative, measures must form the basis of behavior support programs to ensure that all students and eligible young children shall be free from demeaning treatment, the use of aversive techniques and the unreasonable use of restraints. Behavior support programs must include research-based practices and techniques to develop and maintain skills that will enhance an individual student's or eligible young child's opportunity for learning and self-fulfillment. Behavior support programs and plans must be based on a functional assessment of behavior and utilize positive behavior techniques. When an intervention is needed to address problem behavior, the types of intervention chosen for a particular student or eligible young child shall be the least intrusive necessary. The use of restraints is considered a measure of last resort, only to be used after other less restrictive measures, including de-escalation techniques, in accord with subsection (c)(2).

Further, the Pennsylvania Department of Education Code (22 PA Code §14.133, 2007) regarding restraint includes the following details:

> (i) The application of physical force, with or without the use of any device, for the purpose of restraining the free movement of a child's body;
>
> (ii) The term does not include briefly holding, without force, a child to calm or comfort him, guiding a student or eligible young child to an appropriate activity, or holding a child's hand to safely escort her from one area to another;
>
> (iii) The term does not include hand-over-hand assistance with feeding or task completion and techniques prescribed by a qualified medical professional for reasons of

safety or for therapeutic or medical treatment, as agreed to by the child's parents and specified in the IEP. Devices used for physical or occupational therapy, seatbelts in wheelchairs or on toilets used for balance and safety, safety harnesses in buses, and functional positioning devices are examples of mechanical restraints which are excluded from this definition;

(c) Restraints to control acute or episodic behavior may be used only when the child is acting in a manner as to be a clear and present danger to himself, to other students or to employees, and only when less restrictive measures and techniques have proven to be or are less effective. (22 PA Code §14.133, 2007).

In Pennsylvania, restraint reporting is collected through the RISC management system. School districts are responsible for collecting specific information regarding restraints and are required to report it to the state. At the end of each year, reports are generated based on the data provided. While this information is not found on the public site, it can be found by directly contacting the Pennsylvania Department of Education to request data from the RISC system. The following data reflects the incidence of student restraint over a three-year period:

- 2017-2018 School Year: there were 20,362 restraints involving 4,605 students. There were 746 reported staff injuries, 288 student injuries (PDE, 2018).
- 2018-2019 School Year: there were 21,257 restraints involving 4,733 students. There were 908 reported staff injuries, 272 reported student injuries (PDE, 2019).
- 2019-2020 School Year: there were 15,244 restraints involving 3,907 students. There were 646 reported staff injuries, 174 student injuries (PDE, 2020).
    - **These results should be interpreted with the understanding that due to the COVID-19 pandemic, all schools in Pennsylvania discontinued in-person*

learning on March 13, 2020. School did not resume in-person for the remainder of the school year.

Knowing that students who engage in aggressive or self-injurious behaviors will be in public schools, some schools have chosen to train their staff in the use of restraint to help protect and support staff and students.

For those districts that train their staff in physical restraint, there are significant issues that must be considered. While exact figures are difficult to come by due to variations in reporting systems, it has been estimated that there are eight to 10 deaths per year from the use of restraint (Child Welfare League of America, 2000). In 2019, Butler's work determined that upwards of 20 children have died due to being held in a physical restraint. That same year, Holden & Nunno (2019) found that, based on media reports, there were 28 deaths between 2003 and 2017 due to the use of physical restraints on children. Physical injury has also occurred, from bruises and brush burns to broken limbs and stitches, for both staff and students (Butler, 2019).

Psychological trauma is also a possibility, especially for students who have a history of abuse at the hands of caregivers (Butler, 2019). In 2012, the US Department of Education posited that, "There is no evidence that using restraint or seclusion is effective in reducing the occurrence of the problem behaviors that frequently precipitate the use of such techniques." In 2020, The Council for Children with Behavioral Disorders posited that the likelihood of negative psychological effects, including fear and post-traumatic stress disorder, is supported by considerable anecdotal evidence from students who have been restrained, though there is little research in this area. The authors also note that physical restraint has "no educational value (p. 57)" and there is no research indicating that it functions as a therapeutic procedure.

Given the physical and psychological risks to students being restrained and staff who are restraining, the conversation regarding the use of restraints continues with multiple advocacy groups calling for the discontinuation of this practice in the public-school setting for students with disabilities. In May 2021, the Keeping All Students Safe Act (KASSA) was reintroduced on the senate floor. According to the US Senate Committee on Health, Education, Labor, & Pensions website (2021):

> The Keeping All Students Safe Act would make it illegal for any school receiving federal taxpayer money to seclude children and would ban dangerous restraint practices that restrict children's breathing, such as prone or supine restraint. The bill would also prohibit schools from physically restraining children, except when necessary to protect the safety of students and staff. The bill would provide training for school personnel to address school-expected behavior with evidence-based, proactive strategies, require states to monitor the law's implementation, and increase transparency and oversight to prevent future abuse of students. (paragraph 2)

According to the bill's cosponsors, including Democrat Chris Murphy from Connecticut, KASSA has the support of multiple advocacy agencies, including the Council of Parent Attorneys and Advocate, the National Disability Rights Network, TASH, the National Center for Learning Disabilities, the Center for Learner Equity, the Autistic Self Advocacy Network, and the Alliance Against Seclusion and Restraint (2021).

There are significant risks in utilizing physical restraint to manage the challenging behaviors of students. Currently laws vary from state to state as do levels of student protection; however, the passage of KASSA would more clearly delineate the use of physical restraint in

public-schools across the United States. The ongoing debate surrounding the use of restraints for individuals who exhibit challenging behavior has been going on for centuries, long before it became a hot-button topic in education. When the Education for Handicapped Children Act was placed into law in 1975, students with all types of disabilities gained access to the public-school setting. Within a few years, restraint and seclusion in schools began to increase (Ryan & Peterson, 2004). Over the course of the next several decades, an increasing number of companies catering to the use of restraint in the school setting formed, with variations on the level of training, methodology, and support (Dowell & Larwin, 2016).

Commercial training packages available

School districts who decide to train staff on the use of restraint have many options. The following programs are identified for school use (Couvillion, et al, 2010; Ryan & Peterson, 2004):

- Handle With Care Behavior Management System INC
- JKM Training INC
- The Mandt System®
- Nonviolent Crisis Intervention
- Professional Assault Response Training (PART)
- Therapeutic Crisis Intervention (TCI)
- Safe & Positive Approaches
- Safe Crisis Management

- BEEST
- Safety-Care
- Satori Alternatives to Managing Aggression
- RIGHT RESPONSE
- Therapeutic Options®
- Managing Aggressive Behavior (MAB)

These systems were originally developed at psychiatric units or hospitals but have been adapted for school use. All but one of the programs listed above, with the exception of Safe and Positive Approaches (17.5%), spend 25-50% of training time on de-escalation strategies, with approximately 10-32% of time spent on the use of physical restraint (Couvillion, et al, 2010). Practitioner training varied from 5 hours to multiple days depending on staff needs. The type of restraint varied, as well. All of the programs listed above included basic training on: protection and releases, standing restraint, and physical escort. Some of the programs included seated restraints, supine, prone, and side floor restraints. All provided some training on monitoring individuals for physical and emotional safety during a restraint. Recertification requirements varied from annual to biannual, while some did not provide specifics (Couvillion, et al, 2010).

District leaders who are considering training staff in physical restraint have a myriad of program options. Traditionally, programs involving the use of restraint take a reactive position when it comes to supporting students with behavior. All of those listed above include some training on de-escalation as part of the training package, and include physical restraint and escort techniques, monitoring procedures, and recertification requirements (Couvillion, et al, 2010).

Each of these also espouses the use of restraint only as a last resort, when all other de-escalation options have failed. The basic belief is that there are times when restraint is necessary because nothing else will work to ensure safety and everything else has been tried.

Options should be carefully researched, and systems reevaluated frequently with an ongoing review of student and staff safety, staff ability to safely perform restraints, and restraint incident reports. Ultimately, choosing a program is a considerable district investment of time, money, and resources.

Programs involving the use of physical restraint – HWC and Safe Crisis Management

For the purposes of this study, HWC and Safe Crisis Management were reviewed as these are the two restraint systems that were used in the district in which the study takes place. Around for nearly three decades, HWC is a verbal and physical behavior management system. The initial train-the-trainer conference is four days, with one full day spent on verbal de-escalation. The remainder of the training is spent on the physical restraint and blocking techniques.

Staff using the techniques received a seven-hour training, with the morning (approximately three to four hours) spent on verbal de-escalation and the afternoon (three to four hours) spent on physical techniques, including protection and releases, physical escort, standing and seated primary restraint technique (PRT) and a supine restraint. The verbal response focuses on de-escalation techniques through the use of a tension/tension-reduction cycle in which staff support, set limits, and if all else fails and the student remains a clear and present danger to themselves or others, utilize PRT (Adler, 2001, Couvillion, 2010).

Similarly, Safe Crisis Management (SCM) is a behavioral management system that includes physical restraint procedures and protection and release techniques. A typical basic

training is 12 to 18 hours in length, with 40% of time given to de-escalation training and 35% on the use of restraint procedures. SCM also utilizes standing, seated, and supine restraints. They use assessment recommendations from the Child Welfare League of America and recommend an observer for all restraints. Debriefing procedures between staff and student are also reviewed. Recertification for trainers is required on an annual basis (Couvillion, et al, 2010).

Both of these programs have been in use in the district for approximately ten years. The majority of the staff using them have been trained are considered "re-certs," that is, they have been trained for more than one year and have undergone a more intensive first year training. Debriefing sessions occur after incidents involving physical restraint, typically with the staff member who performed the restraint, an administrator or supervisor, and other classroom or school staff who were involved.

There are consequences to the use of physical restraint, both physical and psychological, for all involved. Understanding the perceptions of those are actually being restrained is critical in fully understanding the long and short-term repercussions of physical restrictive practices.

Patient and Staff Reflections on Restraint

Studies that have investigated the perceptions of individuals who have been involved in restraints have consistently found that the feedback reflects negative experiences for both the individuals being restrained and the staff doing the restraining (Mèrineua-Côtè & Morin, 2014; Steckley& Kedrick, 2008; Hawkins, et al, 2004). A review of research completed in the field with both staff and clients revealed similar themes within and across studies. Table 1 provides a comparison that reveals, in study after study, shared descriptions of negative emotions and experiences by both staff and clients. Client responses varied little depending on disability type

or age and there was no discernable difference in the themes that emerged between adult clients and children. While some positives were noted, for example, protection or reassurance, these were overshadowed in every case by experiences primarily described in negative terms (Mèrineua-Côtè & Morin, 2014; Hawkins, et al, 2004).

There have been multiple studies investigating the experiences of staff who perform physical restraints and individuals with disabilities who have been restrained (Mèrineua-Côtè & Morin, 2014; Steckley & Kedrick, 2008; Hawkins, et al, 2004). Frequently, both parties describe negative emotional reactions. For staff these are typically anxiety, guilt, and sadness (Mèrineua-Côtè & Morin, 2014; Hawkins, et al, 2004). Some of these emotions are mirrored by the individuals being restrained, including sadness, anger, fear, and pain (Mèrineua-Côtè & Morin, 2014, Sequeira & Halstead, 2001), anxiety and disappointment (Hawkins, et al, 2004), and acts of physical abuse and fear of staff (Jones & Kroese, 2006). These negative experiences have led to increasing concerns regarding psychological trauma due to the use of restraint, especially for children who were previously harmed by a parent or caregiver (The Council for Children with Behavioral Disorders, 2020). The possibility of traumatization or re-traumatization is a significant concern, especially given the possible immediate and long terms effects that can result.

TABLE 1

Summary of Emerging Themes Found in Staff and Student Responses in Restraint Studies

Study	*Staff n=*	*Emerging themes based on staff responses*	*Client n=*	*Client description*	*Emerging themes based on client responses*
Mèrineua-Côtè & Morin (2013)	8	Sadness, guilt, fatigue, stress, feeling reassured	8	Adults with intellectual disability	Sadness, anger, fatigue, fear, happiness
The Commission for Social Care (2012)	0	NA	94	Children (ages not specified)	Anger, resentment, feeling trapped, out of breath, frustrated, a lack of rights, 'crazy', in pain
Steckley & Kedrick (2008)	41	Anxiety, frustration, complexity, guilt, doubt, defeat, tension between safety of all and individual rights, lack of clarity	37	Children ages 10-17	Negative emotions, times restraint is necessary, sadness, frustration, embarrassment, regret, hate or aggression towards staff and/or self, destructive dependency on restraint
Jones & Kroese (2006)	0	NA	10	Adults with learning disabilities	Subordination, subjection, lack of communication, restraint as protection, functional
Hawkins, et al (2004)	8	Negative emotional reactions, exhaustion, "getting it right,"	8	Adults clients	Sadness, anger, fear, anxiety, disappointment, perception of force
Sequeira & Halstead (2001)	0	NA	5	Women with developmental disabilities in a psychiatric facility	Pain, physical discomfort, anxiety, distress, anger toward those restraining them, a belief it was meant to hurt or punish

Note: n = number of participants

Incidence of Traumatic Experience

The prevalence of trauma is difficult to estimate given that so much goes unreported. Traumatic experiences include, but are not limited to, experiencing or witnessing physical, sexual, or emotional abuse, neglect, and natural disasters (Winder, 2016). Since 1990, the 50 states, DC, and Puerto Rico have submitted data regarding abuse and neglect. In 2016, the most recent year with full data available, 4.1 million referrals were made involving 7.4 million children. Of those referrals, 676,000 were found to be victims of abuse and neglect (US Dept of Health and Human Services, 2019). Upwards of ten million children will witness domestic abuse each year (Winder, 2016). Research has found that children with disabilities were 3.4 times more likely that children with disabilities to be sexually abused. And children with intellectual and mental health disabilities were 4.6 times as likely (Lund & Vaughn-Jensen, 2012).

Traumatic experience leaves lasting impressions. For those children who experience a traumatic event or events, DeBellis & Zisk (2014) found that brain systems were significantly changed in a number of ways and hormone responses were altered in ways that led to increased incidents of anxiety, depression, aggression, and hypervigilance. They were likelier to score lower on tests for IQ, academic achievement, and executive functioning. Furthermore, in the long run, victims of trauma are more likely to have significant health problems and/or to abuse alcohol or illicit drugs. Children with a background of trauma may be at risk for multiple academic and behavior challenges beginning in elementary school (Whitlow, et al, 2018).

According to Perry (2000), a child's brain mirrors the world in which it developed. That is, children who experience insecurity, anxiety, chaos, and fear are more likely to have attention difficulty and issues with impulsivity. Children who have experienced trauma are more likely

than their peers without trauma to act physically or verbally aggressive. They may have trouble understanding cause and effect relationships as it relates to their own behavior, along with issues related to academics, social and emotional communication, organization, motivation, and attentiveness (Winder, 2016).

Trauma and Behavioral Concerns in the School Setting

There is no doubt that children who have experienced trauma will be in public school classrooms. A 2018 study by Whitlow, et al, focused on the experience of three female students identified with an Emotional Behavioral Disorder (EBD) in inclusion settings. The authors found that all three had experienced trauma in early childhood, struggled with boundaries, and had difficulty forming friendships in school. All three also identified a personal connection with a teacher, frequently the special education teacher, as a positive and a critical part of school success. While the small sample size makes generalizability limited, the consistency of findings across participants and with earlier studies reflects the importance of positive teacher-student relationships.

Buxton's work in 2018 reviewed the category of Emotional Disturbance (ED) from a trauma informed perspective. She completed a retrospective record review for 12 students identified with ED, comparing the behaviors in the students' Individualized Education Plans (IEPs) to trauma related domains. She found overlap in three of the four trauma domains with the behaviors outlined in students' IEPs, along with issues with academics, peer relationships, and age-inappropriate behaviors.

A study by Freire, et al, in 2020, looked at data for 360 students, 169 with social emotional needs, in elementary and middle schools. Quantitative data was taken through surveys,

demographic data, and teacher report. They found that students with social emotional needs (SEN) were less likely to have positive teacher relationships than students without SEN, even though these are the students who may be most in need of those supports. Teachers were more likely to report tension with students who displayed impulsive and restless behaviors and who were less compliant with rules.

Zolkoski's 2019 research focused on the importance of teacher student relationships for students identified with EBD. Five participants between ages 18-23 completed a resilience survey and participated in semi-structured interviews. The critical support identified by participants as a school factor for resiliency was having a teacher who showed students they cared about them as individuals and who helped them academically. All of the participants noted that this made them want to try harder and do better in school. While all students in this study were male, and the sample size small, the findings are consistent with other research in the field.

Leggio and Terrace (2019) investigated teachers' perspectives of working with students with EBDs. Sixteen teachers completed the Modified Teacher Efficacy Scale and six followed up through one on one interviews, while five participated in a focus group. Three main themes were identified. Similar to the results of previous studies, the development of a positive teacher-student relationship that "let students know that someone is in their corner" (Leggio & Terrace, 2019, p. 7) was identified as a critical support for students with EBD. A classroom environment conducive to learning and individualization were additional identified themes. Participants in the study "observed that students with EBD respond positively or negatively based on their perceptions (beliefs) regarding whether they are wanted in a classroom" (Leggio & Terrace, 2019, p. 10). Research indicates that a positive, personal connection with a teacher or school

staff member is critical for school success for students with a history of trauma (Whitlow, et al, 2018; Zolkoski, 2019; Leggio & Terrace, 2019). However, students with disabilities and a trauma history – those students who need a positive connection the most - may also be more likely to engage in challenging behaviors, and potentially, to be restrained and may have more tenuous relationships with their teachers. Researchers who spoke to students regarding their experiences with restraint found that students were most likely to acknowledge anger as the primary emotion (Steckley and Kendrick, 2008), making it harder for a therapeutic connection to form between staff and student. Given so many factors, including the potential for death, misuse or abuse, physical and psychological injury, and traumatization or re-traumatization due to the use of restraint, some facilities and districts have begun considering ways to reduce the use of physical restraint in public-schools. Using a trauma-informed approach is an evidence-based method that has gained traction in public schools over the last twenty years.

The Historical Context of a Trauma-Informed Approach

The use of TIA began in the 1970s in medical facilities treating soldiers returning from the Vietnam War. The physical and mental trauma these veterans had endured required that hospitals rethink the way they treated them, specifically by taking the experience of trauma into account for diagnosis and treatment. Post-traumatic stress disorder (PTSD) came from work with this population, and trauma was recognized as having serious affects on both the mind and body. (Curi, 2018).

Over the next two decades, the subject of trauma would gain increasing attention. The International Society for Traumatic Stress was founded in 1985, and a few years later, the National Center for Post-Traumatic Stress Disorder was developed by the US Department of

Veterans Affairs. In the mid-90's, the Dare to Vision conference gave victims of abuse a rare opportunity to discuss their experiences in residential and inpatient settings and the re-victimization perpetrated against them there (Curi, 2018). Around this same time, Anda and Felitti (1997) were beginning their groundbreaking work using the ACES questionnaire to survey more than 17,000 adults about their exposure to abuse, neglect, and/or household dysfunction. The resulting correlations between trauma and negative health outcomes made it clear that the role of trauma was ongoing long after the traumatic experience was over. At the same time, the Substance Abuse and Mental Health Administration (SAMHSA) began the Women, Co-Occurring Disorders and Violence study in the late 90's. The five-year project led to specific recommendations for treating this population using a trauma-informed approach (Curi, 2018).

By 2001, the outcomes of these studies had made their way to congress. In partnership with SAMHSA, the Donald J. Cohen National Child Traumatic Stress Initiative and the National Child Traumatic Stress Network were founded (Curi, 2018). For the first time, there was a national spotlight on the effects of trauma and the potential impact on children. As attention increased, school specific resources were developed by state agencies, local districts, and private providers.

Commercial Packages Available

In 2014, McInerney and McKlindon reviewed a variety of trauma-informed supports tailored to schools. There are a several options available, including, but not limited to:

- The Safe Start Initiative
- Helping Traumatized Children Learn
- The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success

- Creating Trauma-Sensitive Schools to Improve Learning Toolkit
- Sanctuary Model™
- Risking Connections
- Trauma-Informed Organizational Self-Assessment
- National Child Traumatic Stress Network's Empirically Supported Treatments and Promising Practices
- RAND Corporation's "How Schools Can Help Students Recover from Traumatic Experiences Toolkit"
- Support for Students Exposed to Trauma
- Ukeru™

All of these approaches take a proactive stance to supporting those students who have endured trauma. The following principles are found in all the aforementioned programs: student empowerment, the use of check-ins and mentoring, sensitivity to generational trauma and anniversaries, and the possibility of compassion fatigue (MkInerney & McKlindon, 2014). The resources listed above vary from national to state to private providers.

However, Ukeru™ is the only training package that offers a physical alternative to restraint. While the other approaches all take a trauma-informed approach, none of them provide another option to the use of restraint or seclusion. Given the possibility of traumatization or re-traumatization due to restraint, and the wealth of evidence that the use of restraint has serious physical and emotional consequences, an alternative that completely avoids holding an individual against their will is a serious consideration for districts considering a TIA.

Trauma Informed Approach - Ukeru™

For the purposes of this study, the trauma-informed approach, Ukeru™ will be reviewed based on its use in the school district being used for the research. Ukeru™ was initially developed in the mid-2000s by the Grafton Institute (Ukeru™, 2020). In 2003, Grafton's 220 clients were restrained more than 6,000 times and there more than 1,500 seclusions. Staff turnover was above 50% and injuries were common. This same year, the institute was dropped from their worker's compensation insurance. The Grafton team realized that they had to change their practices if they were going to remain a viable and safe facility for both students and staff. Over the next several years, they developed Ukeru™ as a restraint and seclusion alternative (Hepburn, 2019).

Ukeru™ is a restraint and seclusion free, trauma informed approach (TIA). Trainers attend an initial two-day training, one day focused exclusively on trauma informed care and the second day on crisis intervention. Rather than using physical restraint, Ukeru™ uses blocking pads, or shields, to provide staff with safety when students are engaging in aggressive or self-injurious behaviors that present a danger to themselves or others. Shields are never used offensively. They are used only for staff protection and can never be used to block a child in a room (seclusion) or hold any part of an individual's body against their will (restraint). Release techniques are taught to help ensure staff safety in the event that a student grabs, chokes, bites, or hair pulls. A "safe turn" is used if a student is eloping into a dangerous area.

For implementing staff, training is approximately seven hours, with the four to five hours spent on verbal de-escalation and support for students in crisis, and the remainder spent on interventions with the shields, releases, and safe turn. Staff must be re-certified on a yearly basis

in order to use the techniques. Debriefing sessions occur after each incident to ensure continued fidelity and to review needed student supports to avoid or decrease the likelihood of future use (Ukeru™, 2020).

Reducing the Incidence of Restraint through the Use of TIAs, e.g. Ukeru™

In 2018, Craig and Sanders published a longitudinal review on the reduction of restraint and seclusion in residential treatment program for children and adults. The researchers reviewed data on the use of restraint, and staff and client injury from 2003 to 2016. Data indicated that adopting a TIA in this facility led to a 99% reduction in restraints, a 97% reduction in staff injury from restraints, and 64% reduction in client induced injury to staff. "It also saved the organization over $16 million in lost time expenses, turnover costs, and workers' compensation policy costs" (Craig & Sanders, 2018, p. 344).

In 2018, Nientimp completed a dissertation on the use of Ukeru™, a TIA, in a midsized suburban public-school district and found that full implementation led to restraint rates of zero after one year of full implementation in the classroom setting. Staff and student injuries had been low prior to the implementation of Ukeru™ and remained so afterwards.

Greenwald, et al, in 2012, reviewed data pre and post implementation of a trauma informed approach in a residential treatment facility. Eighteen staff took part in an initial five-day training, a two-day training the month after, and then ongoing training and support for one day a month, for a total of 13-14 days by the end of the school year. In comparing the previous year's data to the data from the year of implementation, researchers found a 34% reduction in problem behavior, a 39% decrease in total treatment time, and double the number of positive discharges from the program.

According to Chan, Lebel, and Webber's 2012 study, the use of restraint is related to several increased organizational costs. They found that the use of restraint is more expensive than finding an alternative program that supports individuals without it. Work related costs in organizations that use restraint include higher worker turnover, reduced quality of care, and increased worker's compensation claims. "A time/motion/task analysis of restraint use in a psychiatric inpatient service in the United States estimated that the cost of one episode ranged from $302 to $354, depending on the number and type of these practices (ie, physical, mechanical, and/or medication) used. An average one-hour restraint episode involved 25 different tasks, 15 staff representing different disciplines, and claimed nearly 12 hours of staff time to manage and process the event from the beginning until the end of all the necessary tasks" (Chan et al., 2012, p.75).

In 2007, Ryan, et al, completed a two-year pilot study to reduce the use of seclusion and restraint procedures with students in kindergarten through twelfth grade at a special day school. Staff were provided with an initial crisis intervention training and ongoing coaching/support throughout the school year. Quantitative data collected on the use of seclusion and restraint indicated a 39% reduction in the use of seclusion and a nearly 18% reduction in the use of restraint. Researchers posit that this reduction likely led to an additional 245 hours of instruction due to less student and staff time away in seclusion and reduced physical risk to staff and students due to less frequent use of restraint.

Staff Reflections on the Use of TIA

Despite the recent attention to trauma-informed care, few studies have researched the perception of staff or students taking part in a formal TIA. A qualitative study by Keesler in 2016

interviewed 20 staff members in a day program facility for individuals with intellectual and developmental disabilities regarding the use of a TIA to support clients. Staff were able to speak about trauma and its potential impact on clients, as well as ways to support them in crisis. They also identified themes of empowerment, collaboration, and trust in making daily decisions and supporting clients. The author noted that staff who had been employed with the program longer were likely to rate these higher than staff newer to the program.

There is clearly a need for additional studies into the firsthand experiences of those individuals participating in TIA models across settings. However, the initial results from Keesler's 2016 study demonstrate a far more positive outlook from implementing staff than those of staff implementing physically restrictive measures. Further research in this area is needed to determine if these results remain consistent across settings and populations. Moreover, students who have experienced the use of the blocking shields during crisis should be interviewed to better understand their perspectives.

Summary

The use of physical restraint to control the actions on an individual who is considered dangerous to themselves or others has been around for centuries. In schools, restraint has been used for at least the last fifty years as a method for supporting students in crisis who are self-injurious or aggressive. However, as the use of restraint in schools and organizations has been studied in more depth, it is become increasingly apparent that it comes at a cost. There is the potential monetary cost addressed by Chan, et al, (2012), as well as the potential emotional cost for both staff and clients (Mèrineua-Côtè & Morin, 2014; Jones & Kroese, 2006; Hawkins, 2004).

There are few studies that have spoken with students who have been restrained, and none that interviewed students who have encountered both a restraint-based approach and a trauma-informed (restraint-free) approach. Understanding the perspectives of those who have had this rare opportunity, and who need some of the highest levels of support in a public setting, is critical to providing meaningful, supportive care. The following chapter will explore the methodology for this research and outline the participant profile under study.

CHAPTER 3: METHODOLOGY

Introduction

Public schools are required to support all students, including those students with disabilities who engage in aggressive or self-injurious behavior that is a threat to themselves and/or others. School districts continue to use restraint-based techniques to manage student behavior despite the risks to staff and students (Child Welfare League of America, 2000). There have been limited studies that focus on the experiences of students who have been restrained (Steckley & Kedrick, 2008; Morgan, 2012). To date, after a thorough review of the literature, there have been no studies that formally assess the perceptions of students who have experiences with both the use of physically restrictive practices and a trauma-informed approach during crisis. This study seeks to understand the experiences of school-age students who have had previous experiences with both the use of restraint, specifically Handle With Care and Safe Crisis Management, and a trauma-informed approach, specifically Ukeru™, during crisis situations using an interpretative phenomenological approach (IPA). The following chapter describes the approach and design used in this research.

Interpretative Paradigm

After a review of research methods, an Interpretative Phenomenological Approach (IPA) was chosen. Tracy, 2013, points out that an interpretative approach, "draws from hermeneutics, which aims at a holistic understanding" (p.42). According to Smith, et al (2013), "…IPA studies, first and foremost, offer detailed analyses of particular instances of a lived experience" (p.37). IPA requires close examination across interviews and accounts to find similarities, differences, and shared themes in the perspectives of participants. Van Manen (1990) posits that the purpose

of IPA is twofold. First, developing a relationship between the interviewer and interviewee, and second, to create a story that aids in the understanding of a specific experience. Since this study sought to understand the perspectives of students who have encountered two different methodologies for intervention during crisis, that is, both physically restrictive practices and the use of a restraint-free TIA, an IPA was an appropriate fit to understand their perspectives and perceptions. For the purposes of this study, the following questions were examined:

1. What are the perspectives of students who have been exposed to both restraint-based (HWC or SCM) and trauma-informed crisis intervention programs (Ukeru™) for aggressive or self-injurious behavior?
2. What are the participants' understanding of safety during the use of restraint versus the use of blocking shields during a crisis?
3. Given that the student has a reasonable perception of what traditional restraint and TIA is intended to be, do they perceive any positive or negative connections with school members who implement these practices?

The research design, characteristics of the students involved in the study, and data analysis methods are described in detail.

Research Design

Participants

Participants were recruited from the local district in which the researcher works both in the public-school setting and from the residential treatment facility (RTF). Criteria to be part of the research were multi-pronged. First, the student must have been in grades six through 12 during the 2021-22 school year, and second, identified with an emotional disturbance, other

health impairment, specific learning disability, or autism. Third, the student could not have an intellectual disability. The researcher was hoping to engage student respondents in questions and conversations that required abstract and metacognitive abilities, which may be more difficult for a student with an intellectual disability. According to the American Psychiatric Association, "The critical components of intellectual functioning included in the DSM-V criteria are verbal comprehension, working memory, perceptual reasoning, quantitative reasoning, abstract thought, and cognitive efficacy." While the researcher believes that the viewpoints of individuals with intellectual disabilities are critical and necessary, for the purposes of this research that disability category was exclusionary criteria. The student must also have been the recipient, at least once, of both Ukeru™ and Handle with Care and/or Safe Crisis Management interventions during a crisis that involved a clear and present danger to themselves or others. The researcher reviewed district records to create a list of students who met the aforementioned criteria. To get an effective sample size, the researcher anticipated collecting information from a minimum of five to a maximum of 15 respondents. Previous studies in this area included anywhere from five to 37 participants (Mèrineua-Côtè & Morin, 2014; Steckley & Kedrick, 2008; Jones & Kroese, 2006; Hawkins, et al, 2004).

Setting

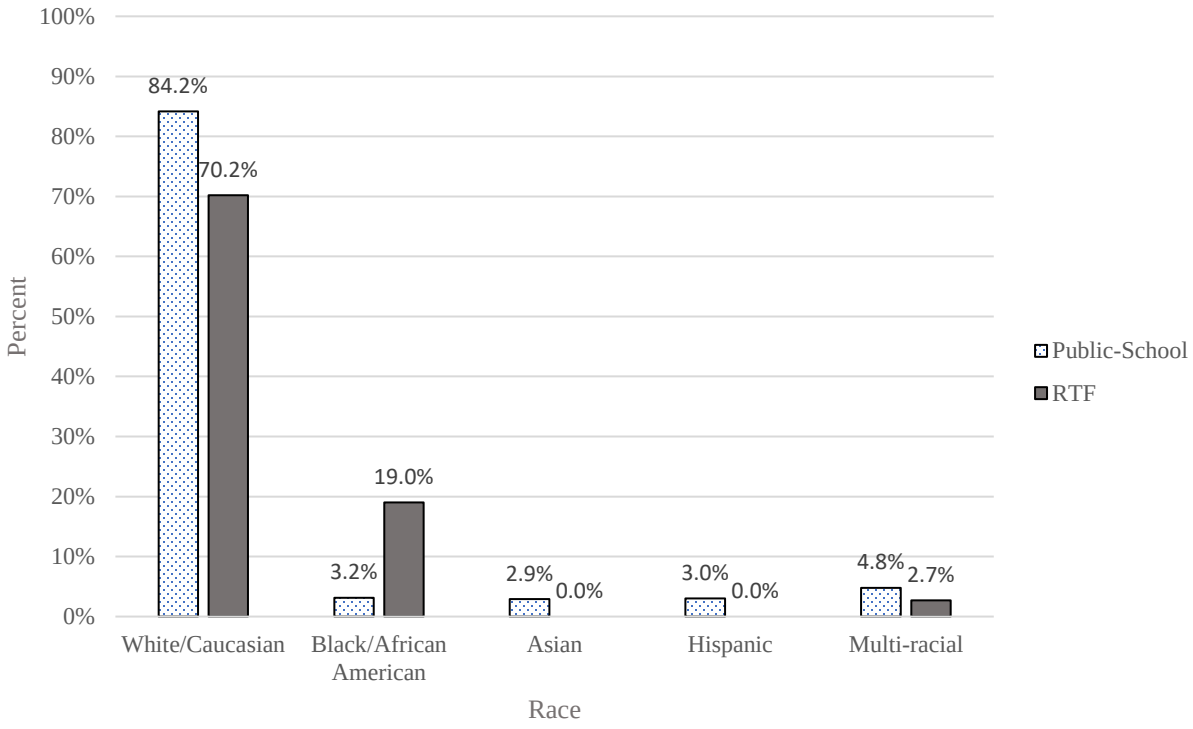
For the purposes of this study, the practices used in a suburban, mid-sized school district in Northwest Pennsylvania were reviewed. Total enrollment was approximately 6,200 students and there were eleven school buildings in the district.

Student Demographics

Demographic data was reviewed for students currently enrolled in the district's public schools and RTF. The public-school data included two of the three district middle schools and the high school, as all public-school participants were enrolled at one of the three. Ethnicity data with rates of zero in both settings was not included.

Figure 1

Race/Ethnicity Data



Note: Race/ethnicity data for the public and residential school settings

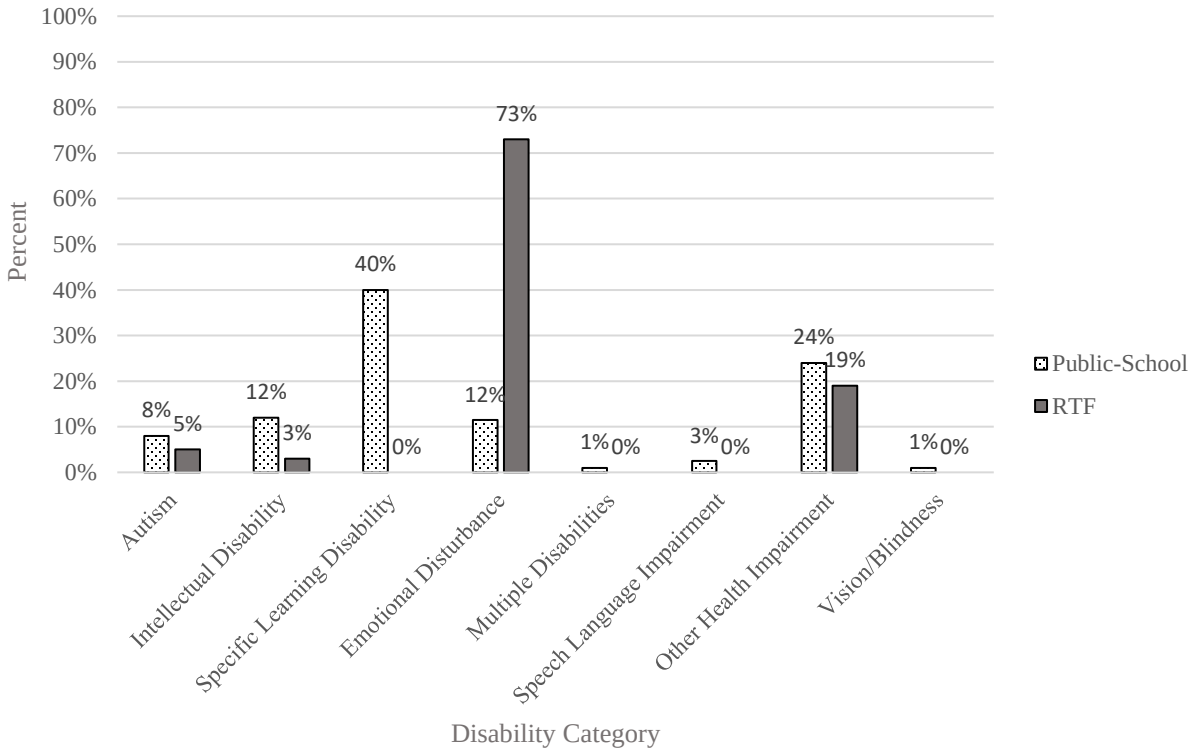
In the public-school setting, male students were 49.6% of the population, 50.4% were female. In the RTF setting, 50% of students were male and 50% were female. There were approximately 60 students attending the RTF at the time of the study, however, this number

varies frequently based on intakes and discharges. In a given year, there has been an average of 55-65 students at one time.

In the public-school setting, students with special education supports and services made up 17.7% of the student population (FutureReadyPA, 2021). In the RTF, students with disabilities made up 97% of the current student population. The percent of special education enrollment by disability is as follows (disabilities with rates of zero in both settings were not included):

Figure 2

Disability Category



Note: Disability category for the public and residential school settings

Preparation and Planning Process for Student Interviews

In using IPA with students under the age of 18, there are ethical considerations that were carefully considered. Prior to study execution, an application was submitted to the Institutional Review Board (IRB) and no intervention was executed until full IRB approval was granted. This included copies of the parent and student consent forms along with a copy of the interview questions. In addition, consent was obtained from the district superintendent and the vice president of clinical services at the RTF prior to making any contact with parents or students. The researcher was hoping for a minimum of five participants and a maximum of 12. Given the nature of this study, and the potential resistance of some students to discuss their experiences and/or the potential concern that parents may have in allowing their child to participate, the minimum number was set at a number that the researcher believed was attainable. Five participants would have provided a sample size that was like those of earlier studies in the field. This sample size also allows for analysis of themes and could provide some representation of gender and demographic differences.

After IRB approval was secured, parents were contacted via letter and email to discuss the possibility of their child's participation in the study. If there was no response after the initial contact, the researcher followed up with a phone call to discuss the study and answer questions. The researcher provided information about the research and answered any questions parents had. Those who agreed to allow their child to participate were provided with a consent form via email and/or US mail.

Interview processes were developed in accordance with the recommendations from Dixon (2015), Boyle (2007), Kostenius (2007), Eder & Fingerson (2002), and Docherty &

Sandelowski (1998). These researchers focused specifically on the challenges of interviewing adolescents and children. In 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a guide to trauma-informed interviewing skills. These recommendations were used throughout the interview process. Based on these guidelines, the interview was systematically constructed to ensure that the rights of student participants were met at every point before, during, and after the interview process.

Once parent consent was obtained, a time was arranged to meet with the student to discuss consent to participate. The student was provided with a pass or the researcher visited the student's classroom and a nearby classroom or office was used for the interview. The researcher met with the student one on one and explained participation in the interview and study. The assent form was explained, and the researcher clarified that the student understood their option not to participate or to end participation at any time. Assent documents included information specifically informing participants that they were able to refuse to answer any questions and/or to withdraw from the study at any time. Ensuring that participants know they have control, choice, and autonomy in participation is a critical component of trauma-informed interviewing (SAMHSA, 2015). Further, they were told in advance that questions could be emotional or controversial. Participants were reminded that they were not required to answer and could request a break at any time. The researcher also informed the student of several familiar adults with whom the student had a positive relationship that the student could debrief with after the interview, including the classroom teacher, an educational assistant, a school psychologist, or a counselor or therapist (SAMSHA, 2015).

Assent documents given to student participants were written at no higher than a sixth-grade level. In addition, two students, ages 11 and 15, separate from the study, reviewed the document, and provided feedback to the researcher for rephrasing and clarity. The level feature in Microsoft Word was used to verify that the text level was accurate. Microsoft Word uses two separate tests to determine readability. While each has a different formula for calculation, both are based on the number of syllables in each word and the total number of words in each sentence (Microsoft, 2021).

Confidentiality was also carefully constructed at every stage of the process. All participants and their parents were assured that names would be changed for the study. Anonymity was protected at all costs and no information was provided back to their teachers, administrators, or any other school staff member. Finally, it was explained in advance, as well as described in the consent form, that the session would be audio recorded and all files kept on a secured and password protected network drive on the interviewer's computer (SAMHSA, 2015).

Given the sensitive nature of the interview and the participation of students under the age of 18, the consequences of participation were carefully considered. The *Guidelines for the protection of human subjects* (2015) articulate that the harm to a participant should be the least amount possible, and the benefits should outweigh the possible risk of harm. The researcher feels that this study was justified because a clear understanding of the way students view physically restrictive practices in comparison to restraint-free approaches during a crisis situation can help schools create more meaningful supports for students in crisis. Given the real possibility of injury or death during restraint, understanding the student experience is critical. Having an alternative approach that eschews the use of restraint completely and provides a safe alternative

for students and staff that reduces the likelihood of traumatization or re-traumatization is essential, but to date, there is no research that validates the use of one method over another from the viewpoint of the student. This study sought to begin the process of filling this gap in research.

All interviews were scheduled at the convenience of the participant. In addition, scheduling carefully avoided times when academic instruction or a highly preferred activity was happening to help ensure that students would not rush the interview due to anxiety over missing important content or frustration that they are missing out on something they enjoy.

The setting was carefully considered and arranged specifically to help the student feel at ease and to reduce the implication of a power imbalance between the interviewer, an adult, and an interviewee, a student. In addition, SAMHSA (2015) recommends that the setting is physically comfortable, private, quiet, and inviting. Participants should have access to water, choice in seating, available restrooms, and the option to take breaks at any time. Beyer (n.d.) recommends providing additional comfort items when interviewing teens and adolescents, including snacks, paper, writing utensils, and fidgets. The researcher provided snacks and water, paper, pencil, and markers, and a basket of fidget toys at the table.

An empty classroom or office was used for all interviews. It was arranged with a table and several chairs so that the student had choice in where to sit. The chairs for the researcher and student were at the same eye level, in a comfortable place, and the same size and height. A larger table was used to ensure social distancing could be maintained throughout the interview due to COVID-19 precautions in the district. The student was welcomed into the room and encouraged to access available items at any time during the interview. Kostenius (2007) suggests that the

adult should be advocating for the student and helping him/her to feel empowered as they participate in the study. Dixon (2015) posited power dynamics can also be reduced through the use of self-disclosure on the part of the interviewer and asking questions of the interviewee unrelated to the topic under research. For these purposes, the interviewer began each interview by giving the student her full attention and thanking the student for their time. The researcher then reminded the student that they were able to withdraw from the research at any time and checked to ensure that the student still wanted to participate. The interview began with general questions about the student's name, grade, time in the district, and current teacher. These guidelines were followed for each interview.

Docherty and Sadowski (1998) discussed the careful considerations of props when interviewing children. Props may be objects, pictures, dolls, or smaller versions of an original object related to a topic that a child is being interviewed about. Research is mixed on the use of props during interviews with children. Price and Goodman (1990) found that the use of props helped to increase the level of student responses and Wilson and Pipe (1989) found that using the actual object, rather than verbal labels were more helpful during interviews with children. However, when children were interviewed about familiar events, props weakened the narrative about a specific event (Nelson, 1993). After a review of the research, the researcher chose not to include the use of props in the interview. The use of photos depicting a restraint were considered and rejected to avoid weakening narrative responses or inadvertently communicating bias toward one methodology over another.

The semi-structured interview questions were created after reviewing the research by Dixon (2015), Boyle (2007), and Ponizovsky-Bergelson, et al (2019), all of whom focused their

work on interviewing adolescents and children, along with the recommendations of SAMHSA (2015) for trauma-informed interviewing. Whenever possible, questions were left open-ended. The use of "why" questions were specifically avoided as these questions may be more likely to put teenage participants in a defensive position (Dixon, 2015).

The interview, provided as Appendix A, began with questions regarding the student's name, grade, and time in the district, then move to questions about the name of the student's teacher and the supports that have worked the best for him/her. Next, participants were asked about a time when their teacher had to restrain them, their feelings about that time and their perceptions of efficacy and safety for themselves and others, as well as the effect each system had on them during use, and their preference in behavior management. Table 2 provides a correlation between each question and its relationship to the research questions.

Based on trauma-informed guidelines, if a child discusses a traumatic experience during the interview, it is not recommended to probe for more information (SAMHSA, 2015). If a student had become escalated during an interview, the researcher would have attended to the student's immediate needs. It's important to note, that at no time during any of the interviews did a student show any outward signs of distress that were apparent to the interviewer. Student demeanor, facial expressions, cadence and tone of speech, and movement were watched carefully by the interviewer throughout to look for nonverbal signs of agitation or escalation. At the end of the interview, the researcher spoke to the student about whether they were ready to return to class, needed additional time, or the opportunity to talk further (SAMHSA, 2015). All students reported that they were ready to move back to class immediately after the interview. In concluding the interview, the researcher reminded the student of next steps if they felt they

needed additional support once the researcher left. Each student was given a card with phone numbers for crisis services in case the student needed support after the school day concluded. The interviewer also reminded the student that they could contact her later if they have questions and, in closing, thanked the student for taking the time to participate (SAMHSA, 2015). The researcher ensured that students had support from a trusted adult before leaving. Teachers were emailed or called later in the day to ensure the student did not have any delayed responses from the interview. No teachers reported concerns later in the day or in the following school days. Interviews took place over a two-month period in spring, 2022. The complete interviews were audio recorded and full transcripts can be found in Appendix C.

TABLE 2

Correlation between Research Questions and Interview Questions

Research Question	*Interview Question(s)*
1. What are the perspectives of students who have been exposed to both restraint-based (HWC or SCM) and trauma-informed crisis intervention programs (Ukeru™) for aggressive or self-injurious behavior?	6. A few years back, when students were in crisis, we used to use something called restraint to keep students and staff safe. Restraint is when a staff member holds a student in a way that stops them from moving their arms, legs, or body freely. Tell me what you remember about that. a. If not addressed, prompts should include: i. Do you remember being restrained? ii. How did you feel afterwards? iii. Did you know why you were restrained? 7. Now we use verbal de-escalation and the blue shields and that you see in your classroom. Tell me about what it is like when those are used. a. If not addressed, prompts should include: i. How do you feel afterwards? ii. Do you know why the shields were used? 8. What else do you want to tell me about your experiences? 9. Do you think one way is better than the other? a. If not addressed, prompts should include: i. Tell me more about why you feel that way. 10. What else is important for teachers and principals to know about helping students during crisis?
2. What are the participants' understanding of safety during the use of restraint versus the use of blocking shields during a crisis?	6. A few years back, when students were in crisis, we used to use something called restraint to keep students and staff safe. Restraint is when a staff member holds a student in a way that stops them from moving their arms, legs, or body freely. Tell me what you remember about that. a. If not addressed, prompts should include: iv. Do you think it [restraint] kept you safe? v. What about the other students or staff?

	7. Now we use verbal de-escalation and the blue shields and that you see in your classroom. Tell me about what it is like when those are used. a. If not addressed, prompts should include: iii. Do you think using verbal de-escalation and the shields keeps you safe? iv. What about other students and staff? 9. Do you think one way is better than the other? a. If not addressed, prompts should include: i. Tell me more about why you feel that way.
3. Given that the student has a reasonable perception of what traditional restraint and TIA is intended to be, do they perceive any positive or negative connections with school members who implement these practices?	6. A few years back, when students were in crisis, we used to use something called restraint to keep students and staff safe. Restraint is when a staff member holds a student in a way that stops them from moving their arms, legs, or body freely. Tell me what you remember about that. a. If not addressed, prompts should include: vi. What did it feel like to talk to the staff who restrained you once it was over? 7. Now we use verbal de-escalation and the blue shields and that you see in your classroom. Tell me about what it's like when those are used. a. If not addressed, prompts should include: v. What did it feel like to talk to the staff who used the shields with you once it was over? 8. What else do you want to tell me about your experiences? 10. What else is important for teachers and principals to know about helping students during crisis?

Note: Correlation between interview questions and research questions

Examination of researcher background and limiting of potential bias due to history

In qualitative research, the researcher's personal beliefs, background, and identity may influence the interpretation of results. In order to neutralize this possibility, the researcher should be candid in her disclosures in order to allow readers to consider the interpretation of qualitative data with as much context as possible. As such, the research notes her current role as an Ukeru™ trainer and her previous role as a Handle With Care trainer. The researcher is currently employed in the district in which the study is taking place. That district currently implements Ukeru™ and district staff are no longer permitted to utilize Handle With Care or any other physically restrictive practices. In addition, the researcher has multiple experiences in using both methods during crisis, but significantly more using Handle With Care. The researcher has been using Ukeru™ for five years and a trainer for four. The researcher used Handle With Care for eleven years and was a trainer for nine.

To reduce the influence of bias in interpretation of the results, multiple steps were used. During interviews, participants statements were repeated, restated, and clarified to ensure that they were accurately understood. After the interview, participants were given the chance to read the researcher's interpretation and findings and provide additional feedback and clarification. According to Tracy (2013), "Providing opportunities for member reflections is not only ethical – especially when participants have dedicated significant patience, time, resources, and energy to the project – but also speaks volumes about the study's credibility" (p.237).

Data Analysis

An iterative analysis (Tracy, 2013) was employed as the qualitative methodology for this study. This approach is both emic and etic and requires that data were reviewed multiple times to

discover emerging themes. After each interview, data was transcribed verbatim from the recording and any identifying information removed. As quickly as possible, after the conclusion of the interview, the researcher noted her initial feelings and ideas via audio recording or written notes to include any recollections or responses that may not have revealed themselves in the audio recording (Smith, et al, 2012). The transcribed interviews were read and re-read and notations were made as the researcher began working through the interview in a line by line analysis. The researcher began looking for emergent themes through a comparison of comments, interview data, and field notes using the methodology suggested by Braun and Clarke (2006), Nowell, (2017), and Xu and Zammit (2020). This step-by-step process began with the researcher becoming familiar with the data through organization and documentation. The next step was the initial coding process, followed by a search for themes. Connections between these themes was examined through charting and mapping and data was reviewed for patterns, critical events, and oppositional relationships. Once this was completed at the individual level for each interview, patterns, connections, and themes were identified across all cases (Tracy 2013; Smith, et al, 2012). Themes were then reviewed, defined, and named, and finally, a report was produced.

To help ensure credibility of the findings, the results were subsequently presented by the researcher to the students for corroboration. Participants were contacted to clarify responses to ensure that feelings are accurately portrayed (Turner, 2010; Creswell, 2007).

Limitations

Limitations to this research include the small sample size of participants. Given the nature of the questions, some parents did not give permission and some students did not want to participate. In addition, the researcher did not have any prior contact with some of the students,

and some individuals may have been hesitant to share their feelings with someone they had not previously met. The small sample has limited generalizability given the limited demographics and the fact that all students are in one school district in the northeastern United States.

It is also important to consider the nature of the questions being asked and the cognitive abilities of the students who participated in the study. If students found specific questions triggering or regarded events as traumatic, they may have been unable to discuss their experiences (SAMHSA, 2015). In addition, due to the development that occurs during adolescence, it is important to recognize that younger students in grades six or seven are more likely to engage in concrete thinking, rather than abstract. Participants in mid to late adolescence are more likely to be able to successfully engage in abstract thinking, have concepts of morality, and have growing verbal abilities (Christie & Viner, 2005). Volunteer bias is also a consideration and provides a limitation to the generalizability of the research. Students who were willing to give their assent may have different experiences than those who declined, may be more educated or more approval motivated (Braughner, 2010).

Summary

This chapter describes the research methods used to research the perceptions of students who have experienced both physically restrictive practices and a restraint-free trauma-informed approach. This study used an interpretative phenomenological approach and qualitative methods. Face to face interviews, audio recordings, and field notes were used as data sources. Data were analyzed manually to identify broad themes and individual perspectives. Procedures and limitations are reviewed at the conclusion of this chapter. In chapter 4, data collected through

these interviews and filed notes are summarized. Coded responses are categorized based upon research questions and potential themes identified within this sample.

CHAPTER 4: RESULTS

This qualitative study sought to understand the perspectives of students who have experiences with both restraint-based and trauma-informed approaches. The following research questions were addressed:

1. What are the perspectives of students who have been exposed to both restraint-based (HWC or Safe Crisis) and trauma-informed crisis intervention programs (Ukeru™) for aggressive or self-injurious behavior?
2. What are the participant's understanding of safety during the use of restraint versus the use of blocking shields during a crisis?
3. Given that the student has a reasonable perception of what traditional restraint and TIA are intended to be, do they perceive any positive or negative connections with school members who implement these practices?

An iterative analysis was used to analyze the data from all seven interviews. The step-by-step review of data was based on the work of Smith, et al, (2012), Braun and Clarke (2006), Nowell, (2017), and Xu and Zammit (2020). Data was transcribed verbatim from the recordings within twelve hours of the interviews. The researcher took time directly after each interview to write down her observations, feelings, and any additional notes that she was unable to capture while the student was there. Interviews were typed, read, and re-read for clarity and accuracy. The transcripts were then printed in large font and color-coded by student. Interviews were printed out one-sided so that responses could be cut apart and manually sorted.

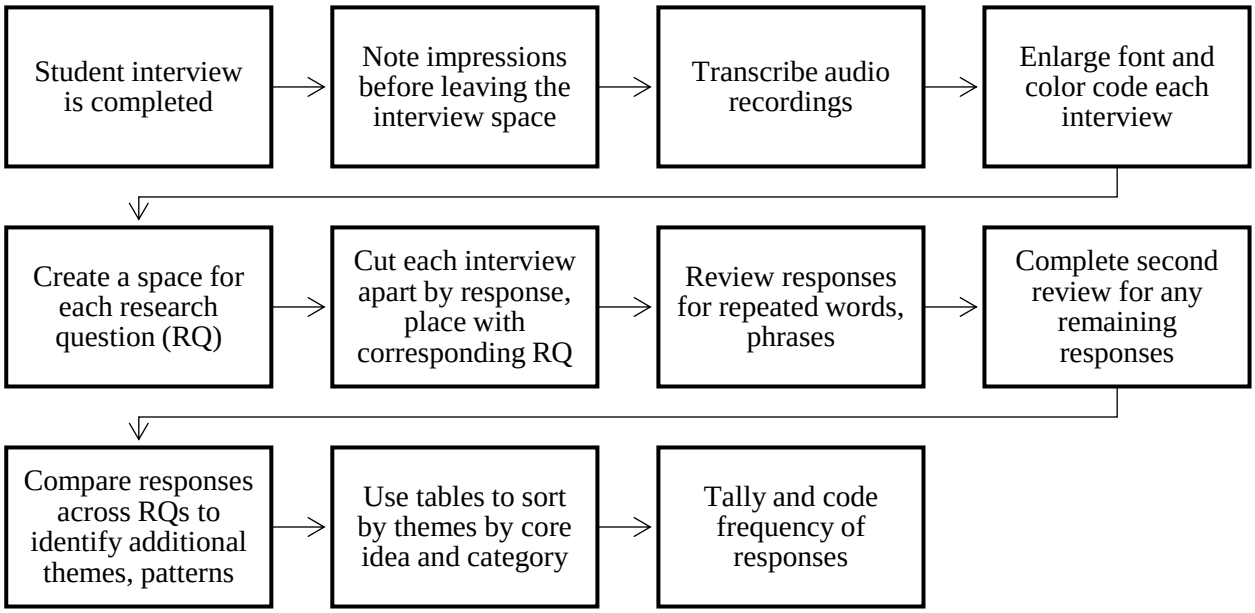
Each research question was displayed on a chart. The cut apart responses were then placed with the corresponding research question. Responses were read multiple times to ensure that the

context of the answer was captured, and that nuance was not lost in pulling apart about the interview. A line-by-line analysis and categorization was completed for each interview question. Once all seven interviews were complete, the researcher worked through one question at a time to find repeated words and phrases. These were placed together and given a secondary color-code using highlighters. Once complete, any remaining unsorted quotes were reviewed and placed with corresponding themes or designated as a separate category. This process was completed for all three research questions. After the individual questions were complete, cross-analysis was then used to develop categories that described themes found across interviews and questions.

The analysis was then arranged by research question and based on the qualitative organization recommended by Hill, et al (2005). The results were organized first by Domain, then Core Idea, and finally, Categories (see Table 3 for Summary of Results). Domains were used to segment the interview data based on each question. Core ideas are, "summaries of the data that capture the essence of what was said in fewer words or with greater clarity" (Hill, et. al.,2005, 2000). Microsoft Word tables were used to chart emerging themes, document commonalities across interviews, note oppositional relationships, and define categories. Figure 3 provides a flow chart explaining the qualitative data analysis used for this study.

Figure 3

Data Analysis Flow Chart



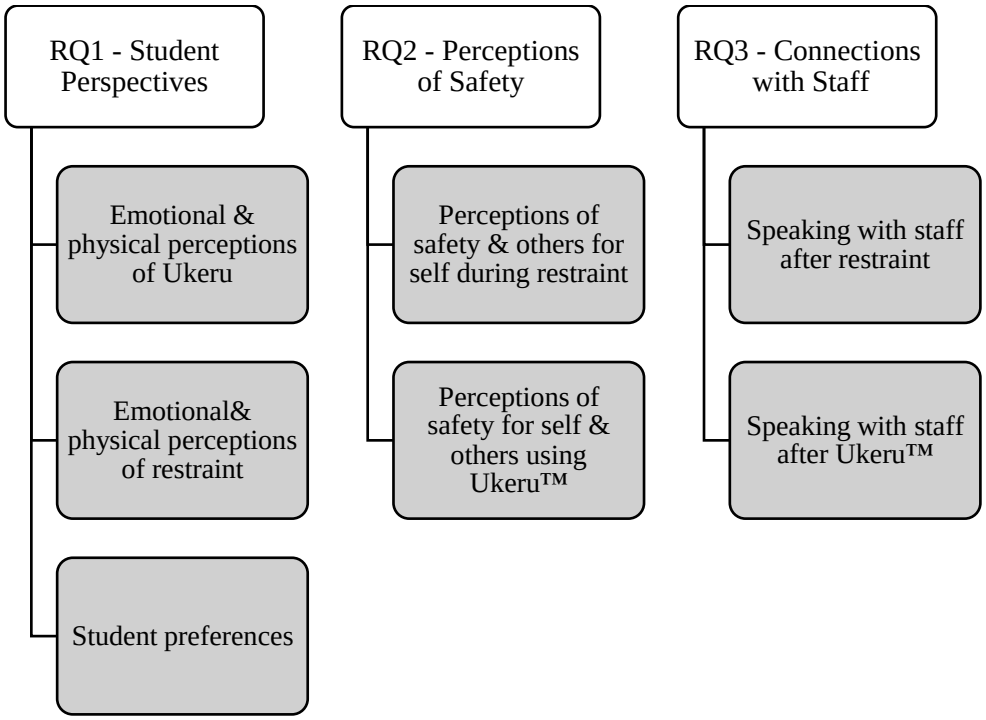
Note: Flow chart describing the process of coding interview data.

Hill, et al (2005), further described a coding system for the frequency of occurrences for each category. *General* is the term used when a theme applies to all or all but one of the responses. *Typical* includes themes that emerge in more than half of the interviews, *variant* includes at least two and up to the cut-off for *typical.* Miscellaneous findings are used for singular incidents. In larger groups of 15 or more participants, it is recommended that these not be reported (Hill, et al, 2005). However, given the smaller sample size associated with this research, these categories were reported if the themes were also present in related areas of research (see Table 1).

For the purposes of this study, themes that occurred in six or seven interviews were coded as *general.* Themes that were found in four to five interviews were coded as *typical,* and

themes in two to three were coded as *variant.* Singular instances were coded as *rare.* It is recommended that categories only be considered substantially different if they are two levels away from one another, that is, *general* to *variant, typical* to *rare* (Hill, et al, 2005). Figure 4 provides an overview of the core ideas that emerged for each of the research questions.

Figure 4



Note: Figure describing the core ideas for each research question.

After coding responses, this study revealed eleven core ideas and 33 categories. Table 3 provides a detailed summary of emerging themes by domain, core idea, category, *n* count, and frequency.

TABLE 3

Summary of Emerging Themes

	Domain		*Core Idea*		*Category*	*n*	*Frequency*
I.	Student Perspectives RQ 1: What are the perspectives of students who have been exposed to both restraint-based (HWC or SCM) and trauma-informed crisis intervention programs (Ukeru™) for aggressive or self-injurious behavior?	A.	Emotional Perceptions of Ukeru™	1	Feelings of Calm	5	Typical
				2	Perceived Lack of Escalation/ Aggravation	2	Variant
		B.	Physical feelings associated with Ukeru™	1	Awareness of Not Being in Physical Pain	4	Typical
				2	Awareness of Not Being Touched by Staff	7	General
				3	Perception of Fewer Physical Side Effects	3	Variant
		C.	Emotional Perceptions of restraint	1	Feelings of Escalation/ Aggravation	4	Typical
				2	Feelings of Anger	5	Typical
				3	Perceptions of Staff Indifference	4	Typical
				4	Feelings of Sadness	3	Variant
				5	Perceptions of Personal Rights Being Violated	1	Rare
				6	Feelings of thankfulness	1	Rare
		D.	Physical feelings associated with restraint	1	Feelings of Physical Pain	5	Typical
				2	Feelings of Immobility	7	General
				3	Feelings of Not Wanting to be Touched by Staff	7	General
				4	Awareness of Not Being in Physical Pain	1	Rare
		E.	Preferences associated with Ukeru™ versus Restraint	1	Feelings of Calm	3	Variant
				2	Awareness of Not Being in Physical Pain	3	Variant
				3	Awareness of Not Being Touched	5	Typical
II.	Perceptions of Safety	A.	Perceptions of Safety for Self	1	Perceptions that Restraint Kept Them Safe	5	Typical

	RQ 2: What are the participants' understanding of safety during the use of restraint versus the use of blocking shields during a crisis?		During a Restraint	2	Perceptions that Restraint Did Not Provide Safety	2	Variant
				3	Perceptions of Pain	2	Variant
				4	Perceptions of Powerlessness	2	Variant
		B.	Perceptions of Safety for Others During a Restraint	1	Perceptions that Restraint Kept Others Safe	5	Typical
				2	Awareness that Other Students Were Not Present	2	Variant
				3	Concerns for Staff Safety	2	Variant
				4	Perceptions that Restraint Did Not Provide Safety	1	Rare
		C.	Perceptions of Safety for Self Using Ukeru™	1	Perceptions that Ukeru™ Kept Them Safe	6	General
		D.	Perceptions of Safety for Others Using Ukeru™	1	Perceptions that Ukeru™ Kept Others Safe	6	General
III.	Connections with Staff RQ 3: Given that the student has a reasonable perception of what traditional restraint and TIA is intended to be, do they perceive any positive or negative connections with those who implement these practices?	A.	Speaking with Staff After Restraint	1	Feelings of Needing Time Before Talking with Staff	2	Variant
				2	Perceptions that Staff Were Trying to Help	2	Variant
				3	Comfortable Speaking with Staff	3	Variant
				4	Resistant to Speaking with Staff	2	Variant
		B.	Speaking with Staff after Ukeru™	1	Feelings of Needing Time Before Talking with Staff	2	Variant
				2	Comfortable Speaking with Staff	5	Typical

Note: Themes organized by Domain, Core Idea, and Category and frequency of occurrence

Reflections on Participant Characteristics

The original pool of participants for this study, based on district records, included 15 students across four buildings in the district. Once the interviews were able to begin, this pool had been reduced to 11 because two students had been discharged from their residential setting back to their home schools across the state, one student enrolled in a charter school, and another began in a residential facility several hours away. Of the potential participants remaining, two students declined to participate. In both cases, initial approval had been obtained from their guardians. One student was willing to meet with me to discuss the interview, then declined. The other chose not to meet and did not reach out with questions. One parent refused to allow his child to participate, and another never responded despite attempts via phone and mail (no email address was available).

Of the seven whose parents gave consent, six gave assent to be interviewed and audio recorded. For the purposes of this study, all names were changed to ensure anonymity and protect privacy. Pseudonyms, rather than identifiers like "Participant 1" are used in the data review and analysis as it lends a humanizing element to the review. It is critical to remember that these are children and students who gave their time and energy to participate in a study that could have been upsetting or triggering as they discussed potentially traumatic experiences.

One student, Sean, agreed to be interviewed but only on the condition that he was not recorded. For this interview, the researcher took copious notes on both verbal and nonverbal language. The conversation was typed up within 30 minutes of leaving the student to capture the interview as accurately possible. The interview was then sent to the student for verification. The student then confirmed via email that it was correct, and he had no additions or edits.

All seven participants were identified as having Emotional Disturbance as either a primary or secondary educational identification. Two were female and five were male. Five students were White, not Hispanic, one was Hispanic, White, and one was Black, not Hispanic. Students were in grades six through eleven, ages 11 through 17. Six students were at public schools in the district, and one student was at the residential campus within the district. Participant characteristics are provided in detail in Table 4.

TABLE 4

Summary of Participant Characteristics

Name	*Grade*	*Primary Disability*	*Secondary Disability*	*Ethnicity*	*Gender*	*Age*
Margaret	10	Emotional Disturbance	Specific Learning Disability	White, not Hispanic	Female	16
Chloe	8	Emotional Disturbance		Hispanic, White	Female	14
Simon	6	Emotional Disturbance	Autism	White, not Hispanic	Male	11
Philip	7	Autism	Emotional Disturbance	White, not Hispanic	Male	13
Zac	9	Emotional Disturbance		White, not Hispanic	Male	15
Harry	7	Emotional Disturbance	Other Health Impairment	White, not Hispanic	Male	13
Sean	11	Specific Learning Disability	Emotional Disturbance	Black, not Hispanic	Male	17

Note: Student demographics were based on age and grade level at the time of interview

Student Perspectives

Student perspectives were broken down into four core ideas. These core ideas were separated as either specific to Ukeru™ or to restraint, then by emotional perceptions or physical experiences. The categorization of responses came directly from the results of the interviews.

Students were asked to describe their experiences with both restraint and Ukeru, so their answers naturally fell within those two categories. As their answers were coded, it became apparent that responses described either an emotional or a physical reaction. This second layer was coded, leading to four distinct core ideas.

Emotional Perceptions of Ukeru™

As students discussed their experiences with Ukeru™, responses fell into two categories, calm and a perceived lack of escalation by staff. Feelings of calm were more frequently reported (n=5). One student stated that it felt, "More chill." Another noted that being able to punch the pads helped calm her and release her anger. Students also noted that the use of the blue pads did not further escalate the situation (n=2). This was discussed in contrast to the use of restraint when it was brought up. Philip stated, "Basically, when it, like, you're not getting restrained, it's like you don't get, like, extra mad, 'cause you're not like on the floor trying to get out of a person's grip."

Physical Feelings Associated with Ukeru™

Notably, the physical feelings associated with Ukeru™ were explained in terms of what was not happening, that is, they spoke about *not* being touched and *not* being in pain. All seven students noted during their interviews that they were aware of not being touched by staff when the blue pads were used. One student stated, "I can breathe better, and I don't have to be touched. I don't have to be held down by grown men." In discussing the lack of pain, another student noted, "Restraints like- yeah, they keep you held, like, but it really hurts. Unlike the pads, they'll, like, stop you from hitting, but doesn't hurt, so…" Students also noted that they associated fewer

post incident effects from the use of the blue pads. One student stated she was less tired, and another that he was comfortable when the blue pads were used.

Emotional Perceptions of Restraint

There were more categories for students' emotional perceptions of restraint. Feelings of anger were cited most often (*n*=5). This was followed by students sharing feelings that the use of restraint was escalating the situation (*n*=4). One student stated, "Yeah - I mean, so, it helped but it also, like, aggravated me a lot 'cause, like, one thing you want when someone's mad is not for them to put their hands on you." A lack of care from staff was also noted from several students. The same student noted, "I feel like some kids might see it more like when you're putting your hands on them, you're doing it to be a jerk or whatever" Later, he stated, "He wasn't one of those savages that went there to get their job done and all that."

Feelings of sadness were also reported (*n*=3). Students spoke about feeling sad, depressed, and upset during and after a restraint. One student, Sean, spoke about restraint as a violation of his personal rights. Philip also had a response that wasn't reflected in the interviews with other students but was worth noting. When asked how he felt about restraints, he stated, "Thankful," then elaborated, "…I was happy that they stopped me before I could, like, hurt someone that was, like, walking on the street or something."

Physical Feelings Associated with Restraint

Four categories developed in reviewing participant responses about the physical effects of restraint. The two most common were feelings of being unable to move (n=7) and not wanting to be touched by staff (*n*=7). Margaret stated, "Like, they would hold us down like hard, so we couldn't move and there would be a lot of people on us, or, on me. And they wouldn't really

care, they would just do it if we were unsafe." In a later response, she went on to say, "I kinda told them, I don't like being held down because after all that I been held down [sic] I don't like even people at home even touching me because it would just feel like I would be restrained again."

Five students noted that restraints were physically painful. Sean stated, "One time, I was in (partial program) in a back room, well, like the back of the classroom, and being restrained. My head was on the ground, on the wood, and it scratched my face. It hurt." Simon noted that not all restraints hurt. He spoke about the differences in the types of restraints and the way he was positioned during them. He stated, "Well, like the one that hurt, I did not like. It just hurt me, but, like, the other didn't…they'll have your arms behind your back – that one, when I was at the hospital, they would do that and that really hurt." One student, Philip, noted specifically that the restraints were not physically painful. When asked what he remembered about being restrained, he remarked, "Well, it didn't hurt. Not that it should have."

Preferences Associated with Ukeru™ versus Restraint

When asked if they preferred one method over the other, restraint versus Ukeru™ and the blue shields, six students chose the use of Ukeru™ rather than restraint. Within those responses, participants stated that they preferred not being touched (n=5), or that the experience was less painful (n=3) or calming (n=3). Sean stated, "The shields and verbal de-escalation is better. Restraining is not fun. It hurts your arms and legs because the teacher doesn't know if it's too tight. If you use Ukeru™ and the shields, you keep your distance. They can calm faster." Another student, Harry, explained, "[It] Isn't known as a restraint, it's just like to calm people down, it's just Ukeru™ event. It's nothing serious."

One student, Zac, shared he had concerns about the use of the blue shields and Ukeru™ as the sole means for staff working with aggressive students. He was the only one of the seven who didn't exclusively choose Ukeru™ but noted it may work for many. He stated, "If there's a kid that's bigger than others, the blue mat's not always gonna work for them 'cause obviously when you're bigger – people say, 'Size doesn't matter.' Yeah, size matters a lot. When you're bigger, you're stronger." He continued later, "For most of the (partial), most of the kids aren't huge, and like, so the blue mat probably will work with – but there are some kids who were bigger than others and restraints are used for them." This response was categorized separately from the other six.

Perceptions of Safety

This domain was split into four different core ideas based on participant responses. Like research question one, core ideas were broken down by either restraint or Ukeru™. These were further analyzed by safety to self and safety to others.

Perceptions of Safety for Self During a Restraint

The majority of students (n=5) felt that restraints kept him or her safe. Most noted this without further comment, answering simply, "Yes," or "Yeah." However, when Simon was asked if restraint kept him safe, he elaborated, "Only the one that didn't hurt. Well, it, like, did keep me safe but it also really hurt." Two students believed it did not keep them safe. When asked, Harry shook his head no. He elaborated, "It's just like, it hurts my arms." He went on, "And when they put me back like this [leans forward with arms at his sides and slightly behind], I can't breathe." Both his response and Simon's also coincided with the theme of pain that emerged. A theme of powerlessness was also mentioned by two students. Margaret noted, "I just

realized if I stop doing it [being aggressive], then they can't do it to me. They can't put me in a restraint if I stop doing what I was doing."

Perception of Safety for Others During Restraint

Most participants agreed that the use of restraint kept others safe (n=5). All of these responses were short answers, like, "Yes," or "I would say so." Two students, Simon and Zac, noted that they were only restrained when other students were not present. When asked about staff, Simon responded, "I feel like I don't really know because if they [the students] like hit them [the staff] it wouldn't - probably wouldn't hurt them. But if they [the students], like, had like something sharp or heavy at them, then it would probably would." When Zac was asked about staff, he also noted a concern for their safety, stating, "As long as the staff didn't get hit, yes." Only one student felt that restraints did not keep others safe. When asked, Sean stated, "Not really. After the fact [restraint], I'd keep going because I was still so mad."

Perception of Safety for Self Using Ukeru™

All seven participants answered that they felt the use of verbal de-escalation and the shields kept him or her safe. Most students responded with short answers. Margaret noted, "Yes, 'cause then I didn't do it [self-injure] again." During Zac's interview, when asked about the pads, he seemed to have a misconception of the way the blue shields were meant to be used. His response was coded separately. He made multiple comments during the interview that, "they never really used them against me," and "I think those are way better idea because if you get them [the student] in a corner, they're not going to be able to go anywhere." Zac seemed to regard the blue pads as something to be used offensively. In using Ukeru™, the shields are only to be used defensively to avoid staff or student injury. They are never to be used offensively to

jab, push, move, hold, or contain a student. Even though he recognized that staff had used the pads to stop his self-injurious behavior, when asked if the pads kept him safe, he initially responded, “They never really did it.” The interviewer asked about when he was self-injuring and he replied, “Yeah, ‘cause [sic] when they had you like in the arms, you couldn’t move your head, so all you had was the blue mats, so they definitely kept you safe.” He seemed to have some difficulty as viewing the pads separately from the restraints.

Perceptions of Safety for Others Using Ukeru™

When asked if verbal de-escalation and the blue shields kept other students and staff safe, six students responded positively. As with the previous questions, most students answered with a “Yes,” or just a few words. Margaret noted that there were never students around her when the pads were used. She stated, “Yeah. They [the students] weren’t around. It was in the hallway and they were in the classroom so it wasn’t in the classroom.” Zac’s answer was, again, coded separately. He initially responded he felt the blue shields kept students safe, “Probably just depends on the kid. Yeah. I never seen [sic] a kid get injured when they were using the blue mats. I could say that.” Then he later stated, “It’ll all just depends on the kid. Like I said, those blue mats aren’t gonna [sic] do anything against a six ten [6’10”] kid. Like if there’s a big kid there – you know what I mean?”

Connections with Staff

Research question three focused on the students’ connections with staff after the conclusion of a restraint and after staff had used the blue shields. Results were separated into two core ideas, either after restraint or after the shields. Six categories emerged from students’ responses.

Speaking with Staff After Restraint

Students' responses to this question were varied. Three students felt comfortable speaking with staff immediately after a restraint. Zac explained, "I didn't really look at it different just 'cause they restrained me. Because they had a reason to, I guess, so I was in the wrong. They really weren't." Simon stated, "I like, just – I was just able to talk to them 'cause I know that they were trying to help in a way. [Deep sigh] I don't really think that they knew that it hurt."

Two students described needing time after the restraint before talking with staff. Philip noted, "Well directly after the incident, I didn't want to talk to them at all. But then, like, the next day, I was – I was fine." Margaret gave a more detailed answer, responding,

> I don't really talk after my restraints. I kinda just kept what I had to say to myself. But if I did, it would be—sometimes I would talk to them, I kinda told them, I don't like being held down because after all that I been held down I don't like even people at home even touching me because it would just feel like I would be restrained again. Even when my mom would hug me, I don't like that because if, if that would happen to me—I had so much happen that it would just scare me. That's why I don't even like being touched by no one [sic].

Two students spoke about not wanting to speak with staff after restraints. When asked how it felt to talk with staff after a restraint, Harry responded simply, "Bad." When asked for clarification, he explained, "'Cause I feel like they try to hurt me." Sean explained that he spoke to staff out of obligation, stating, "I didn't really talk to them. I talked to them because I had to."

Speaking with Staff After Ukeru™

Only two categories emerged when students were asked how they felt about speaking to staff after the blue shields had been used. Five students said they had no issues speaking with staff. Chloe stated, "Uh, it feels – it doesn't feel weird though, at all. Um. Like, I'm okay with talking to the person that's used them after the shield, so yeah." When asked how it feels to talk with staff after the shields are used, Harry explained, "Good…'Cause it makes it feel like I could process and earn their trust back." He went on to say, "Yeah, and move on and then, like, still have a bond with them and don't burn their bridge." Two students described needing time. Zac described this as, "Felt fine. I knew a lot of them again, so, I guess it was really – I wasn't being, like, a jerk to them. I mean, I might have been a little irritated, but I wasn't being like, 'Screw you!' I was more just, 'Don't talk to me right now.'"

Summary of Research Findings

The researcher's system for coding interview responses is provided to ensure transparency and the possibility of study replication. An analysis of responses during the interviews yielded three Domains, eleven Core Ideas, and 33 Categories. Table 3 provides a complete Summary of Results. In the data review, direct quotes are provided from one or more participants to add context and nuance to the core ideas and categories and an analysis of these results is provided in Chapter 5. Full interview transcriptions are provided in Appendix C.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

Introduction

Chapter Five presents an interpretation of the results described in Chapter Four and reviews the findings in relationship to related research in the field. Limitations, biases, and recommendations for future research are provided, along with a summary of the findings.

Research Question One

Research question one focused on the perspectives of students who have been exposed to both restraint-based (HWC or SCM) and trauma-informed crisis intervention programs (Ukeru™) for aggressive or self-injurious behavior and was stated as follows:

1. What are the perspectives of students who have been exposed to both restraint-based (HWC or SCM) and trauma-informed crisis intervention programs (Ukeru™) for aggressive or self-injurious behavior?

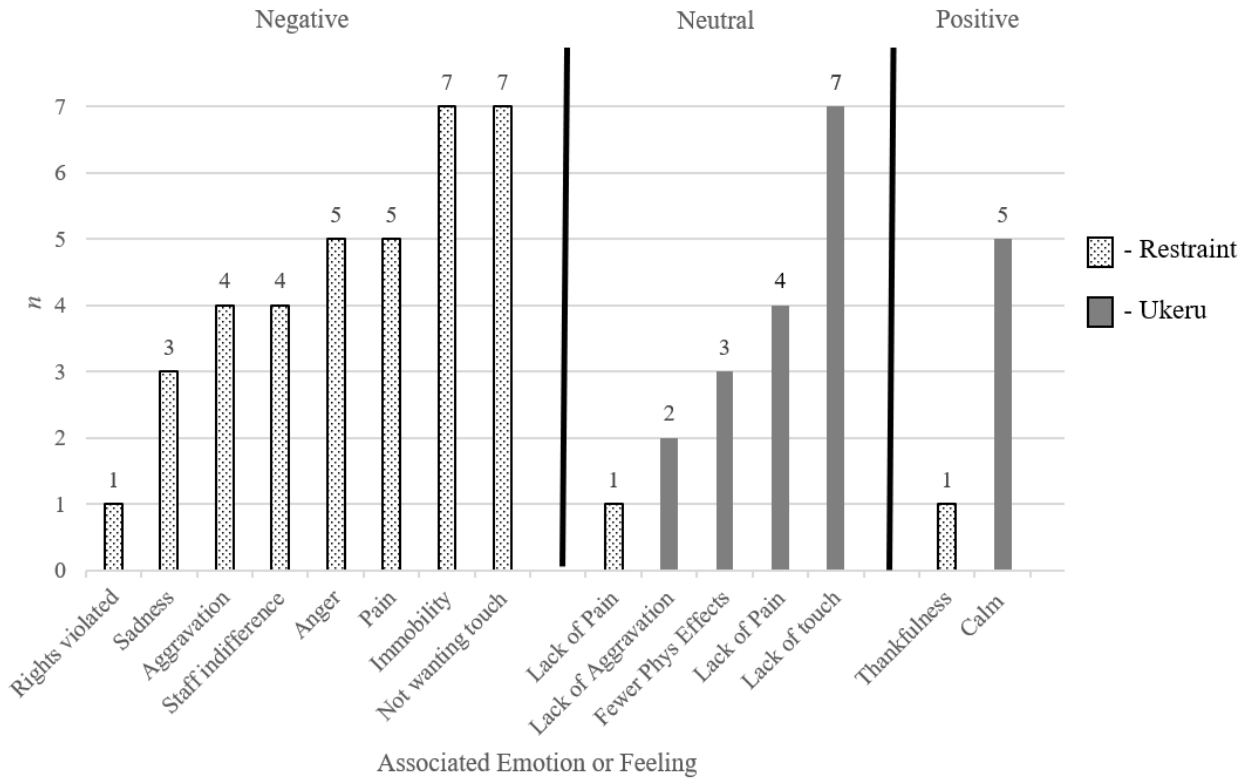
The results were broken down by responses to restraint and Ukeru™, then further by internal emotions or physical feelings. Students were asked to describe their experiences with both restraint and Ukeru. As their answers were coded during the data analysis process, it became apparent that responses described either an emotional or a physical reaction. This second layer was coded, leading to four core ideas and 15 categories.

Figure 3 provides a summary of the categories that were derived for question one. Emotions and feelings identified by students are listed along the y-axis. These are listed as: negative, neutral, and positive, at the top of the graph from left to right. Emotions are listed by frequency of occurrence. For example, “rights violation” was mentioned by one student, and is

listed to the far left in the negative category. “Immobility” and “Not wanting to be touched” were mentioned seven times, by all students, and are listed further right. This placement only indicates frequency of occurrence during interviews. Placement does not indicate that these emotions were more or less negative, neutral, or positive.

Figure 4

Student Perspectives on Restraint and Ukeru



Note: Emotions and feelings identified by students with experience in restraint and Ukeru™

There has been extensive research into labeling and understanding the differences between positive and negative emotions. Negative emotions are defined as, “an unpleasant or unhappy emotion which is evoked in individuals to express a negative effect towards an event or person” (Sam, 2013). On the other hand, positive emotions are described by Ekman (1992) as sensations of enjoyment. Russell (1980) proposed that emotions exist on a continuum from

positive to neutral to negative and from low to high levels of arousal, providing a basis for categorizing complex emotions. This research provided the foundation for classifying the feelings described by participants in this study. In nearly every interview, one or more participants described an experience not by what it was, but by what it was *not*. That is, students noted that there was a *lack of* pain or a *lack of* staff touching them. All of these were classified as neutral since no specific feeling was described; rather, it was the lack thereof that was noteworthy. Moreover, this *lack of* pain or *lack of* being touched was noted as a relative positive in comparison to feeling of restraint. However, it was not coded in the positive emotions category since the students did not specifically say if this elicited a positive emotion. It was only mentioned only in the context of being better than the alternatives, that is, being in pain or being touched by a staff member during restraint.

In reviewing the emotions and feeling identified related to restraint, students were far more likely to use negative terms to describe their experiences. In all seven of the interviews, students identified an inability to move their body and not wanting to be touched by staff. Given the invasive nature of restraint, in which a staff member temporarily immobilizes or reduces the ability of a student to move one or more parts of his/her body freely, it is unsurprising that this theme emerged across interviews.

Critically, five students spoke about feelings of pain during restraint. This is concerning from multiple perspectives. First and foremost, staff members using these restraint systems, specifically Handle With Care and Safe Crisis Management, are taught that restraints are not painful to the student. Handle With Care's website states, "HWC's physical holding technology is painless and orthopedically correct…" (Handle With Care, 2022). And while the website for

Safe Crisis Management does not specifically say that the system is pain free, it is noted, “SCM techniques have been medically reviewed, approved, and have no pressure on critical body parts (Safe Crisis Management, 2022).” Five out of seven students specifically noted during the interviews that restraints were painful. One student even recognized that it was unlikely that staff were aware that they were causing pain. Given that only one student of the seven noted that restraints did not hurt, it is apparent that there are differences in the way restraints are being used and it is critical that this is taken into account as administrators make safety decision for their students and staff.

In analyzing responses about restraint, there were two answers, both from Philip, that stood out as outliers. He was the only student who specifically noted that restraints did not hurt. In Figure 3, this response is categorized as “Lack of pain” in the Neutral category. Later in the interview, when asked how he felt about restraints, he stated, “Thankful,” then elaborated, “…I was happy that they stopped me before I could, like, hurt someone that was, like, walking on the street or something.” This is categorized as “Thankfulness” in the Positive category in Figure 3. Though this is another singular case, it is worth noting that a parallel theme also emerged from the interviews done found by Steckley & Kedrick (2008). They found that some participants identified that there were times restraint was necessary and a dependency on restraint during crisis. Overall, Philip’s responses were generally in line with the interviews from the other students. It is possible that with a larger pool of participants, there may have been others who discussed similar feelings and experiences.

There was one other student who described a feeling that occurred only once in the interviews but was kept due to its alignment with previous research in the field. Sean spoke

about restraint as a violation of his personal rights. This also reflects responses found by the Commission of Social Care's research (2012) in which students expressed feeling "a lack of rights" when describing their experiences with restraint. As with Philip, the rest of Sean's responses had similar themes to the other six participants; however, here again, a larger number of participant interviews may find that there are others who feel describe this same feeling.

When discussing restraint, students spoke almost exclusively about emotions that fell into the negative category. Sadness, anger, aggravation, and a feeling that staff did not care about them were all noted. This aligns with previous work in the field, including Steckley & Kedrick's (2008) work and the 2012 interviews completed by The Commission for Social Care. Children in these studies described feeling angry, trapped, out of breath, and frustrated. Research completed with adults found similar themes. Restraint research by Mèrineua-Côtè & Morin (2014), Hawkins, et al, (2004), Sequeira & Halstead (2001) and Kroese's (2006) found that adults also described feelings of anger and sadness, a perception of force, pain, physical discomfort, distress, and subjection. It is clear that whether the individual being restrained is a child or an adult, restraint is viewed as a substantively negative experience both physically and emotionally.

In analyzing the portions of the interview in which students spoke about their interactions with Ukeru™ and the use of the blue shields during crisis, students spoke more about what Ukeru™ was not, with the one distinct difference being that several (n=5) noted specifically that it was calming. It is critical to note; however, that those pieces that Ukeru™ was missing, that is, *the lack of* being touched, *the lack of* escalation, *the lack of* side effects, and *the lack of* pain were all noted as relatively positive attributes when compared to the experiences related to restraint. These were all placed in the neutral category in Figure 3. During the interviews, the transcription

process, and while reading and re-reading the transcripts, it was apparent to the researcher that the *lack of* touch, pain, aggravation, and side effects were all regarded by students as a far more positive experience than that of restraint. Every participant, at some point during the interview, spoke about wanting physical space when feeling escalated. Restraint requires that staff decrease the space between them and a student to ensure safety. Ukeru™ requires the opposite. Staff are trained to increase the distance between students in crisis. A person with a trauma history in an escalated state is more likely to interpret a staff member coming closer to them as threatening behavior (Ukeru, 2020; Pease & Pease, 2004). Staff not only increase physical distance during crisis using Ukeru™ but also use the shields only in a defensive manner. As mentioned before, the shields are never used to move, jab, seclude, or restrict a student's movement. The shields are used solely for blocking and thus, the likelihood of pain occurring from interaction with a staff member is far reduced. Staff are also taught to use trauma informed phrasing during crisis situations. Interactions should be tailored to the individual in crisis, and when used, language should focus on being a support, for example, "How can I help you?" or "It is safe here." Moreover, outside of a crisis, staff are trained that the following principles are critical to an effective trauma-informed program: Safety, trustworthiness, choice, collaboration, and empowerment (Ukeru, 2020; Harris & Fallot, 2001). Given these fundamental principles of a trauma-informed approach and the use of blocking shields during crisis, the lack of being touched, the lack of escalation, the lack of side effects, and the lack of pain cited by participants is unsurprising and further reinforces the use of TIAs, as opposed to restraint, with students in crisis.

Frustratingly, despite the increasing use of TIAs in schools and institutions around the country, there has been no research into the perception of those students who have interacted

with it. The only research in this area has been with staff (Keesler, 2016). Staff voiced feelings of empowerment, collaboration, and trust. And while these are critical elements of a TIA, the results of the interviews conducted for this research did not find similar themes in the perspectives of students. However, it is possible that the wording of the questions in this study may not have elicited these types of responses. Students were asked to recall times they experienced a crisis and were supported using Ukeru™ and the blue shields. The follow up questions used to elicit more information focused more on the immediate feelings during and afterwards. Future research may consider additional questions that require the participants to consider larger themes associated with the use of a TIA. In addition, the participant pool for this study was pre-teen and teenage students in middle and high school. Participants this age, especially the younger students in grades six and seven, may have trouble moving from concrete thinking to more abstract concepts. It's not until mid to late adolescence that individuals are typically able to engage with increased verbal abilities, discuss concepts of morality, and engage in higher level perspective taking and abstract thinking (Christie & Varner, 2005).

Critically, five of the seven students interviewed also spoke about Ukeru™ providing a sense of calm. When students are in crisis, helping the student find a safe way to calm is the first and most critical job for staff. As stated earlier, the ability to calm through perspective taking or intellectual processing through the episode could be limited with these subjects. As a trauma informed approach, Ukeru™ complements these possible deficits in these students. Ukeru™ trains users that staff have two jobs during a crisis: First, to "Calm the amygdala" and, second, to "Build new neural pathways" (Ukeru, 2020). Calming strategies include identifying and removing possible triggers, providing calming activities and opportunities throughout the day, using grounding physical activities, creating soothing environments, increasing space when

behaviors escalate, and using trauma informed phrases when a student needs support (Ukeru, 2020). Based on the interviews, students recognize that these interventions are calming. This is compared to the responses about restraint, in which no students identified the use of restraint as a calming experience.

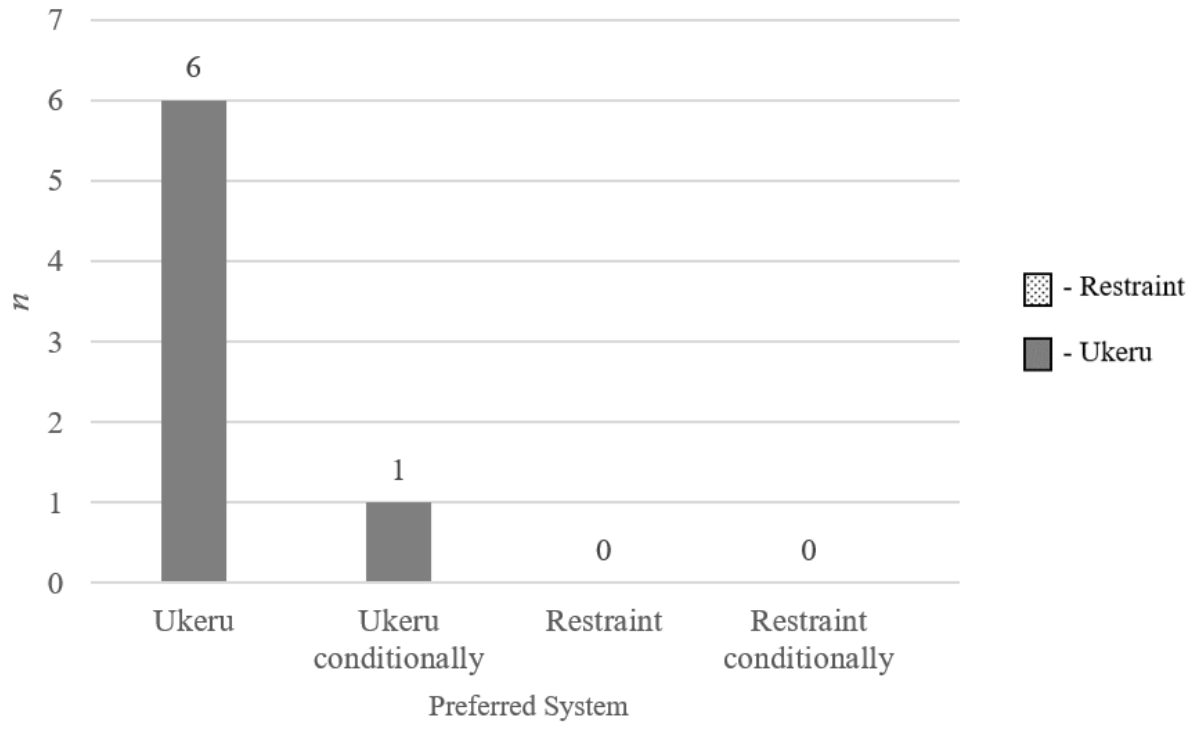
Overwhelmingly, the experiences associated with restraint were described in negative terms, both for physical feelings and emotional experiences. On the other hand, the use of Ukeru™ fell exclusively in the neutral or positive categories. This was seen consistently in all seven interviews. School districts should carefully consider this information. As a former teacher who used restraint with her students, some as young as six years old, and as someone who trained dozens, if not hundreds, of school staff to perform restraints, this is of the utmost concern to the researcher. These interviews, in line with previous research (Morgan, 2012; Hawkins, 2004; Sequeira & Halstead, 2001) in the field, makes it clear that for some, perhaps many, of the individuals who experience restraint, it is a painful experience. It should go without saying that teachers do not get into the field of teaching to hurt or injure children. Individuals become teachers because it is an aspirational career and because they want to make a social contribution (Richter, et al, 2021). If teachers knew that they were hurting students physically or emotionally, it may change the way they view the use of restraint. Moreover, it is critical that those who are training staff in the use of restraints are training with fidelity to ensure that some of our most vulnerable students, those children with a background of trauma, are unharmed during crisis situations.

Finally, it's important to note that when the students were directly asked if they preferred one method over the other, that is, Ukeru™ versus restraint, six chose Ukeru™ without

qualification, and one chose Ukeru™ but noted that it may be difficult to use with exceptionally large students. Figure 5 provides a summary of this data. There is no previous research with which to connect these responses, and this component of this research is key. As one of the first qualitative studies of this kind, previous research hasn't sought out student opinion regarding crisis intervention. School district administrators are making vital choices everyday regarding the safety and welfare of their students, including those who exhibit self-injury and aggression. Students who have a history of these behaviors and who have engaged with both types of intervention consistently chose Ukeru™ as their preferred method of support during crisis.

Figure 5

Student Preference Regarding Ukeru and Restraint



Note: Preferences identified by students with experience in restraint and Ukeru™

School administrators should strongly consider moving to a trauma-informed approach that eschews the use of restraint, like Ukeru™. At no point during the interviews was the use of

the blue shields identified as painful. Instead, four students specifically noted a lack of pain in the use of Ukeru™. All seven participants specifically noted that there was a lack of being touched during Ukeru™, which was presented as a relative positive when compared to restraint. As quoted in Chapter 4, one student specifically mentioned, "Restraints like- yeah, they keep you held, like, but it really hurts. Unlike the pads, they'll, like, stop you from hitting, but doesn't hurt." Even more critically, when asked which method students preferred as a support during crisis, all of them chose Ukeru™ over restraint. There is a viable alternative to restraint, and it is up to school leaders to make decisions that ensure the safety and welfare of their students, including those students who engage in severe aggressive and self-injurious behaviors.

Research Question Two

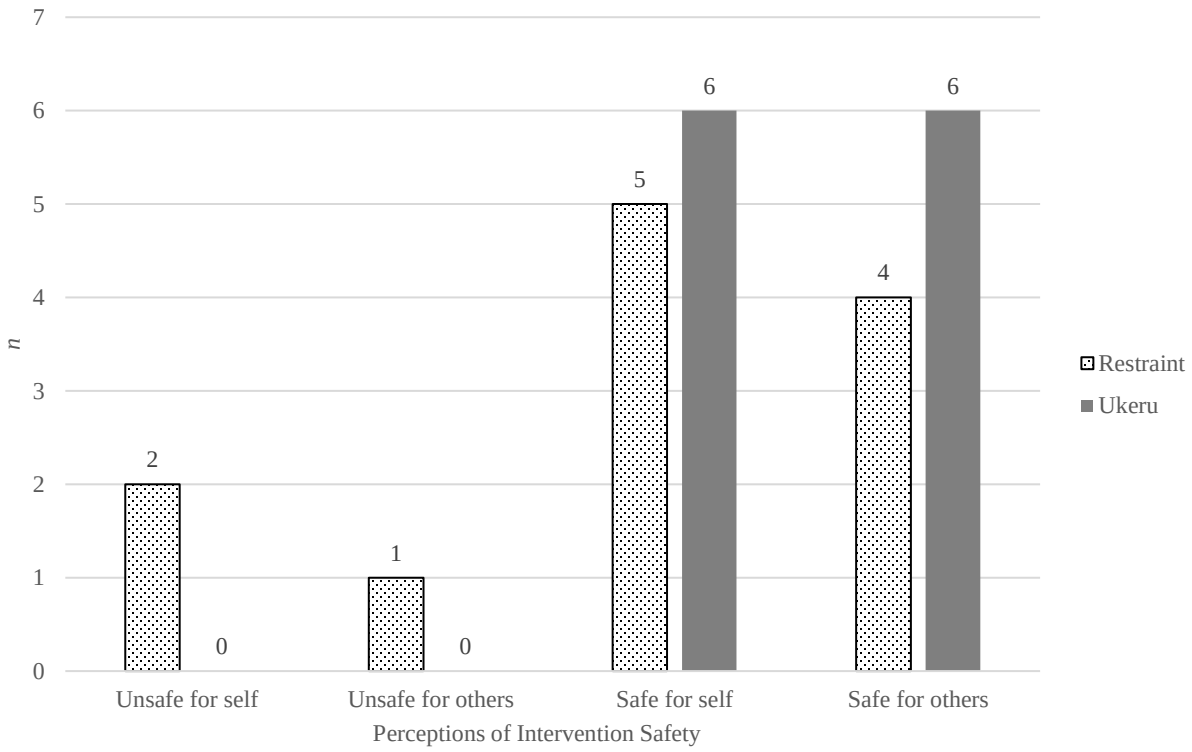
The second research question focused on students' perceptions of safety for both restraint and Ukeru™, both in terms of their own safety and the safety of others. This question was stated as follows:

2. What are the participants' understanding of safety during the use of restraint versus the use of blocking shields during a crisis?

Most students indicated that they felt that both restraint and Ukeru™ kept them and others safe. Figure 4 provides a visual representation of students' perceptions of safety.

Figure 6

Student Perspectives on Safety for Restraint and Ukeru



Note: Perceptions of safety as identified by students with experience in restraint and Ukeru™

Most students indicated that they felt that restraint kept them (*n*=5) and others (*n*=4) safe. This is in line with previous research by Steckley & Kedrick (2008). In their work with children ages 10-17, they found that students indicated that there are times when restraint is necessary for safety. In addition, Jones & Kroese (2006), found that adults with learning disabilities indicated that restraint was needed for protection in some circumstances. It is important to note that, in the present research, even for those students who believed that restraint kept them safe, two indicated that this safety was accompanied by feelings of powerlessness. Margaret spoke about this several times during her interview and the long-term effects of being restrained, at one point describing, "...after all that I been held down, I don't like even people at home even touching me

because it would just feel like I would be restrained again. Even when my mom would hug me, I don't like that because if, if that would happen to me—I had so much happen that it would just scare me. That's why I don't even like being touched by no one [sic]." These long-term social consequences must be a critical consideration for the use of restraint. It has been years since Margaret was in a residential facility and restrained, however, she spoke at length about how the experience of being restrained has had a lasting impact on her relationships with her parents and siblings. Frequently, students with a history of aggression and self-injury also have a history of trauma. It is possible that the use of restraint, for some students, may be a retraumatizing experience. The use of a TIA like Ukeru™ may reduce the possibility of traumatization or re-traumatization for students whose behavior require the support of staff to maintain safety during crisis. While themes of subjection and subordination appear in prior research (Jones & Kroese, 2006), long-term social consequences are not specifically noted and may be an area for future research.

Two students indicated that restraint did not provide safety for the individual. For one student, this was due to the pain caused by the restraint. The other student indicated that restraint did not provide protection for other students or staff because it only angered him further, and once released from the restraint, he was likely to continue the aggressive behaviors. This is response is in line with the work of Steckley & Kedrick (2008), who also found themes of aggression toward staff in their interviews with children. It is important to note that two students did not provide an opinion on whether restraint was safe for others. Both noted in their responses that there were never any other students around when they became aggressive or self-injurious and no opinion was provided.

The responses regarding safety and Ukeru™ are substantially different. Most importantly, no students identified that the use of the blue blocking shields was unsafe for themselves or others. Six of the seven participants indicated that they felt that Ukeru™ kept them safe during an aggressive or self-injurious episode, and the same six students indicated that Ukeru™ also provided safety for others. This is an important contrast to the responses regarding restraint. While students identified feelings of powerlessness and pain when describing restraint, none of these feelings were described when students discussed what it was like to be supported using Ukeru™ and the blue shields. Looking solely at the responses regarding safety, the differences are somewhat negligible, a difference of only a single response when it comes to the safety for self. However, the difference is bigger than that one response. The difference is that using the blue shields did not result in pain, students did not identify feeling powerless, nor did they describe feelings of increased escalation. Students in these interviews perceive that Ukeru is safe for themselves and others, without the negative effects of restraint. Safety is a critical component in school districts; one that goes beyond just physical protection. Districts should consider the emotional well-being of their students, especially those with a history of trauma, aggression, and self-injury when providing support during a crisis.

It is important to note that one student's responses, Zac's, were not included due to his misperception of how the blue shields were meant to be used. As discussed before, he did not recognize that the blue shields were used with him since they were never used in an offensive manner. Further, when asked if Ukeru™ kept himself or others safe, he voiced concerns that the blue shields might not work with students who were exceptionally tall or large, in his words, "If there's a kid that's bigger than others, the blue mat's not always gonna work for them 'cause obviously when you're bigger – people say, 'Size doesn't matter.' Yeah, size matters a lot. When

you're bigger, you're stronger." From her own experience, the researcher can attest that this same issue was initially a concern among several staff when they were first trained in the use of Ukeru™, especially those that had previously been taught to restrain. It is interesting that Zac brought up this concern in his interviews. This may be due to Zac's many encounters with restraint or possibly him witnessing the use of Ukeru™ with other students in his classrooms. District administrators should consider these concerns when thinking about how some of the biggest students in the district may be supported. In the researcher's experience, larger students can be safely maintained using the blue shields using team deployment strategies, practicing with classroom teams, debriefing after an event, and running crisis drills. Employee and student safety has been maintained at rates similar to or better than restraint in the researcher's school district since Ukeru™ was implemented (Nientimp, 2018).

As mentioned earlier, there is no research regarding student perception of safety using a TIA. Keesler's work in 2016 focused only on interviews with staff members using a TIA. And while positive themes emerged regarding empowerment, collaboration, and trust, the issue of safety was not directly addressed. It is unclear whether staff perceive that TIAs are more or less effective than restraint. The results of this study indicate that students who have experience with Ukeru™ regard it as safe for both themselves and others. In comparing perceptions of safety for restraint versus Ukeru™, Ukeru™ was seen as safe by students for both the individual and for others and without the negative feelings of powerlessness and pain. Understanding student perceptions of safety clearly needs additional research as this study appears to be the first of its kind.

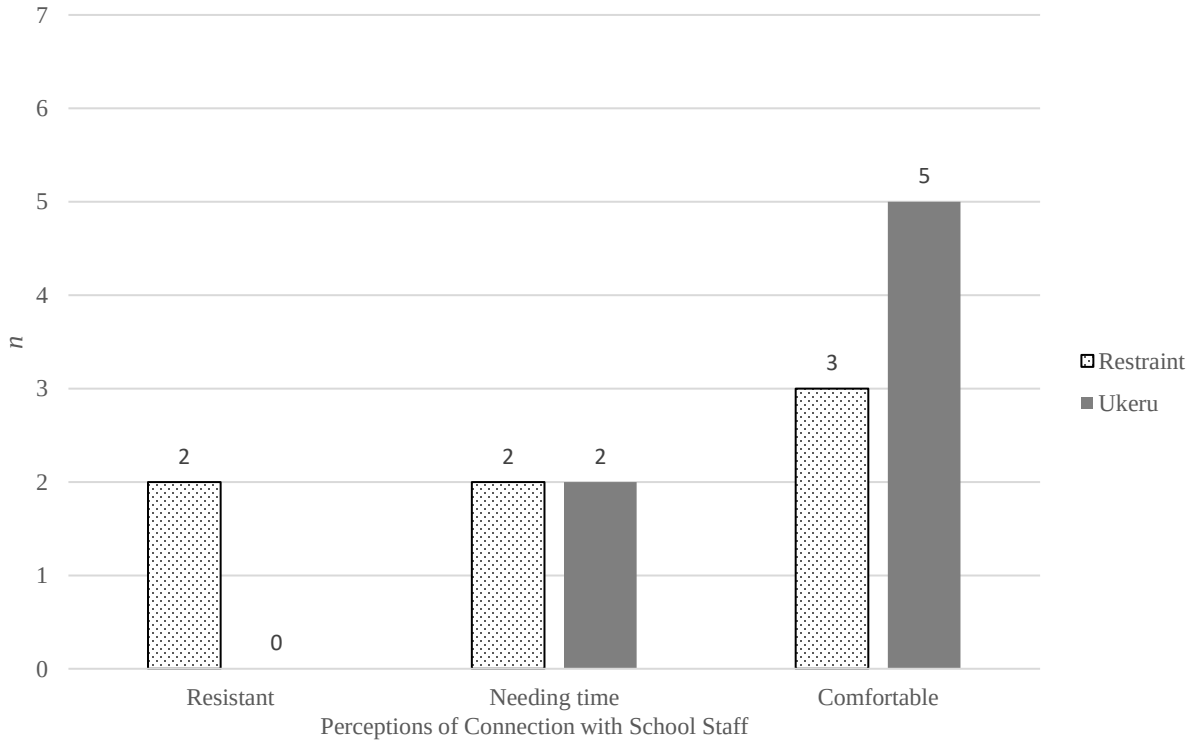
Research Question Three

Research question three focused on students' connections with staff after a restraint and after the use of Ukeru™. This was stated as:

3. Given that the student has a reasonable perception of what traditional restraint and TIA is intended to be, do they perceive any positive or negative connections with school members who implement these practices?

Figure 7

Student Perspectives on Connections with Staff after Restraint and Ukeru™



Note: Perceptions of connection with staff by students with experience in restraint and Ukeru™

In discussing their ability to speak with staff after the use of restraint, three students indicated they were comfortable with staff immediately or shortly after, and two indicated they

needed additional time but would process with staff later. Of those five students who were comfortable talking with staff, several of them spoke about positive relationships with staff even after a restraint. This speaks to the connections many staff have made with students who exhibit exceptionally intense behaviors during crisis. Moreover, it speaks to the ability of staff to reestablish a therapeutic relationship even after a negative event like restraint.

Two of the seven students interviewed were resistant to speaking with staff at all after a restraint. One student indicated that he believed staff were trying to hurt him during restraint, while the other spoke about speaking to staff solely out of obligation. In the 2012 research completed by the Commission for Social Care, students indicated feelings of resentment toward staff due to restraint. Moreover, Steckley & Kedrick (2008) found that the primary emotion described by students who have been restrained is anger, which may make it more difficult for a therapeutic connection to be established.

Freire, et al, (2020) found that students with social-emotional needs (SEN) were less likely to have positive relationships with teachers or staff than those students without SEN. Teachers were more likely to report frustration or tension with these students, as well. However, research by Zolkoski (2019) and Whitlow (2018) found that a personal connection with a teacher was the most important factor for long-term school success for students with social-emotional behavior concerns.

While there is no previous research into students' perceptions regarding Ukeru™ or TIAs, results from this study indicate that all seven students were able to talk with staff either shortly after or with some time after a behavioral episode requiring the use of blocking shields had occurred. None of the students indicated any resistance speaking to staff afterwards. There

were no mentions of feelings of anger or obligation. For those students with a history of trauma, self-injury, or aggression, a supportive, a positive relationship with a school staff member is critical. Based on the responses from these interviews, a TIA like Ukeru™ appears to allow a therapeutic connection to remain intact throughout a staff supported crisis.

Taken together with the results from research questions one and two, it is apparent that this early research in the field strongly supports the use of a TIA like Ukeru™ over the use of a traditional method of restraint. Not only is the therapeutic connection between student and staff undamaged, but students regard it as safe for themselves and others. Moreover, students describe restraint as a markedly negative experience, both physically and emotionally. As advocates for students, school district administrators, teachers, and school staff, have an obligation to consider the supports being provided to students in crisis, and the consequences of these choices both in the short and long-term.

Limitations & Biases

This study is the first to interview students who have experiences with both restraint, specifically HWC and SCM, and a TIA, specifically, Ukeru™. The study began with a total participant pool of eleven. Seven parents and students gave consent to participate in the interviews. While seven is a relatively small number of participants for a study, given that the total participant pool in the district was 11, the participation rate was higher than expected by the researcher. Four previous qualitative studies that focused on the use of restraint included between five and 10 participants, putting the current research in line with previous work in the field.

However, given the small participant number, there are limitations. First and foremost, seven participants, while in line with other work in the field, is a small sample size to draw

representative conclusions from for a much larger population of students who have experience with restraint, TIA, and Ukeru™. In addition, this work focused specifically on those students with an educational identification of Emotionally Disturbance, Autism, Other Health Impairment, and/or Specific Learning Disability. To be a part of this study, students could not be identified as having an Intellectual Disability. This led to the exclusion of students with more significant impairments who have also experienced both restraint and Ukeru™. It is possible that their experiences are significantly different from those students included for this research.

In addition, given the nature of the sample and the fact that all students are from one area and district, there is limited generalizability to the general population that could account for broader representation of SES levels, race, ethnicity, and similar culturally relevant variables. Within this sample, six students were from public schools, one from a residential treatment facility. Five students were male and two were female. Five students were White, one student was Black, and one was Hispanic. Given these limited demographics, these results should be interpreted with caution and replicated across a more diverse sample of students before assuming these perceptions are representative of the population.

Of those seven participants who agreed to be interviewed, six students agreed to have their interviews recorded. All transcripts were typed up verbatim based on these recordings, including pauses, fillers, and gestures. Given the sensitive subject matter, the researcher believes that these nuances matter and needed to be included in the transcript to provide an accurate portrayal. One student, Sean, agreed to be interviewed but declined to be recorded. This transcript was typed up within an hour of the interview. During the interview, extensive notes were taken, including gestures and body language when possible. Despite the note taking and

follow-up, it is possible that critical information was missed during this interview. While note-taking, it was impossible to watch the student with the same level of observation that could occur in the other six interviews. In addition, some nuances of the language may also have been lost given that the researcher was unable to write as fast as the participant spoke. The interview was sent to the participant for review and to ensure accuracy. Even with the follow-up with the student, it is possible that he could not recall his initial answers and/or may not have been interested in discussing it further, or via email, where there would be record of his responses or participation. He confirmed that it was accurate and had no additions or deletions to the transcript as presented.

It is also important to note that every student in this study had more experience with restraint than with Ukeru™. Some students had only experienced Ukeru™ a handful of times. In addition, one student, Sean, was unable to recall an Ukeru™ incident despite district records indicating that it had been used with him. Similarly, Zac did not initially realize that Ukeru™ had been used with him on multiple occasions (according to district records) because the blue shields had not been used offensively. The use of Ukeru™ is *only* defensive, and it appears that some students did not recognize that it was being used with them. In comparison to restraint, it is substantially less invasive. As explained earlier, staff are instructed to keep their distance and the blue shields are used only for protection for staff and other students. The fact that students had more experiences with restraint than with Ukeru™ may have also contributed to the differences in responses.

An additional consideration is the nature of the questions that were asked in the interview. Though none of the students showed any outward signs of distress during the

interviews, it is possible that the recollection of specific events may have triggered a traumatic memory. At times, it can be difficult for individuals to speak about trauma, and this may have influenced the depth and breadth of students' answers (SAMHSA, 2015). Furthermore, students in early middle school, are more likely to engage in concrete thinking and may have more difficulty with abstract concepts (Christie & Viner, 2005). This was apparent in some of the conversations with the younger students in the study, who had difficulty, at times, moving beyond a specific idea or concept, even when prompted by the researcher.

Researcher biases can also play a role in the interpretation of data. As mentioned in Chapter Three, the researcher is currently an Ukeru™ trainer and is employed in the district in which the research took place. The researcher was previously a Handle With Care trainer for the same district. Currently in the district, only Ukeru™ is permitted to be used by staff to support students with aggressive or self-injurious behaviors.

During the interviews, the researcher made every effort to provide similar feedback to responses regarding the use of restraint and Ukeru™ to avoid inadvertently reinforcing one type of response over another. When student's responses were unclear, the researcher used clarifying questions to ensure that the student's message was clearly understood. In addition, participants and their parents were contacted via email to review the researcher's findings and interpretations to ensure credibility. While it is possible that the researcher's beliefs, backgrounds, or methodology may have biased this study in some way, the researcher made every effort to construct the study from beginning to end in a manner that was neutral.

Future Research

As noted throughout the study, additional research into the perception of students is needed. Only two studies (Morgan, 2012; Steckley & Kedrick, 2008) have focused on understanding the experiences of children who have been restrained. As discussed previously, there is no research that focuses on the experiences of students who have experience with a TIA or Ukeru™. What little research there is has focused only on the experiences of staff (Keesler, 2016). Studies that focus on the experiences of students who only have a history with Ukeru™ interventions should be conducted to determine if experiences are rated more positively or negatively in comparison to the findings found here. It is worth considering that students who have only ever experienced Ukeru™ may rate it more positively when they are not first asked to recall negative experiences with restraint, as they were during the interviews conducted for this study. Conversely, it's possible that it may be rated more negatively when there is an even more negative experience, like restraint, with which to compare.

This study is the first to interview students who have experiences with both restraint and TIA. Future research should expand this subject to include more students with a variety of backgrounds and with a more diverse sample; it should include more students with a wider range of ethnicities, educational disabilities, and school experiences. In addition, more females should be included in the research. Students with an array of cognitive and linguistic abilities should also be considered, including those students with an intellectual disability and those students who are intellectually gifted. A larger and more diverse participant pool could allow for confirmation of the current study and additional insights. Furthermore, results could be parsed by

demographics features, allowing for a clearer understanding of student perceptions based on a number of variables.

Researchers should also consider interviewing recent high school graduates who experienced restraint or TIAs as part of a school program to get a clearer sense of long-term consequences. Reinterviewing participants, including those who participated in this study, after an additional three, five, and ten years has passed could give more insight into student outcomes as they enter early adulthood. Future research should also consider the use of quantitative data to provide additional analyses of student responses.

Summary

In reviewing the results for each of the research questions, students' perceptions of restraint were consistently more negative than their perceptions of Ukeru™. Research question one focused on students emotional and physical experiences for both restraint and Ukeru™. Restraint was consistently labeled using negative terms, including feelings of pain, anger, sadness, and physical experiences of immobility, and not wanting to be touched by staff. On the other hand, Ukeru™ was often described in terms of what it was not, that is, it was described as *not* painful, *not* aggravating, and students *not* being touched by staff. It was also described as calming. Students consistently spoke about wanting space while in crisis. Handle With Care and Safe Crisis Management both require staff to move closer to a student, while Ukeru™ requires that staff provide distance while maintaining safety.

Research question two focused on student perception of safety for themselves and others. Students consistently rated Ukeru™ as safe for themselves and for others. Restraint, however, was described as unsafe for the individual or for others by multiple students. Furthermore, even

those students who recognized that it kept them or others safe described feelings of pain and feeling powerless.

Finally, research question three asked students to reflect on what it felt like to talk to staff after a restraint or Ukeru™. All seven students were able to speak with staff after an Ukeru™ event, with two noting that they needed additional time. However, in discussing talking with staff after restraint, two of the seven students indicated that they were resistant. Knowing how critically important the relationships are between staff and students with a trauma history, keeping a trusting and supportive staff-student relationship intact is of the utmost importance.

This information is critical for those administrators in school and institutions making the decisions about supporting students with self-injurious and aggressive behaviors. Research into the use of Ukeru™ by Nientimp (2018) and Craig and Sanders (2018) have shown that Ukeru™ can successfully and safely decrease the use of restraints in school and institutional settings. Earlier research by Greenwald (2012) showed that the use of a TIA in a residential treatment setting led to decreases both in student behaviors and increases in the number of positive discharges. In 2007, Ryan found that the use of a TIA led to a significant decrease in restraint and seclusion. Taken together, the results of the interviews conducted for this research further reinforce the practice of moving away from the use of restraint whenever possible and moving to a TIA that provides safe alternatives for students and staff, like Ukeru™. Future research should expand on this study to determine if these results can be replicated with a larger, more diverse, population and using a quantitative analysis.

Students with significant trauma histories and those with emotional and behavioral disorders represent a substantial portion of the public-school population. Though this research is

only the beginning, it points to the possibility that schools can support students during a crisis while avoiding additional negative experiences, ensuring they feel safe, and maintaining their connections with staff by adopting trauma informed approaches TIA.

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Appendix A

General Questions

1. What is your name?
2. What grade are you in?
3. How long have you been with MTSD?
4. Who is your emotional support teacher?
5. What are some of the best things s/he does when you get frustrated?

Interview Questions

6. A few years back, when students were in crisis, we used to use something called restraint to keep students and staff safe. Restraint is when a staff member holds a student in a way that stops them from moving their arms, legs, or body freely. Tell me what you remember about that.
    a. If not addressed, prompts include:
        i. Do you remember being restrained?
        ii. How did you feel afterwards?
        iii. Did you know why you were restrained?
        iv. Do you think it kept you safe?
        v. What about the other students or staff?
        vi. What did it feel like to talk to the staff who restrained you once it was over?
7. Now we use verbal de-escalation and the blue shields and that you see in your classroom. Tell me about what it's like when those are used.
    a. If not addressed, prompts should include:

i. How do you feel afterwards?

ii. Do you know why the shields were used?

iii. Do you think using verbal de-escalation and the shields keeps you safe?

iv. What about other students and staff?

v. What did it feel like to talk to the staff who used the shields with you once it was over?

8. What else do you want to tell me about your experiences?

9. Do you think one way is better than the other?

   a. If not addressed, prompts should include:

      i. Tell me more about why you feel that way

10. What else is important for teachers and principals to know about helping students during crisis?

Appendix B

SlipperyRock University of Pennsylvania

TO: Dr. Eric Bieniek
Special Education

FROM: _____
Michael Holmstrup, Ph.D., Chairperson
Institutional Review Board (IRB)

DATE: April 8, 2022

RE: Protocol Approved

Protocol #: 2022-065-88-C
Protocol Title: Exploring Student Understanding and Perceptions of Crisis Intervention Using a Trauma Informed Approach versus a Restraint Based System

The Institutional Review Board (IRB) of Slippery Rock University has received and reviewed the requested modification(s) to the above-referenced protocol.

You may begin your project as of April 8, 2022. Your approved protocol will expire on April 7, 2023. You will need to submit a Progress/Final Report at least 7 business days prior to the expiration date.

Enclosed are copies of the approved consent and assent forms to be copied for participants to sign. (if applicable)

If you complete the study within the next year, please notify the IRB with a Final Report. The final report form and instructions can be found on the IRB website.

Please contact the IRB Office by phone at (724)738-4846 or via email at irb@sru.edu should your protocol change in any way.

Appendix C

Margaret - Interview 1

I: Before we get started, feel free to grab a snack, a water, anything, ok? So, I'm just going to start with some general questions for you, Margaret. Um, what's your name [laugh]?

P: Margaret.

I: Right [laugh]. And what grade are you in?

P: Tenth.

I: Awesome. Do you remember how long you've been, um, in (District)? Did you start out here from kindergarten or did you guys move at some point?

P: Fourth Grade. I was in (District).

I: Around 4th grade. And who's your – do you have an emotional support teacher right now?

P: I don't know. I really don't.

I: Ok, I'm trying to think who it might be. Um, you have (teacher) for tutorial, correct?

P: Mm hm [in agreement]

I: I think she's in learning support. Ok. Um, what are some of the best things your teachers do to help you when you feel frustrated.

P: Motivate me to keep going.

I: Can you tell me more about that? How do they do that?

P: Like, (teacher) will tell me just to keep going, and just to take a deep breath and, you can do it, so then I just keep going and I get my work done.

I: Awesome. Um, so, now I'm gonna [sic] move into the questions that are more about the restraints that we used to use in the district and also the trauma informed, which is using the blue pads. Ok?

P: Mm hm [in agreement]

I: So, um, a few years back, when students were in crisis, we used to use something called restraint to keep students safe. And that's when a staff member would hold a student in a way that stopped them from moving their arms, legs, or their body freely. Um, can you tell me what you remember about that? When you were restrained?

P: Ummm, they were - they were tough. Like, they would hold us down like hard, so we couldn't move and there would be a lot of people on us, or on me. And they wouldn't really care, they would just do it if we were unsafe. And that's all I kind of remember.

I: Ok. Um, how'd you feel afterwards?

P: I mean sometimes I would be sore afterwards ‘cause it would be one of the ones that they would put my arms behind me and those ones hurt. But I kinda got used to it.

I: Ok, um, do you know why you were restrained?

P: Well, sometimes I would be unsafe and run, or other times I would try hitting teachers or people, or throwing desks at people, so that’s why they put me in them.

I: Ok, um, do you think it kept you safe?

P: For awhile. Then I just realized if I stop doing it, then they can’t do it to me. They can’t put me in a restraint if I stop doing what I was doing.

I: Mm hm [in agreement]. Do you think it kept the other students and staff safe?

P: Yeah.

I: Um, what did it feel like after the restraint to talk to a staff member who had helped to restrain you?

P: I don’t really talk after my restraints. I kinda just kept what I had to say to myself. But if I did, it would be—sometimes I would talk to them, I kinda told them, I don’t like being held down because after all that I been held down, I don’t like even people at home even touching me because it would just feel like I would be restrained again. Even when my mom would hug me, I don’t like that because if, if that would happen to me—I had so much happen that it would just scare me. That’s why I don’t even like being touched by no one [sic].

I: And so you mentioned feeling sore afterwards, but it sounds like you—how did you feel emotionally?

P: I was upset.

I: Mm hm [in agreement].

P: Again, that’s why I don’t like being touched by no one ‘cause I’m afraid that they’ll just put me in a restraint.

I: Yeah. Um, so now, as a district we moved away from using restraint and now we use what’s called verbal de-escalation, which is what it sounds like [Teacher] does with you, where she tries to talk with you and motivate you, and we use the blue shields - er, the big blue pads that you’ve probably seen. Um, can you tell me what it’s like when those are used? The blue pads, when someone gets aggressive or tries to hurt -

P: I mean, I think they tried using them once on me. But I kinda just ran away from it. It – not out of the building – I just ran away from them because I’m still scared of those. Like, I’ve had those [restraints] so much done to me that it’s just scary.

I: Ok. After you saw the staff using the pads, how did you feel afterwards?

P: Scared and I wanted to go home but my mom wouldn’t pick me up. She just said, ‘Stay at school and deescalate,’ so I did and I was better the rest of the day.

I: Um, do you know why the shields were used?

P: ‘Cause I was banging my head off the ground.

I: Ok. Um, do you think the shields and the verbal de-escalation kept you safe?

P: Yes, ‘cause then I didn’t do it again.

I: Ok. What about the other students and staff – did it feel like it kept them safe too?

P: Yeah, they weren’t around. It was in the hallway and they were in the classroom so it wasn’t in the classroom.

I: Um, what did it feel like to talk to the staff who used the shields with you once it was all over?

P: It was okay. I just told them that I didn’t like that you guys did that. I would rather have me do what I was doing instead of you guys using the shields.

I: Rather you doing, like, the – you said you were hitting your head?

P: Yeah. Because that just gets my anger out.

I: Oh ok, that was better than shields? Um, is there anything else you want to tell me about either of those experiences? The shields or the restraint?

P: Not really. ‘Cause I don’t know what else to tell you.

I: Yeah, well I mean, you’ve really done a beautiful job explaining your experience so I appreciate how honest you’ve been. Um, do you think that one way is better than the other? The shields versus the restraint?

P: Probably the shields.

I: Yeah, can you tell me more about why you feel that way?

P: Because the restraint, I learned how to get out of them. So, it’s pointless to do it on me because I’ve had them so much I just learned how to get out of them.

I: Ok. Did, um, they feel different to you in the moment? The blue pads when you were upset, versus the restraint?

P: Yeah. Because they weren’t really used the blue pads that much, they just, they were just holding them so then I wouldn’t start running around. The restraints they (her current teacher) never did on me. I mean, like I said, I can get out of them so that’s why I think it’s pointless to do it on me.

I: What do you think is important for teachers or principals to know about helping students when they’re in crisis?

P: I guess that if they’re in crisis, just let ‘em deescalate. Like have ‘em talk when they’re ready. And, I guess whatever they’re going through, have someone listen.

I: Yeah. If you could pick restraint versus blue shields when you get upset, is there a way you would choose to have staff support you?

P: Yeah. I would rather use the blue shield.

I: Yeah.

P: That's what I would rather use.

I: Yeah. Can you tell me more about why you would pick that?

P: Because the restraints are hard on me after I had them so much. And, like, when I go home and my parents wanna hug me, I'm kind iffy about that because I've had so much scared in me about those that it's just scary for me now. Like, I wouldn't- I don't let my siblings touch me anymore, I won't let my parents unless that they ask. I wouldn't let – I don't let anybody touch me now.

I: And it wasn't that way before you were restrained?

P: Uh-uh [no]. It wasn't that way before I went- it wasn't that way before I went in residential. It was since residential. And they put me in so much restraints that I just don't let anyone touch me [sic].

I: Thank you, Margaret. That's a lot, a big experience to share and I really appreciate it. That's the end of my interview, is there anything else?

P: Uh-uh [no].

I: Ok. I'm gonna stop this [Turns audio recorder off].

Simon - Interview 2

I: Let's start at the top. What's your name?

P: Simon

I. Mm hmm. And what grade are you in?

P: Sixth

I: How long have you been with (District)? Do you know?

P: A year and a half. Well is (Residential)?

I: Yeah, it is actually.

P: Well, then it would be more like two years and a half.

I: Okay. And who's your emotional support teacher?

P: Um, (Current teacher).

I: What's some of the best things that she does when you feel frustrated?

P: Um, usually gives me a stress ball or something. At least she can [inaudible].

I: What else can you think of that she does, that helps you?

P: Doesn't like go ahead, super-fast.

I: Mm hmm, anything else?

P: Uh uh.

I: So, a few years back, when students were in crisis, we used to use something called restraint to keep students and staff safe -

P: I know. Here?!

I: Uh, yeah, even at (Middle School). A long time ago. It's been –

A. When they would hit people?

I: It's been four or five years – what's that?

P: When they would hit, like, teachers or whatever?

I: If students hit teachers, ya - restraint was only ever used if a student was dangerous himself or others. So, if they were hitting or something like that. And restraint is when a staff member holds a student in a way that stops the student from moving their arms or their legs or their body freely. Can you tell me what you remember about that?

P: Well, I – the one where someone would hold on to both your arms and your legs, I like, didn't really mind because it didn't really hurt, but the one where they would like have your legs like out and like hold your hands and like have you like bent forward [bends forward in his chair so

that his torso is near his knees] with like your fists pushing down on your legs, I really hated. It hurt.

I: So, you remember being restrained?

P: Mm hmm. Only once. I know that I've had like a lot there.

I: When you say there –

P: (Residential).

I: Oh, (Residential). Ok. How did you feel during the restraint?

P: Mm. Upset and like crying and like hurting.

I: And how did you feel afterwards?

P: Still upset but also happy that I'm out.

I: Did you know why you were being restrained?

P: Yeah. In the moment.

I: What – what was the reason you were being restrained?

P: Like for hitting. Like, not – I, like, maybe hurt myself there once, but other than that I never did.

I: Ok. Do you think it kept you safe?

P: Well, like the one that hurt, I did not like. It just hurt me, but like the other didn't. I know that there was a different one, that like they'll have your arms behind your back – that one, when I was at the hospital, they would do that and that really hurt. But I think, when you had to get to a certain age for them to do that at [Residential], I feel like it wouldn't hurt as bad, when you're that certain age.

I: Were you standing, or did they sit you on the floor?

P: Both. Just for the one behind your back [models his hands behind his back]

I: And that was the one that didn't feel good?

P: [Nods] That one and the one where they pushed you forward. Both of those.

I: Those didn't feel good?

P: They hurt.

I: I can't remember what you said. Do you think it kept you safe?

P: Only the one that didn't hurt. Well, it like did keep me safe but it also really hurt.

I: The one that didn't hurt, what was that one like?

P: It was just like one person would hold on to your arms and the other one would go like that on to your leg [modeled a person leaning their torso over a person's legs]

I: That one didn't hurt as much?

P: [Nods] I don't know what they're called anymore. I forgot.

I: Oh yeah, that's ok. I was just kinda curious, um, because ya know, you're talking about a couple different kinds, so I just wanted to understand. Do you think the restraints helped keep other students and staff safe?

P: I don't know 'cause I don't know what it was like when there were students around and, ya know, like when peers were like around me.

I: Oh ok, when you were restrained, there weren't any kids around?

P: Yeah. They were usually, like, in their rooms.

I: Ok. Do you think it kept the staff around you safe?

P: Uh, I feel like I don't really know because if they [the students] like hit them [the staff] it wouldn't - probably wouldn't hurt them. But if they [the students], like, had like something sharp or heavy at them, then it would probably would [hurt the staff].

I: Mm hmm. What did it feel like to talk to the staff that restrained you once it was over?

P: Mmm… I like, just – I was just able to talk to them 'cause I know that they were trying to help in a way. [Deep sigh] I don't really think that they knew that it hurt.

I: Mm hmm. So now we use verbal de-escalation and the blue shields – have you seen those?

P: Yeah. They did that at (Residential).

I: Ok, tell me what it's like when those are used.

P: It doesn't hurt. It just blocks, that's why I like it.

I: How did it feel during an incident when they were using the pads.

P: [It felt like] Nothing because they just blocked themselves with it.

I: Ok. And how did you feel afterwards.

P: Same way that I did earlier.

I: Ok. Did you still feel angry and upset, or did you feel calmer after?

P: Well, depending on the situation.

I: Mm hmm [waited – no further response] So sometimes you felt calmer and sometimes you were just as angry?

P: Mm hmm.

I: Ok. Did you know why the shields were used?

P: Mm hmm.

I: When were the shields used. Do you remember?

P: When I, like, hit them.

I: Do you think the verbal de-escalation and the shields keep you safe?

P: Mm hmm.

I: What about other students and staff?

P: What do you mean?

I: Did it keep them safe?

P: Most likely ‘cause they used them to stop them from hitting you, so I – yeah.

I: What did it feel like to talk to the staff who used the shields once it was over?

P: Well, if I was really mad at them, I’d just be like unh! [makes a disgusted noise] But if I like hit them ‘cause I was angry, then I’d feel, like, the same way.

I: You still might feel angry, you mean?

P: Mm hmm. But if I was mad at them and they stopped, then I probably still would be [mad]. But if I wasn’t mad at them, and just punched them out of anger, then I wouldn’t be mad at them.

I: What else do you want to tell me about your experiences?

P: [makes the ‘I don’t know’ noise and shrugs]

I: Do you think one way is better than the other? The blue shields versus the restraint.

P: The blue shields.

I: Tell me more about why you feel that way.

P: Restraints like- yeah, they keep you held, like, but it really hurts. Unlike the pads, they’ll like stop you from hitting, but doesn’t hurt, so…

I: So, you talked a little bit about how it feels physically, ya know, it sounds like it hurt physically during the restraint, how did you feel – what were your emotions like? Were your emotions different after restraint than when people used the blue pads.

P: Well, I would still like get hurt and maybe need an ice pack from it, unlike the blue shields.

I: Ok, ok.

P: Yeah, sometimes I would need an ice pack from it.

I: From the restraint?

P: Yeah, they would like -the nurses would ask if you would get hurt. Unlike the blue pad, nine out of ten of the times you wouldn’t.

I: What is important for teachers and principals to know about helping students when they’re in crisis?

P: I don’t know because there could be many different ways.

I: That's true. What about helping you – or kids like you?

P: Mmmmm…just like…I don't know really what to say.

I: That's ok – I just want to learn more about what helps students. So, you've done a really beautiful job answering these questions. These are all the questions I had for you, you did incredible talking about your experiences. I appreciate that so much 'cause that's a lot to talk about. [Turns off audio recorder]

Chloe – Interview 3

I: We're gonna start with really easy questions, ok? What's your name?

P: Chloe.

I: And what grade are you in, Chloe?

P: Um, eighth.

I: Do you know how long you've attended (District)? Have you been here since kindergarten?

P: Like (Middle School)?

I: No, not (Middle School), like anywhere in (District).

P: Um, I don't remember.

I: Yeah, I think you were little. 'Cause you've been here since I've been here and, that would've been like second grade?

P: Yeah.

I: Yeah, so since you were little. At least since second. And who's your emotional support teacher?

P: (Current Teacher).

I: Um, what are some of the best things he does to help you when you get frustrated?

P: Um, he'll leave me alone sometimes. And he'll just let me have some time to calm down.

I: So, this gets into the questions about restraint first, ok? So, anything you don't want to answer, that's ok. So, a few years back, when students would be in crisis, like a danger to themselves or others, we use something called restraint to keep students and staff safe, and restraint is when a staff member holds a student in a way that stops the student from moving their arms, legs, or body freely. Um, can you tell me what you remember about that?

P: Um, I didn't like it. Um, it was very hard to move. [clicks tongue – long pause]. I don't remember anything else.

I: You said you didn't like it and it was hard to move, how did it make you feel like during the restraint?

P: Um [long pause], like, guilty.

I: Ok, can you tell me more about that?

P: Um, probably 'cause, like, I obviously was doing something bad and something I shouldn't have been doing, so whenever I got in the restraint, that obviously meant you're doing something bad, which I didn't like feeling guilty about it. But then I also just didn't like it because I don't like being touched. Um, and held down to the ground. And that's all.

I: How did you feel after the restraint was done?

P: Tired!

I: Oh yeah. Um, did you know why you were being restrained?

P: I don't remember.

I: Yeah. Do you think it kept you safe?

P: Yeah. A bit, yeah.

I: And what about other students or safe – do you feel like it kept them safe?

P: Uh, yeah.

I: And what did it feel like to talk to the staff who restrained you once it was over?

P: It wasn't weird 'cause, um, I actually saw him last summer.

I: Oh! Who did you see?

P: I forget his name but he was from the (Old Partial Location) one.

I: Yeah, over at Partial?

P: Yeah. Um, he's bald now.

I: Maybe Mr. (Teacher)? Does that seem right?

P: I think so, maybe.

I: Or (Teacher 2)? I'm trying to think of who it might've been.

P: Yeah, I forget his name, but I saw him last summer.

I: Ok. Right after restraint, was it hard for you to talk to the staff?

P: No.

I: And so we've switched gears. So, in (District) even – I don't think you have ever been restrained once you came to (Elementary School) or (Middle School), it was only at Partial, but in (District), even at (Elementary School) and (Middle School), we used to restrain. But now we don't anymore, at all. We use something called verbal de-escalation and the blue shields. You've seen those before, right?

P: Yeah.

I: Tell me what it's like when those are used.

P: Um. Um. [clicks tongue- long pause] It feel better than the restraint because they're not really touching you. Um. I like to punch the blue shields, which calms me down whenever they're used, but they haven't been used for a while now on me. So, I don't really know because I haven't really experienced the shields that much. But I just think they're better.

I: Can you tell me more about why you think they're better?

P: Um. [clicks tongue – long pause]. I think they're better because, um, they're not as physical and stuff as whatever, like the restraint. Um, and you can also get your anger out on the blue shields, which I like about that. Like (Current Teacher), he has them in his room, and sometimes I'll just punch them. And it just feels nice to punch them. That's all I got.

I: Yeah, well how do you feel when the blue shields are used. How do you feel afterwards?

P: Um, not as tired.

I: And, do you know, when the shields have been out, do you know why they were used?

P: Um, if you're getting like really aggressive, maybe, and like physical. Like throwing chairs and lifting up desks and what not, like throwing things.

I: Do you think the verbal de-escalation and the shields keep you safe?

P: Yeah.

I: What about other students and staff?

P: Yeah.

I: What does it feel like to talk to the staff who have used the shields with you once that it over?

P: Uh, it feels – it doesn't feel weird though, at all. Um. Like I'm okay with talking to the person that's used them after the shield, so yeah.

I: Is there anything else or what else do you want to tell me about your experiences?

P: Um. Nothing else.

I: Um, you kinda talked about this already, but do you think one way is better than the other – like verbal de-escalation and blue shields versus restraint?

P: Um, I like the shields more. Because, um, like I said, I don't really like getting held and stuff, so, that's one thing that I like the shields better. And I feel like the shields you actually use them to get your anger out on and stuff. Because like people in (Current Teacher's) room, they sometimes hold us the things and like kick them and punch them, so that's another thing.

I: I mean that's great, that's exactly what they're there for. What else is important for teachers or principals to know about helping students during a crisis?

P: Um. Personally, I like, um, not getting talked to. 'Cause like whenever they want me to talk, I, like, don't talk back. I just ignore them. Um, because I don't want to talk when I'm angry because I'll just like break down. Um. [Long pause]. I don't know really that much else.

I: That's excellent. That's the whole interview, Chloe. Your answers were beautiful and really insightful and I'm so thankful that you decided to participate. [Turns off audio recorder]

Zac - Interview 4

I: So we'll start with some easy questions. What's your name?

P: Zac.

I: What grade are you in?

P: Ninth.

I: Do you know – um, can you remember how long you've been in (District)?

P: Like (Partial program) or just in general?

I: Just in (District), in general.

P: I've been in (District) my whole life.

I: I thought so, 'cause [sic] I know you've been here since I got her.

P: Yeah, I never went to any city schools or anything. Always in (District).

I: So, kindergarten, maybe? Right?

P: Mm hmm [in agreement].

I: Ok, um –

P: Including preschool. I was at (Preschool program).

I: Oh, nice.

P: Right by (grocery store).

I: I know exactly where that is.

P: I was – Me and my cousin were the first kids there. The first kids to be enrolled there 'cause my parents knew the, like – when it first came out, when it first started, my parents knew the person, so me and my cousin were one of the first people there.

I: That's awesome.

P: I didn't even know my cousin went there.

I: [Laughs] Oh, when you started, you didn't know?

P: I didn't know till like a couple years ago. I just - I never even knew he went there.

I: Oh, that's kind of funny.

P: Apparently, he went there too, I just don't remember that far.

I: Oh yeah, you would've been little.

P: I remember some things from preschool though.

I: Those are probably some of your earliest memories, don't you think? Like, three is little.

P: Yeah.

I: So, who's your emotional support teacher now?

P: I think, (teacher), maybe.

I: I think so. Um, what are the some - what are some of the best things he does to help you when you get frustrated?

P: Um, I don't know. He really doesn't help; he just aggravates sometimes. Like, I don't know. I don't know if I really consider him my emotional support teacher. He, he - I guess he helps, but it's more like rewards. Like if we get our work done, we get to, most of the time, we get to play basketball or go for a walk or do something, kind of like motivating. I don't know. Uh, he does – he will talk to you and, like, try to solve the problem a lot. So, I guess that helps.

I: Yeah. That's nice. Awesome. Um, so again, I'm just gonna – so, these get into the questions about restraint and then, like, the verbal de-escalation, so anything you don't want to answer you can always opt out of, ok?

P: [nods in agreement]

I: So, a few years back, when students were in crisis we used something called restraint to keep students and staff safe, and that's when a staff member holds a student in a way that stops them from moving their arms, legs, or body freely. Um, can you tell me what you remember about that?

P: Like, from as far back as I can go?

I: Anything you wanna tell me about it.

P: I don't know [shrugs]. Yeah. I don't really know how to answer that.

I: Well, do you remember being restrained?

P: Yeah. Yeah - I mean, so, it helped but it also, like, aggravated me a lot 'cause, like, one thing you want when someone's mad is not for them to put their hands on you. But I kinda, kinda get where they're going with it. But also, like, at the same time, I feel like, one other thing you were saying, the talking and the blue mat things, I think those are way better idea because if you get them in a corner, they're not going to be able to go anywhere and you're not touching them and you can just try talking them out of it, but when you're in restraint, you're just putting your hands on them twenty-four/seven so it's really, yeah.

I: Yeah. Um, how did it feel to be restrained? Do you remember?

P: Yeah. I mean, it's whatever.

I: Ok, um, so –

P: Ya know. Um. I just – I mean, there's all types of way [sic] they did it. Like, when you're - when I first – the farthest I can go back is when I was in (Partial program) they used to, like, just put their arms like that [demonstrates putting arms around another person's arms from behind, like a bear hug from behind] but as you get older they usually go along, they usually go on your legs and everything else, so, really, it's all different.

I: So, how – how did it feel during the restraint?

P: Annoying.

I: Annoying?

P: 'Cause I couldn't move.

I: Right.

P: Just all the angles. When your arms are down like this [demonstrates having them pinned to his side and slightly behind his back], there's no way, no matter how strong you are, you're – just, all angles – you're not gonna be able to lift your arm up.

I: For sure.

P: Your legs are different, but your arms are not moving.

I: Um, how did you feel afterwards? Once the restraint was over.

P: Relief. There was just all that pressure off of me. But that does make kinda - at the end, usually, it does, they [the student] might be angry at the end and stuff, but it does stop them from hitting. It does - I mean, it does work, but sometimes it does just get them more mad. It always – it just depends on the person, I feel like.

I: Yeah. Did you know why you were being restrained when they would put you in a hold?

P: Yeah.

I: Yeah.

P: Yeah. They wouldn't just restrain me just to restrain 'cause I was talking crap or whatever I was doing. They always had a logical reason, so that's…

I: What were some of those reasons? Do you remember?

P: Just like hitting mostly. Like, just not - it would be a staff sometimes, but, or just, like, punching stuff 'cause everything is self harm to them. Like, I could high five someone and they're like, 'Stop touching. That's self harm. You're hurting someone.' Everything's just - you punch a wall, or whatever – self harm. So, they could, they could, really restrain you for punching a wall. They have done it before, if you were like punching stuff. I don't know, I used to hit my head off stuff, when I was like in (partial). I don't know. I haven't done that in years

though. I used to spit, but I don't do that anymore. It's mostly just hitting now, since middle school.

I: Yeah. So, do you – well, you kinda [sic] touched on this already – do you think it kept you safe?

P: Yeah. During the moment, for sure.

I: What about, um, did it keep other students and staff safe? Do you think?

P: Um, yeah. As long as the staff didn't get hit, yes.

I: What about the other students?

P: Yeah. The students, 90% of the time the restraint wasn't right in from of them, so they weren't really involved. It was outside of the classroom, or whatever.

I: Yeah. How did it feel – or what did it feel like to talk to the staff who restrained you once it was over?

P: Well – um, since I been going [sic] to (Partial) for like, all my life, I really knew like 90% of the staff. Like (Teacher 1), I knew him since day one. Like (Teacher 2), I didn't know him since day one, but I – he was one of my favorite teachers. Uh, (Teacher 3), I knew him since day one. Um, those are really the only two that were really there since day one is (Teacher 1) and (Teacher 3). Like, were like the first. (Teacher 1) was always in the older area. (Teacher 3) was the first person in charge of the blue room at (Partial), so I knew him. He used to draw pictures for me.

I: I remember that now. Um, what did it feel like to talk to them afterwards?

P: I don't know. Just whatever. I didn't really look at it different just 'cause they restrained me. Because they had a reason to, I guess, so I was in the wrong. They really weren't.

I: Well, now we use verbal de-escalation and the blue shields that you see in your classroom. Tell me what it's like when those are used.

P: They never really used them against me.

I: Mm hmm.

P: No. The only time they would ever – I think, remember using them is like when I was on the ground and I was hitting my head or something on my, like the cement or whatever, they would put it under my head or something. They would put a blue mat, but no, they never really used them against me. It was always restraint.

I: Oh ok.

P: But I had a stop order for a little bit at (partial) where, where if I exited the building, they'd have to restrain me without, like, staff permission or if we're doing something.

I: So if you left the building –

P: Because I used to – if I got mad, I used to walk out of the building, so they eventually just put me on a stop order, so if I get mad and walk out of the building, they have to restrain me.

I: Oh, ok. So, they've used the blue pads for you, more when it would be considered maybe self-injury?

P: Yeah.

I: Ok. Ok, when you were banging your head. Um, so, when they would use the pads, tell me about how that felt.

P: Comfortable.

I: Ok.

P: [Mimes sleeping] It was under my head, so it was like, ya know.

I: And how did you feel afterwards?

P: Same old.

I: What did you say?

P: Same old. Nothing's really changed.

I: Ok.

P: I just feel – ya know, I feel more like tense, know what I mean?

I: You would feel more tense after?

P: Yeah.

I: Ok. Why do you think that was?

P: Probably 'cause I was – the restraint was more, probably 'cause it was more aggravating. But I always like – I feel like when you get into a restraint, you don't want to be put back immediately into a new one, so no kid really got out and was like, 'Ok, I'm gonna start hitting again,' and go right back into a restraint.

I: Do you think that's different than when people use the blue pads?

P: Yeah.

I: In what way – how is it different, do you think?

P: 'Cause you're not putting your hands on them. You're not – I feel like some kids might see a more like when you're putting your hands on them you're doing it to be a jerk or whatever. When you're using the blue mats, you're not really doing anything.

I: And do you know why, um – well, we already kinda talked about it. Do you know why the blue mats were used?

P: Yeah. For more like – it was probably more ‘cause I remember when I first went to (Partial) they asked my mom if they had permission to put their hands on me and she had to sign something or whatever, so I think that’s probably a reason too. If they couldn’t restrain a kid, they probably don’t – the only option they have is the blue mats.

I: That’s what we moved to later in the district. I think (Partial) can still restrain in certain cases, but as a district nobody restrains anymore. Um, we only use the blue pads.

P: So here, you guys don’t restrain?

I: Uh-uh [No].

P: Unfortunate. What do you guys do? You use the blue mats?

I: We use the blue mats, yeah.

P: Wow, that’s like insane. That’s insane.

I: Yeah. It’s definitely a big difference for us. Do you think the verbal de-escalation and the shields kept you safe?

P: They never really did it.

I: Well just when you were doing the head-banging.

P: Mm hm [in agreement]. Yeah, ‘cause when they had you like in the arms, you couldn’t move your head, so all you had was the blue mats, so they definitely kept you safe.

I: Ok. What about other students and staff? Do you think it kept them safe?

P: Probably just depends on the kid. Yeah. I never seen [sic] a kid get injured when they were using the blue mats. I could say that.

I: And what did it feel like to talk to the staff who used the shields with you once that was all over.

P: Um… Felt fine. I knew a lot of them again, so, I guess it was really – I wasn’t being, like, a jerk to them. I mean, I might have been a little irritated, but I wasn’t being like, ‘Screw you!’ I was more just, ‘Don’t talk to me right now.’

I: What else do you want to tell me about your experiences?

P: Like with what?

I: Anything. The blue mats, restraint, things that help you – anything that comes to your mind.

P: Um. I don’t know. Focus room. I mean, that was a thing they kinda used too.

I: Was that the room that had the mats?

P: Yeah, in (Partial location 1). At (Partial location 2) it was just a, like a little room. Like that room over there [motions to the other side of the office, about an 8'x10' space]. It was just cubbies, wood walls just in columns, cubbies going along the wall.

I: Oh, yeah. What did you want to tell me about the focus rooms?

P: I think those are pretty helpful too.

I: In what way?

P: Like if a kid wants to take a break before he gets mad to go sit in the cubby 'cause it's just, literally, like you're in a cubby. Just walls, just no one, so if you really want no one near you, you can just sit in one of those for a little bit.

I: That's nice. It's a nice option. Thinking about the verbal de-escalation and the blue shields on one hand and restraint on the other, do you think one way is better than the other?

P: No.

I: No.

P: It'll all just depend on the kid. Like I said, those blue mats aren't gonna do anything against a six ten [6'10"] kid. Like if there's a big kid there – you know what I mean –

I: Yeah.

P: If there's a kid that's bigger than others, the blue mat's not always gonna [sic] work for them 'cause obviously when you're bigger – people say, 'Size doesn't matter.' Yeah, size matters a lot. When you're bigger, you're stronger.

I: Sure.

P: You might – you might not be able to defend yourself as much.

I: Do you think for most students?

P: Most students, I - uh, it's hard to say. It really does all just depend, 'cause [sic] you really. For most of the (Partial), most of the kids aren't huge, and like, so the blue mat probably will work with – but there are some kids who were bigger than others and restraints are used for them.

I: Mm hm [in agreement]

P: I don't know. I heard at the hospital they just use booty juice. Like, it's just like, um, they give you a shot in your butt and it just relaxes you.

I: Oh! Oh, yeah – those are – that's considered a chemical restraint. We certainly can't use anything like that [laughs]. We would never do that!

P: They can only have the authority 'cause they're a hospital.

I: Right. Yeah, that's considered medical and medicine. Um [laughs], I never heard it called that before, that's funny [laughs]. So, uh, let's see here. What else is important for teachers and principals to know about helping students during a crisis? What do you wish –

P: Not to always – I don't know. Them just to listen to you. Not them just saying, 'You need to do this! You shouldn't a been doing that and you should've been doing this first.' Like, no, just listen. Some kids don't always need to be told what to do, they need to just speak. And to speak about how they're feeling and their feelings. It's not just about right or wrong, it's always, ya know…

I: I like that. What else do you think? What do you think is something teachers and principals miss when they're trying to help kids?

P: Um. Well, some teachers – I'm referring mostly to like (Partial) when I'm saying all this –

I: Yeah.

P: That's what I know all this from. But like, pay more attention to what aggravates them, and how to know when they're aggravated. Like, (previous teacher) he, like he, he came up to me just from the beginning – and he - that's why I like (previous teacher) 'cause he cared. He wasn't one of those savages that went there to get their job done and all that. He actually cared. So, he used to just – he asked me like, 'What's a sign that your getting angry?' [changed tone of voice, deeper, masculine] 'cause some kids really don't wanna talk, but some kids will bulge their fists or they'll just look down, or you'll just see them breathing heavily. Like, you know, there's a lot of different signs. That's another thing that teachers should most definitely look out for. It's all just a lot of things.

I: Well, this is super helpful – what else were you gonna say?

P: Like staff shouldn't be more – should be more considerate.

I: In what ways?

P: In what the student might be feeling. Like if the student's mad, not just assume why they're mad, like, 'Is this why? Or did this happen? Or did this?' [changed tone of voice again, deeper, more masculine] Ya know, like, considerate. Like, why. Or, you know, care more.

I: Would you want them to ask you why or are you saying that sometimes, like, adults assume they know the reason?

P: Yeah, I don't know. Some staff should just understand that – I don't know how to really say it. Like, I don't know. When they're getting mad – when the kids getting mad, to more understand maybe right now is not the right time to talk to them. Maybe I shouldn't say this right now, or not do this right now. 'Cause, how 90% of the restraints happen, they [the students] tell you to leave them alone, but it's kinda hard to leave a kid alone when there's a staff right beside you, walking with you twenty four-seven. Kinda hard to leave them alone when you get no privacy or

no one just to say, ‘I’m gonna stand over there. If you need anything.’ They’re just like, right next to you.

I: Did (previous teacher) give you space? Was that one of the ways he was helpful?

P: Yeah. He’d put me in the refocus room or he would just step away, like I said. He wouldn’t just – if I told him something was bothering me or if he was aggravating me with something he was saying, he wouldn’t just keep on doing it. He would just stop right then.

I: Yeah.

P: He wouldn’t just keep saying, ‘Well, you need to learn this. You need to – you need to learn how to use your coping skills. You need to do this and that.’ No. You just need to step away.

I: Yeah. Yeah. Anything else?

I: [Shakes head no]

P: This was such a good interview. I’m glad, um, you wanted to be a part of this. Here, I’ll turn this off. [Turns off audio recorder]

Philip - Interview 5

I: Ok. So, Philip, we'll start off easy. I kinda answered it for you. What's your name?

P: Philip.

I: Excellent [laughs lightly]. What grade are you in?

P: Seventh grade.

I: And how long have you gone to schools in (District)?

P: Uh, like, basically for my whole life.

I: Ok. You think, like, kindergarten you started?

P: [nods in agreement]

I: Ok. Who is your emotional support teacher?

P: (Current teacher).

I: And what are some the best things (current teacher) does to help when you get frustrated?

P: Well, normally she'll offer, like, stress toys, pop-its, whatever.

I: Awesome. Speaking of which, you're welcome to check out any of the stuff on the table [motions to the fidget toys and snacks set out]. That's all stuff I brought. So, the next questions are about restraint. So, a few years back, when students were in crisis, we used to use something called restraint to keep students and staff safe. And restraint is when a staff member holds a student in a way that stops the student from moving their arms, legs, or body freely. Um, tell me what you remember about that.

P: Basically, this one time, I got really mad, and I ran. Like, out of the classroom, trying to get out of the building. And, uh, what's it called, I got outside – honestly, it wasn't a good idea for them to keep the doors unlocked, but, anyways, they caught up to me – I don't know how – but I remember, I felt something like up behind them and then I fell. And then I was kinda just pinned there. On the ground.

I: How did it feel to be restrained?

P: Well, it didn't hurt. Not that it should have.

I: Right. What about – can you tell me how you felt emotionally?

P: Kind of, like, more mad.

I: Ok. And how did you feel afterwards when the restraint was done?

P: I was actually kinda thankful.

I: Can you tell me more about that?

P: The reasoning in that is because when I get mad, I seem to, like, try to hurt people.

I: Ok.

P: So it was, like, I was happy that they stopped me before I could, like, hurt someone that was, like, walking on the street or something.

I: Ok. Um, do you know why you were restrained?

P: Yes.

I: Why do you think that is?

P: [Laughs] Running outside is not a good idea.

I: Was this when you were in elementary school? Were you little?

P: This is when I was in [Partial].

I: Oh, got it. Ok. Um, do you think the restraint kept you safe?

P: Yeah.

I: Ok. What about other students or staff – do you think it kept them safe?

P: I would say so.

I: And after it was all done, what did it feel like to talk to the staff who restrained you?

P: Like, how did it feel like to talk to them?

I: [In agreement] Mm hm.

P: Well directly after the incident, I didn't want to talk to them at all. But then, like, the next day, I was – I was fine.

I: Yeah.

P: I talked to them freely.

I: Now, we use verbal de-escalation and the blue shields that you've seen in our classrooms now. Tell me what it's like when those are used.

P: Well, I've told you before, uh, the recording.

I: The recording? [P motions to the recording device] Oh, yeah, yeah – before we were recording. Can you tell me more about that though?

P: Basically, I ran out of the classroom, this was when I was at (Elementary school).

I: Ok, and this is when they used the shields?

P: Yeah.

I: Ok, what was that like?

P: And instead of the, uh…um…[long pause] I forgot the name of it.

I: Restraint?

P: Yeah, instead of restraining they used the shields. And I remember I was running; I was just about to get to the door. I was running for it.

I: Like the outside door?

P: Yeah. Like, I was running for the inside one that led to the outside one. And I was, like, around, like, in – I'm trying to picture it in my head. I'm trying to picture what the school looks like.

I: Mm hmm [nods]

P: There's like this little pod area where the office was and the front doors, and I was trying to get to the front doors and I remember, like, I felt like maybe a bump or something from behind. And I kinda, like, fell.

I: Ok.

P: And I, like, turned myself around 'cause, obviously, I'm not able to do that while I'm falling. And I see, like, the teachers, like, restrain me or whatever it's called.

I: So, did they put their hands on you or were they holding the blue shields that time?

P: It was kind of both.

I: Ok.

P: Like they put the shields down and then they held me, so I didn't hurt anything.

I: Ok. Was there ever a time when staff only used the blue shields to block?

P: Yes. There was the one time, I was in the class, it was the end of the day. My mom had to come get me 'cause it was, like, the end of the end of the day and the buses left. So, it was just kinda, like, me in the room with the teachers and that was it. And, like, I would throw something at them, and they would, like, block with the shields.

I: Yeah, so –

P: I actually think I remember, I picked up, like, ya know, the desks. Like a normal sized desk. It's like [put his hand about three feet off the ground to show the height of a desk]. I picked it up – they had a SMART Board – and I [laughs] threw it at the SMART Board.

I: Wow.

P: [Still laughing] I should not be laughing at that.

I: That is – that is a big action. So, they used the shields that time to block?

P: Luckily, it was not one of the ones with the touch screen. It was one of the things with the special projector, so it didn't really hurt anything.

I: Oh, I see. Ok.

P: Because it probably would've had to pay for it if it was one of the ones with the touch screen.

I: Oh, that would've been –

P: That would not be cheap.

I: So, um, thinking about that time when they only used the shields, um, how did that feel when they didn't use restraint? When they only used the shields?

P: Well, honestly, I kinda felt, like, more chill, I would say.

I: So, when you say you felt more chill, can you tell me more about that feeling?

P: Like, instead of, like, them, like, holding me on the ground - 'cause I'm – I have, like, a little bit of, like, OCD. So, it's like, when I'm on the floor, being held there, it's, like, kinda nasty to me.

I: Oh, ok.

P: 'Cause of all the dirt.

I: So, them using the pads and not having to be on the ground…helped you feel less [pause], I don't want to put – I don't want to guess at your words, but maybe less anxious? Less –

P: Yeah.

I: How did you feel after that was done? After the blue shields were able to be put away.

P: Um, I think I remember I made, like, an obstacle course.

I: Ok. Was that at school or at home?

P: That was at school.

I: Ok.

P: Like with the shields.

I: Ok.

P: And it actually calmed me down.

I: Great.

P: There's a lot of things that I use to calm me down.

I: That's wonderful. Um, that's actually one of the questions here, so, um, do you want to talk a little about that? What do you think is important for teachers and principals to know about helping students during crisis?

P: Um –

I: What works, do you think? Or what works for you – what do you wish people knew?

P: Well, obviously, if a kid, like, breaks something, give the person a detention. That's, like, the normal standard of schools.

I: Yeah. But what do you wish they would do? Or what do you think it's important for teachers and principals to know about good ways to help kids.

P: Um [long pause]. I'm kind of boggled.

I: Well, you mentioned there's a lot of things you do that helps you calm down.

P: That's true. Yeah.

I: Can you talk about some of those?

P: Sometimes, like, I'll fidget, or, um – what's it called? I'll, like, color, draw. If I'm at home, I'll, like, go outside and I'll take a walk.

I: That's great. So, you have some good outlets. So, thinking about the time they just used the shields, did you know why the shields were being used?

P: Yeah.

I: Why was that?

P: Obviously, you shouldn't be going around the school throwing desks and chairs.

I: Right. Do you think that the verbal de-escalation and the shields kept you safe?

P: Yeah.

I: Do you think it kept other students and staff safe?

P: Yeah.

I: What did it feel like to talk to the student – er, to talk to the staff who used the shields once it was all over?

P: I would say, I talk to them normally.

I: Mm hm [in agreement]. Do you think one way is better than the other, thinking about the blue shields versus the restraint – is one way better than the other?

P: I wouldn't say, like, put it that way – like one thing's better than the other. But I would say I would prefer the shields.

I: Mm hmm. Why is that?

P: I think I already explained it, but I'll go over it again.

I: Thank you.

P: For the sake of the recording.

I: Thank you.

P: Basically, when it, like, you're not getting restrained, it's like you don't get, like, extra mad, 'cause you're not like on the floor trying to get out of a person's grip.

I: Yeah. When you were restrained and you were trying to get out of, um, that hold, how did that make you feel?

P: Well, obviously, I felt that it was, like, helping a little, with me not hurting anyone, but I was also kind of disturbed, kind of.

I: Can you tell me more about that?

P: It's kinda like the thing. Like they're on top of you. It's like…you know what I mean.

I: So, just having adults so close, was the feeling…uncomfortable, maybe?

P: [Pointing behind the interviewer] There's a spider over there [spoken in a quiet voice]

I: Where are you – Oh yeah, look at him! He's a little guy.

P: [Laughs]

I: Um, uh, uncomfortable? Is that a good word for it?

P: Yeah.

I: Ok. So, last question. What else do you want to tell me about any of your experiences?

P: Um…I'm trying to think of some other times that I did bad stuff that I shouldn't have [laughs]. Uh – [looks at his clothes] I still got stuff on me from lunch [laughs again]. Anyways, I can't recall any other times.

I: Well, this was a really excellent interview. I really appreciate it, Philip. Is there anything else you want to say before I turn off the recording?

P: No.

I: Ok. [Turns off audio recorder]

Harry - Interview 6

I: Ok! So I'm going to start with some real simple questions. What's your name?

P: Harry.

I: What grade are you in?

P: Seventh.

I: How long have you been with (District). Or, I guess, over here at (Residential)?

P: Three and a half years.

I: Nice – wow, you're good at remembering. Who's your teacher?

P: Two thousand nineteen, July 31st!

I: Wow, that's an incredible memory. Who's your teacher?

P: (Current teacher).

I: What are some of the best things she does when you get frustrated?

P: Gives me support.

I: Can you tell me more about that? What kind of support?

P: She, like – she let's me take a break.

I: Mm hm [in agreement]. Is there anything else she does?

P: She [pauses and eats a chip] lets me read.

I: Oh, what do you like to read?

P: Books.

I: Mm hm [in agreement]. Any specific kind of books?

P: Action.

I: Oh, cool. I like that. So now, um, I'm going to move into some questions about restraint. Ok? So, a few – um, we sometimes use something called restraint. And restraint is when a staff member holds a student in a way that stops them from moving their arms –

P: I know!

I: - legs or body.

P: I've been in over a hundred of them. In one month.

I: Ok. Wow. Can you tell me what you remember about that?

P: Well, it was [residential hall] where staff was, like, they – they weren't that strict and they usually let me do what I want.

I: Ok.

P: So I would just take advantage of 'em.

I: Ok. And what was it like when you were restrained? How did it feel?

P: [Clicks tongue] Depressed.

I: Depressed? Anything else?

P: Sad [eats a chip].

I: Why do you think that was?

P: [shakes head and shrugs]

I: Not sure?

P: [nods]

I: Um. So you remember being restrained, right?

P: [nods]

I: How did you feel after it was done?

P: [starts drinking water, takes several long gulps, and gives a thumbs up]

I: Thumbs up [laughs]? You can take your time. Have as much water as you want.

P: [Puts down water and puts cap back on]. You're nice.

I: Thank you. So are you. I really like talking to you.

P: Thank you.

I: How did you feel after the restraint?

P: Um. Better. I feel like I got my anger out.

I: Ok. Um, did you know why you were restrained?

P: [Nods] Attack.

I: Attack. Staff?

P: [inaudible]

I: What was that?

P: Unsafe.

I: Oh, unsafe. Did you attack staff members, is that what you mean or were you hurting yourself?

P: Attacking.

I: Oh, attacking other people?

P: Mm hmm [in agreement]

I: Ok. Um, do you think the restraints kept you safe?

P: [Shakes head no]

I: No?

P: They hurt me.

I: They hurt you? How?

P: It's just like, it hurts my arms.

I: Yeah.

P: [Eats a chip] And when they put me back like this [leans forward with arms at his sides and slightly behind] I can't breathe.

I: Oh, ok. Is that when you're – is that a standing restraint or when you're sitting down?

P: When I was sitting down.

I: Yeah. It's hard to breathe sometimes?

P: [Nods]

I: How does that make you feel?

P: [Eats chip and chews for a moment] Um, it makes me feel kinda frustrated.

I: Mm hm [in agreement] Do you think it kept other students or staff safe?

P: [Eats another chip and chews for a moment] Mm hm [in agreement].

I: And what did it feel like to talk to the staff who restrained you once it was all over?

P: [Long pause] Bad.

I: Bad? Can you tell me more about that?

P: Not the staff that restrained me.

I: You didn't want to talk to the staff that restrained you?

P: Yeah.

I: Yeah? Why is that?

P: ‘Cause I feel like they try to hurt me.

I: Mm hm. Um, so sometimes we also use verbal de-escalation and the blue shields that you see in your classroom –

P: Ukeru™.

I: Yeah, you know the word. Can you tell me what it’s like –

P: I been here three and a half years [sic]. [laughs]

I: Yeah. You know –

P: I was here before COVID started.

I: Oh my gosh, yeah. Yeah. COVID’s been two years. So, um, oh tell me what it’s like when those are used. The Ukeru™ shields.

P: Kinda fun.

I: Kinda fun – can you tell me more about that?

P: [Takes another long sip] Well, I’m not saying it’s fun fun. But it kinda like takes out my energy and it kinds of calms me down [sic].

I: Ok. Well that’s good.

P: What is this [holds up a fidget ball on the table]?

I: I think they’re called Koosh balls. They just kind of feel cool – squish ‘em [sic]. So, um, how do you feel after the blue shields are used? After Ukeru™?

P: [Makes I don’t know sound. Long pause and plays with fidgets] What?

I: How do you feel after the blue shields are used?

P: Um. Calm.

I: Calm. That’s good. Can you tell me more about that?

P: Um. I don’t really know how to explain it.

I: Well, that’s okay too.

P: What was your question?

I: Just how you feel after the blue shields are used.

P: Calm.

I: Calm. Yeah. How do you feel after – wait, sorry – do you know why the shields were used? I already asked you the question before.

P: Well, I haven't been in them in awhile.

I: Oh. Ok. Why were they used in the past? Do you remember?

P: Being aggressive.

I: Oh, ok.

P: Pushing into staff.

I: Do you think using verbal de-escalation and the shields keep you safe?

P: Yeah.

I: What about other students and staff? Does it keep them safe?

P: You got more of these [holds up two squish balls]?

I: No. Just those two. Kinda nice though, huh? Really squishy. What about other students and staff, do they keep them safe?

P: Mm hm [in agreement]

I: Um. What does it feel like to talk to the staff who used the shields with you once it was over?

P: [Pause] What? [Squeaks a fidget toy]

I: How does it feel to [Harry squeaks toy again] talk to the staff after the shields are all done being used?

P: Good.

I: Good?

P: 'Cause it makes it feel like I could process and earn their trust back.

I: You could earn their trust back?

P: Yeah, and move on and then, like, still have a bond with them and don't burn their bridge.

I: Wow. That's really beautifully said. That was nice.

P: Thank you.

I: What else do you want to tell me about your experiences.

P: I want these [holds up two squish balls]

I: You want those? [laughs] Well, those have to stay in my kit 'cause I use them for all the kids I talk to.

P: Can I have one?

I: No. They have to stay in the kit but thank you for asking so nicely.

P: You're welcome.

I: I can let your teacher know that you really like those. Maybe it's something she could find for the classroom if she doesn't have them already. (Teacher)is really nice. I know (teacher) and (educational assistant) will, will try to get some if they can. What else do you want to tell me about your experiences?

P: [Makes I don't know sound]

I: Not sure?

P: [Nods]

I: That's ok. Uh, do you think one way is better than the other? Restraint, and then there's – so there's restraint on one hand and then there's verbal de-escalation and Ukeru™ on the other [uses hands to model the different options]. Do you think one way is better?

P: Uh, Ukeru™.

I: Yeah?

P: 'Cause it's not really a restraint.

I: Mm hm [in agreement]

P: [It] Isn't known as a restraint, it's just like to calm people down, it's just Ukeru™ event. It's nothing serious.

I: Why does that feel better than restraint?

P: Well, um, I don't really know how to explain it. It's just like, I can breathe.

I: Ok.

P: I can breathe better, and I don't have to be touched. I don't have to be held down by grown men.

I: Yeah

P: [squeaks toy] It just feels way better.

I: Yeah.

P: [Nods]

I: What else do you think it's important for teachers and principals to know about helping students who are in crisis? What do you wish they knew?

P: For students and staff?

I: For students. What do you wish principals and teachers, um, would know when students need help.

P: They could see when they're trying to get angry, and like, if they're clenching their fists it could be a sign of anger or frustration. And, sometimes, when I get mad, I usually just start trying to go for negative attention.

I: Oh.

P: And seek attention, because when I seek attention, it makes me feel like I'm so bad, that I get what I want afterwards so they don't have to deal with me.

I: Oh, that's interesting.

P: [squeaks toy]

I: So, you have some real insights, Harry. These are some beautiful answers. Is there anything else you wish teachers and principals knew.

P: Um, like remembering what they do and when they see it, then can know, like, hey, he's doing this, this, and that, and that's what he's trying to do, so let's go over there and try to help him.

I: Yeah. So do you mean, like, looking for early signs of being frustrated –

P: Yes.

I: - or agitated?

P: Yes.

I: And then they could come help you sooner. What are some signs of yours?

P: Um, well, I shut down.

I: Ok, when you say that, do you mean like you put your head down –

P: I self-harm.

I: Oh, ok. Is that part of shutting down? Or putting your head down or not talking as much – is that part of shutting down?

P: Yeah.

I: Well, these are really beautiful answer. I'm so impressed. This is the end of the interview. [Turns off audio recorder]

Sean - Interview 7

*Declined to be recorded – Responses verified with Participant via email

I: What's your name?

P: Sean.

I: What grade are you in?

P: Eleventh.

I: How long have you been with (District)?

P: For like – since, third grade.

I: Who's your emotional support teacher – do you have one right now?

P: No, I don't have one.

I: What are some of the best things your teacher's have done when you felt frustrated?

P: They took me to a different room, told me to think about something else. They talked to me.

I: A few years back, when students were in crisis, we used to use something called restraint to keep students and staff safe. Restraint is when a staff member holds a student in a way that stops them from moving their arms, legs, or body freely. Can you tell me what you remember about that?

P: Usually, like, you can't move your hands, and if you try to move your legs, they stop you. Like laying on top of them, like a wrestling move.

I: Do you remember being restrained?

P: Yeah.

I: Can you tell me more about that?

P: I didn't like it. I didn't like another man touching me. I feel like they don't have the right to touch me.

I: How did you feel afterwards?

P: Mad. It didn't make anything better.

I: Do you know why you were restrained?

P: I never really hurt myself, but I guess I was a danger to other people.

I: Do you think it kept you safe?

P: No. One time, I was in (Partial program) in a back room, well, like the back of the classroom, and being restrained. My head was on the ground, on the wood, and it scratched my face. It hurt.

I: What about other students and staff? Did it keep them safe?

P: Not really. After the fact, I'd keep going because I was still so mad.

I: What did it feel like to talk to the staff who restrained you once it was over?

P: [Shrugs] I didn't really talk to them. I talked to them because I had to.

I: Now we use verbal de-escalation and the blue shields that you've seen in your classroom. Tell me about it's like when those are used.

P: I like the verbal. It's better because both the kids and the teachers can talk. If an adult is putting their hands on a kid, it doesn't help. Talking is way better.

I: Do you remember the shields being used?

P: Not really. I've seen them and I remember them being in my classroom, seeing them used with other kids, but not with me. But it doesn't hurt the adults or kid because it's used as a defense shield. It's better.

I: Do you think the verbal de-escalation and the shields keep you safe?

P: Yeah. The verbal could keep you safe because if a kid is given the chance to talk it would help them calm down.

I: What about other students and staff?

P: Um, it's iffy. If the student is a real danger, they would need to use the shields to keep them, but if the student's just talking, then verbal de-escalation is fine.

I: What did it feel like to the staff who used verbal de-escalation with you once it was over?

P: It was fine. It helped a lot.

I: What else do you want to tell me about your experiences?

P: [Shrugs]

I: Do you think one way is better than the other - restraints on one hand and verbal de-escalation and blue shields on the other?

P: The shields and verbal de-escalation is better. Restraining is not fun. It hurts your arms and legs because the teacher doesn't know if it's too tight. If you use Ukeru™ and the shields, you keep your distance. They can calm faster.

I: What else is important for teacher and principals to know about helping students during crisis?

P: They should talk to them about what they're feeling and use their relationships with them and what they know about them, that could help them calm down faster.

I: Ok, thank you so much!