



## How Do Seclusion and Restraints Effect Children With Attachment and Trauma Disorders?

School can be a very scary place to a child with attachment and trauma disorders. Such children tend to have social, emotional, and developmental delays that cause problems in negotiating social situations, determining whom they can trust, and identifying which person in the school could cause them harm. Developing secure relationships at school allows the child to feel safe and thus access deeper issues needing to be addressed in therapy. When I work with a child who continues to do everything possible to avoid school, I look to identify possible trauma triggers that I could be missing. I have recently learned some families are not being informed when seclusion and restraint are used with their children in school. When a child's parents are not informed of their perceived traumatic experiences, the family is not able to make sense of the child's behavior, the child remains in fight, flight, or freeze, and the attachment between the parent and child is strained and possibly nonexistent.

It has been about six years, until this past month, that I last heard of a child from my clinic being restrained or secluded at school. When the child was restrained six years ago, the school and I corresponded with a few emails and a school meeting. The school made changes and the child no longer felt threatened. The school's response was amazing. They looked into the child's triggers. He soon felt understood. School became safe and he was finally able to build relationships with teachers. Furthermore, his behavior and relationships with his parents drastically improved.

Children who have a severe trauma history can escalate when placed in a small room. Often small rooms with only a door as a point of entry may feel like a closet to these children. Many children at our clinic have been locked in closets for hours and days at a time. Using seclusion for such children could quickly bring on a flashback or a flood of memories that may have been buried. Then why is it that children with trauma issues are expected to deescalate themselves when placed in a room that parallels past traumas? How can we expect these children to respond to interventions that corner them and evoke a fight, flight, or fear response? Thus holding a door shut would trigger those early childhood issues and retraumatize the child.

One child talked with me about an incident in the principal's office where he was cornered. Apparently he became extremely belligerent and out of control once he felt as though there was no escape. When I asked him about the situation, he admitted having a trauma response and felt horrible for fighting his way out. I always say, "What would an animal do if he were cornered? The animal would fight."

Restraints can cause the same fight, flight, or fear to exude from the child. I have a few families who have needed to restrain their child to keep them from seriously harming themselves or others. I ask these families to determine what behavior deems a restraint. The goal is always to use the least restrictive method first and I ask them to learn to identify the triggers leading up to the aggressive behavior. Many families have said to me, "She just flies off the handle. There is no rhyme or reason!" I have found that these children are excellent communicators; they just do it with their behavior. Therefore I ask families to look at what the behavior is communicating and what precipitating factors or triggers could have existed before the escalation.



The Department of Public Instruction for Wisconsin (DPI) created guidelines for seclusion and restraints and a bell curve of the escalation of behavior. I greatly appreciate the description DPI offers about the triggers and how the behavior escalates. Parents and staff need to identify the trigger and pay attention to the nonverbal and underlying feelings behind the behaviors. If they do so, they can derail most escalations.

As the treatment team looks at many school-related escalations, we can often identify several ways escalations can be avoided. First, notice the child's behavior. "Jason, I notice you still have out your pencil. Is everything okay?" or "I notice you need to fidget a lot, would you like one of your fidgets?" or "Can I swap your protractor for a fidget?" Just the intervention of noticing the behavior and looking beyond the noncompliance allows the child to learn better choices. Second, help the child understand his behavior. "I wonder why it is hard to put the protractor away. I notice you were doing okay until this class." Wondering is a great way to allow the child to ponder his issue and possibly identify what is bothering him. If he is completely unaware of why, it at least gets him to think and process the real reason for the issue. Just step one and step two can prevent an escalation. Third, instead of seclusion or a restraint, the child can be directed or given the option of a sensory break. The child may have actually needed a break from math. Giving him a healthy choice allows him to learn what his body needs. If we first introduce what we notice and what has helped him in the past, he can then learn from our example and will learn to ask for different interventions when his body feels the same way at a later date. Lastly, it is helpful to know the issues the child is facing. Several children struggle to be away from home. I have had countless sessions where a child returned home from a great vacation (but secretly hated being away from home) and had a horrible week at school. I recently had a savvy principal pick up on the fact that something else had to bother his student for the student to display escalated behavior.

I highly recommend schools and parents remain in close contact, especially when the child has a trauma history and displays escalating behaviors needing specialized interventions. Parents should always be informed of seclusion and restraints that are used with their child. It is important to know why they were used, by whom (and if the person has specialized in training in that particular intervention), for how long, and what was the result? It is also important for the child to process what precipitated the escalation, how come the intervention was chosen, and work with the adult involved to repair the relationship. Children with trauma and attachment issues were often chastised or disciplined without any repair in their relationship with their biological parents. Thus they desperately need the ability to talk about the incident and know the staff involved does not hate them or reject them. I expect the staff involved to look at ways to reduce seclusions and restraints. Are there things that escalate the child (like touching the child) that causes the escalation? Are there specific tones of voice, postures, or other reasons for the child's behavior? Furthermore, was the staff involved regulated when beginning the intervention? It is imperative that such interventions are also written into the child's Individual Education Plan (IEP).

The Wisconsin Department of Public Instruction created Directives for the Appropriate Use of Seclusion and Restraint in Special Education Programs. <http://dpi.wi.gov/sped/sbseclusion.html>