



PHYSICAL INTERVENTIONS AND THE LASER PROGRAMME



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There has been an increased focus on the reduction of restrictive practices within schools as of late, particularly physical interventions and other restrictive practices such as seclusion or timeout rooms. Even so-called sensory rooms, which have been used in educational establishments to provide ‘safe’ containment of individuals, have recently come under scrutiny from concerned parents and professionals alike. Policies and procedures surrounding restrictive physical interventions are now being modified to reduce the instances of these interventions, not just in the UK and the Republic of Ireland but across the world. Whilst these policies and procedures are an important first step towards the eradication of restrictive practices entirely, it is often hard to provide advice on restraint reduction in our current climate of low staffing levels and insufficient budgets to provide staff with training in alternative methods. However, this does not mean to say that we can do nothing. This short article will describe how the Studio 3 LASER Programme approaches the difficult topic of reducing physical interventions and other restrictive practices within schools and other educational settings.

Physical Interventions

The term ‘physical interventions’ has been increasingly used to describe varying methods of restraint in the UK over the last 20 years. The British Institute of Learning Disabilities (BILD) were asked in the 1990s to produce a set of guidelines and regulations for the training of physical interventions in the UK. Studio 3 Director and Clinical Psychologist Professor Andrew McDonnell was personally involved in the early days of this program, and many training organisations joined BILD with the aim of reducing their use of physical interventions. This is been a very long-term and lengthy process, which has in turn led to the

evolution of the Restraint Reduction Network (RRN). In the last 20 years, these organisations have contributed to a great deal of progress in the field of restraint, but it is our opinion here at Studio 3 that we still have a long way to go.

The term ‘physical intervention’ covers a broad range of techniques and methods, from seclusion and restraint, to methods of self-protection. For example, an individual might employ a physical intervention to escape from having their hair pulled. Many training courses try to provide a menu of responses to situations such as these, hypothesising about what one should do if they are grabbed, punched, or otherwise threatened by a distressed individual. One of the fundamental flaws in this approach is the assumption that showing a few physical techniques to an individual in a classroom or training setting will translate into a crisis situation. The reality is that people tend to be more efficient in learning situations, but are less able to think logically and reasonably when they are in a heightened state of arousal. It is in this range of emotions, between fear and stress, that most crisis situations occur. In those situations, it is very difficult to safely employ restraints and other defensive interventions. The second fundamental flaw of such training is the inevitable catastrophising that accompanies such ‘What If?’ scenarios. The simple fact is that we cannot be prepared for what may happen in a crisis. What we do know from decades of working in challenging situations with distressed individuals is that ‘less is more’ when it comes to crisis management, and that this kind of training is slowly dying out amongst professionals who, like our colleagues at Studio 3, are choosing instead to take the path of least resistance.

The reality is that, the more people we teach to restrain and reactively respond to potentially threatening scenarios, the more likely those people are to use these skills in practice. It is our view, as an organisation that delivers training in managing behaviours of concern, that restrictive practices are not only unnecessary in most cases, but also dangerous. Injuries to staff can occur whilst they being taught physical interventions on a training course. Injuries to staff

and pupils can occur when physical interventions are used in school or educational settings. It is obvious that one simple reason to avoid teaching physical interventions is to avoid causing injury.

Of course, the arguments for and against restraint are far more complex than this, and it is important to recognise that there are, albeit rarely, occasions in which physical interventions may be necessary to prevent harm to the distressed individual or others. The LASER programme will prescribe physical interventions on a case-by-case basis only, after appropriate risk assessments have been carried out. We at Studio 3 do not subscribe to the idea that everyone should get taught some physical interventions ‘just in case’, and as such these will not be taught as part of the LASER curriculum.

The Studio 3 LASER Programme is predominantly focused on changing school cultures, and the ethos surrounding restraint and restrictive practices is an integral part of this. The programme achieves this by providing a stronger emphasis on stress-based crisis management training, which offers alternatives to physical interventions and restrictive practices. If a school or educational setting believes it is necessary to receive physical interventions training, they must submit to a rigorous risk assessment process. This process includes a focus on detailed incident analysis to determine whether physical interventions should be employed or not.

It is inevitable in our experience that some schools will desire, at first, to be taught a limited number of physical interventions on a case-by-case basis. However, many schools, if they agree to take the plunge, will not require any physical interventions training at all. For schools or educational settings where physical interventions are used quite frequently, our team will work closely with the frontline staff to develop a physical interventions reduction plan, with the aim of systematically reducing physical interventions across the board.

A Case Scenario

B was a person who routinely attended a mainstream school. They were 'included,' and received extra classroom supports for many of their lessons. Sometimes, their difficulties in class led to an escalation of their behaviour. This had led to them being held in a classroom 'to protect other students and staff,' but this was not a regular occurrence. When 'meltdowns' occurred, it was clear that all people were traumatised by the restraint process. The solution to this scenario did not take effect immediately. Over time, there was a growing shared understanding the stress and coping responses were critical for understanding B. This led to an agreed strategy of what is known as 'Planned Escape'. It was agreed amongst the staff team that, when the meltdown occurred and it was 'too late' to de-escalate the situation, B would be allowed to leave the classroom and go to an outside space of their choosing, with a staff member following at a distance. When B eventually returned in their own time, there were no recriminations.

Other pupils in the class were also taught what to do in crisis situations. They were encouraged to think about stress and coping responses, and how these affect their day-to-day lives. Key to this was thinking about 'stress' and 'panic,' and the need to escape from situations that you are unable to cope with. This whole-school approach involved some training in Low Arousal Approaches, where staff and pupils were made aware of the concept of reducing demands in crisis. Over time, the school moved from an environment where staff felt guilty about using physical interventions, to a situation where the escape plan kept people safe if and when a crisis occurred.

Initially, some staff raised some issues with the approach, saying things like, 'B is getting away with bad behaviour'. Questions about who should be in control – the staff or the distressed student – were raised in the wake of the new approach. With an increased

understanding of how chronic stress can affect an individual, the staff group came to realise that, the more distressed a person becomes, the more in control they need to feel. By giving control back to B in terms of what they were enabled to do in moments of meltdown, B was able to begin self-regulating, recognising when they were becoming distressed and removing themselves from the situation before it escalated. Staff began to realise that their over-control of B's behaviour was in fact making the situation worse, rather than de-escalating it.

The final shift in understanding stress and coping evolved from thinking about B in terms of their behaviour, to viewing reduced stress as a means of 'optimising learning'. Staff began to understand that when B was stressed and overwhelmed, they were unable to focus on learning and melting down was the only coping mechanism they had to relieve those feelings of distress. Over a period of time using low arousal approaches and planned escape, B was a far more confident learner in the classroom, and staff's perceptions of them as a 'trouble-maker' had changed. Planned escape still occurred, but it was much less frequent, and staff reported feeling more confident in their ability to support B.

Making Restraint Reduction a Reality in Schools

It would be naïve to believe that the eradication of restrictive physical interventions in schools is an easy task. Unless there is both a top-down and bottom-up approach to reducing restrictive practices and a shared sense of direction across the whole staff team, no training on its own would be sufficient to achieve the kind of results we want to see. The LASER approach to training is focused on systemic change involving every person in the school setting, including teachers, support staff, children, carers and families. A school-wide, systemic approach does not just require clear policies which clearly set out the standards of good and best practice, it also requires support from senior staff and a clear training message. Like in

other aspects of teaching, setting clear, unambiguous reduction targets helps people to focus on problem-solving and creating solutions. In many settings, certain individuals are often subject to more physical interventions than others. There is most certainly a place for analysing these situations, and examining where and how they can be avoided.

In our line of work, we often encounter problems around transport and transition, especially for pupils with autism and other conditions. Pupils with sensory and developmental differences often become distressed during long taxi or bus journeys to and from school. It is essential to facilitate ways of making this transition as predictable and painless as possible so that individuals may thrive once they get to school. Whilst difficult to do in practice, the more we behave in a relaxed manner when someone is distressed, the more we communicate calmness and can actually defuse the crisis simply by appearing calm. In our experience, we have often seen well-intentioned staff use physical interventions sometimes quite forcefully to place pupils into vehicles. Stressed staff and family members are also known to raise their voices in challenging situations. Both of these methods can only serve to increase stress and tension for all parties concerned, and make the incident far more challenging to overcome. Most importantly of all, what does this teach pupils from a learning perspective? In this case and in many others, creating an alternative to physical interventions requires more thought and effort.

In the LASER Programme, we do not ignore the issue of physical intervention, but we do try to work with a wider understanding of trauma and stress for all parties concerned. Studio 3 associate Bo Heilskov Elvén, in his book 'No Fighting, No Biting, No Screaming' (2010), writes very eloquently about the concept of emotional contagion. Essentially, what this means is that emotions of all kind can be transmitted from one individual to another, much like the transactional model of stress. If we model fear and anger to the pupils we support, they are

likely to not only pick up on these emotions, but reflect them back to us. Restraint and physical interventions are the language of fear, and should be avoided at all costs.

Our core goal in the programme is to create a balanced and realistic plan for restraint reduction in the long-term, looking at cultivating systemic change throughout the whole setting, rather than viewing the problem as one that can be solved by simply delivering training. In any change process, we have to try and persuade individuals to stop doing what they have been doing on a day-to-day basis, fundamentally changing how they interact with pupils and other staff members. It will be challenging to persuade some individuals that there are effective alternatives to physical interventions, but that is why this work is so important - particularly in the education sector where staff are working with vulnerable young people. The phrase ‘you cannot see the woods for the trees’ is relevant here, and sometimes people need help to realise alternative methods; to see another path. It is our duty to challenge systems and dare to believe that the end goal of restraint reduction and eradication is achievable.

Studio III Training Systems

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More information on the LASER Programme can be found on our website:

<https://www.studio3.org/laser-programme>

To discuss how the LASER Programme could benefit your school or educational setting, please contact our office at info@studio3.org, or call 01225 334 111.