EXPERIENCES OF SPECIAL EDUCATION TEACHERS PERFORMING PHYSICAL RESTRAINTS INVOLVING STUDENTS WITH DISABILITIES: A TRANSCENDENTAL PHENOMENOLOGICAL STUDY

by

Stephanie Renee Laymon

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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ABSTRACT

The performance of physical restraints on students with disabilities has become a significant interest to the legislative and disability communities in recent years. A report from the USDOE Department of Civil Rights (2018) indicated that while students with disabilities make up only 12% of the student population, these students account for 71% of the physical restraints in public schools. To date, little research has been identified involving physical restraints in public schools. This transcendental phenomenological study collected data from 10 special educators in a school district in Southeast Tennessee who were involved in the physical restraint of students with disabilities using a demographics questionnaire, individual open-ended interviews, a focus group, and debriefing interviews. Data analysis included the horizonalization (Moustakas, 1994) of all transcripts derived from data collection methods to explore textural and structural descriptions and to fuse the essence of the phenomenon to answer the following central research question: What are the experiences of special education teachers involved in the physical restraint of students with disabilities? Data analysis occurred using Atlas.ti software and three themes emerged: (a) keep everyone safe, (b) build your toolbox, and (c) it is what it is. The presentation of the findings included their relation to self-determination theory and self-efficacy theory.

Keywords: physical restraint, special education teachers, students with disabilities, public schools, self-determination theory, self-efficacy theory

Copyright Page

Dedication

This research is dedicated to students with disabilities and to the special education teachers who serve them. The greatest accomplishments can be in the smallest of steps. The greatest differences can be bridged with the smallest of smiles. My journey would not be complete without the students and teachers I have been privileged to work alongside.

I lovingly dedicate this work to my family. My husband Darren believed in me, encouraged me, challenged me during the most difficult times and celebrated with me as each new milestone was reached. When I needed a shoulder to cry on, someone to make me laugh, or a swift kick in the pants, he was there. Our children, Mathew, Amber, Erin, & Amellia, whose support never wavered during my dissertation journey and who each have their own unique love of learning. My mother, Ellen Fike, who has always encouraged my educational journey and who has never stopped believing in me. Through it all, I knew that I was loved and supported by my family.

I would also like to dedicate this work to the great teachers who have influenced my life: My parents, Ellen Fike and Kenneth Brown, for their steadfast beliefs in the inalienable rights of all humans. Dr. Susan McGuire, for taking me under her wing, her ability to see beyond the behavior, and her writing skills, which can be learned over the shoulder. Lynch Spain, Ann Greever, and Tom Cramer for serving as mentors and for sharing your knowledge with me. Lisa Guffey, for investing time to help me develop professionally, and for seeing the future in me. Last, but most importantly, I dedicate this work to God. Without His counsel and answers to prayer, I would not have been able to persevere. God worked through many people to help me reach this goal, and I offer him the praise and the glory for it all.

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I would like to acknowledge my students who have taught me so many ways to think outside the box and who have continued to foster my love of learning even as I teach them. Without these students, I would never have known the need existed for this research.

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I would also like to acknowledge my co-researchers for their honest and heartfelt contributions to this research. They gave of their own time and took time away from other priorities in order to participate in this research. I am honored to have been able to work with each of them.

Next, I would like to acknowledge my committee members, Dr. Joan Cox and Dr. Shane Harwood. They provided me with feedback and supported me through my research by steadfastly remaining on my committee. Also, to my professional colleagues and others who provided auditing, peer review, pilot study participation, as well as encouragement and support, my heartfelt regard for your assistance.

Lastly, I would like to acknowledge the many doctoral students on this journey with me. So many things would not have been possible without the support and understanding of those traveling similar journeys. Dissertations are like physical restraints in that only those who have lived through them understand the amount of effort required and the associated stressors. I am grateful for all of the emails and messages that reminded me I was not alone.

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List of Abbreviations

AASA – American Association of School Administrators

CCBD – Council for Children with Behavioral Disorders

CEC – Council for Exceptional Children

CET – Cognitive Evaluation Theory

CPI – Crisis Prevention Institute

HWC – Handle with Care

NDRN – National Disability Rights Network

OIT – Organismic Integration Theory

SDT – Self Determination Theory

USDOE – United States Department of Education

CHAPTER ONE: INTRODUCTION

Overview

The physical restraint of students with disabilities in public schools in the United States has become a topic of significant interest among national disability groups, as well as at the state and federal level. Physical restraint is the limiting of the movement of a person by one or more persons (USDOE, 2012). A survey of over 17,000 public school districts by the U.S. Department of Education (USDOE) Office of Civil Rights (2018) reported that students with disabilities comprise only 12% of the overall student population. However, 71% of all physical restraints in public schools involve students with disabilities. Current articles and studies have recommended best practice strategies for physical restraint (Benson, Miller, Rogers, & Allen, 2012; Brown et al. 2012). Others have focused on strategies to minimize the use of physical restraint (Andrassy, 2016; Azeem et al., 2015; Felver et al., 2017; Greene, Ablon, & Martin, 2006; LeBel, Nunno, Mohr, & O'Halloran, 2012; Luiselli, 2008, 2009; Trader et al., 2017; Valenkamp, Delaney, & Verheij, 2014). While still others advocated policy updates regarding physical restraints for children with disabilities (Council for Children with Behavioral Disorders [CCBD], 2009; Council for Exceptional Children [CEC], 2010; Gust & Sianko, 2012; Scheuermann, Peterson, Ryan, & Billingsley, 2016; Smith, Katsiyannis, & Ryan, 2011). Researchers conducted studies regarding restraint practices at inpatient or residential facilities (Andrassy, 2016; Azeem et al., 2015; Brown et al., 2012, Felver et al., 2017; Greene et al., 2006; LeBel et al., 2012; Luiselli, 2008, 2009; Valenkamp et al., 2014). However, very little has been done to study the use of physical restraints in schools (Barnard-Brak, Xiao, & Xiaoya, 2014; Gagnon, Mattingly, & Connelly, 2017; Ryan & Peterson, 2004; Villani, Parsons, Church, &

Beetar, 2012), and there is a gap in the literature concerning the perspectives of special education teachers who perform physical restraints on students with disabilities.

Background

The outcry against the use of physical restraint on students with disabilities in schools escalated following the release of the National Disability Rights Network's (NDRN, 2009) report, *School is Not Supposed to Hurt.* This investigative report summarized the instances of injury and death of students with disabilities resulting from physical restraint or seclusion at school. Additionally, this report identified areas of concern such as teacher training in restraint techniques, lack of positive behavioral supports, and a paucity of state laws regarding physical restraint. NDRN followed this identification with an update of the report by the NDRN (2010) which detailed progress at the federal level that included the President, Congress, Government Accountability Office, and the U.S. Department of Education. Progress at the state level was reported to be sluggish with a lack of consistency between states. However, the updated report shared that since the 2009 report, several coalitions and task forces had been formed at the state level to examine restraint policies. The updated report also included a section of new instances of harm to students and one that covered the debunking of myths surrounding restraint and seclusion. The report concluded with recommendations for a federal minimum standard regarding seclusion and restraint.

In 2012 the NDRN released a second follow up report. It also detailed instances of harm to students resulting from restraint. The 2012 report gave further updates to the slow-moving reforms and changes at the state and federal level. Unfortunately, the information shared by these reports has not resulted in research relative to the use of physical restraint on students with disabilities by special education teachers.

The physical restraint of students and adults with disabilities has the potential to affect many people. In schools, the students, their families, and school staff members such as general education teachers, special education teachers, paraprofessionals, and administrators are some of the people impacted by using physical restraint. Studies have addressed a myriad of effects from the use of physical restraint on adult patients (Chien, Chan, Lam, & Kam, 2005; Cunningham, McDonnell, Easton, & Sturmey, 2003; Jones & Kroese, 2007) and geriatric patients (Kwok et al., 2012). Other studies have researched the effects of physical restraint on children in psychiatric facilities (Petti, Mohr, Somers, & Sims, 2001; Steckley & Kendrick, 2008), students in a special education classroom (Magee & Ellis, 2001; Sellman, 2009), and youth and staff in a juvenile detention center (Smith & Bowman, 2009). One study looked at the effects of physical restraint on the administrators in a day treatment facility (Fogt, George, Kern, White, & George, 2008). Many other studies have focused on the perspective or effects of physical restraint involving nursing staff (Bigwood & Crowe, 2008; Cunningham et al., 2003; Hamers et al., 2009; Janelli, Stamps, & Delles, 2006; Lane & Harrington, 2011; Moran et al., 2009; Perkins, Prosser, Riley, & Whittington, 2012; Petti et al., 2001; Sequeira & Halstead, 2004). However, no studies addressed the effects of physical restraint on special education teachers in the public education setting. Additionally, of the studies related to physical restraint, only a small portion originated from the United States (Fogt et al., 2008; Janelli et al., 2006; Magee & Ellis, 2001; Petti et al., 2001; Smith & Bowman, 2009). Other studies originated in regions such as Hong Kong (Chien et al., 2005; Kwok et al., 2012), the United Kingdom (Cunningham et al., 2003; Jones & Kroese, 2007; Perkins et al., 2012; Sellman, 2009; Sequeira & Halstead, 2004), Scotland (Steckley & Kendrick, 2008), Ireland (Moran et al., 2009), New Zealand (Bigwood & Crowe, 2008), the Netherlands, Germany, and Switzerland (Hamers et al., 2009). This study explored the

experience of physical restraints on the perspectives, thoughts, and beliefs of special education teachers as well as added to the research originating in the United States.

Situation to Self

My background uniquely qualifies me to conduct this study. I have worked in special education for approximately 15 years. During that time, situations have necessitated restraints involving students with disabilities. Before this, I also worked in a child and adolescent psychiatric hospital in an administrative capacity where I witnessed multiple restraints, but only participated in one. During my time as a special educator from 2003-2018, I have participated in multiple training sessions regarding restraint techniques such as Crisis Prevention Institute's (CPI) (2005), Nonviolent Crisis Intervention (Shedrick, 2017) and Handle with Care Behavior Management System (Boyd, 2012), as well as multiple professional development activities for behavior modification skills and simulated practice of the previously learned restraint techniques.

My first restraint occurred over 20 years ago when I worked in a child and adolescent psychiatric facility. A patient with a negative reaction to a new medication was exhibiting dangerous and aggressive behaviors toward others. I had never participated in a restraint before because my job was administrative and did not involve much face time with patients. However, the call went out that any available female staff members were to respond, and I was nearby, so I responded. When I arrived on the scene, the patient was on the floor wrapped in a sheet with several staff members holding the sheet as well as the arms and legs of the patient. Many of the staff members appeared tired from the struggle, and it was customary for newly arriving staff to take the place of a staff member in need of relief, so I took over for someone. While I was participating in the restraint, the patient continually fired off a barrage of foul language, threats, and obscene comments. I remember feeling shocked over the patient's behavior and curiosity as

to how the rest of the staff members could be so calm during the restraint. Fortunately, the facility had a debriefing process, so I was able to ask questions and receive feedback as to why the restraint occurred and how the staff arrived at the choices they made concerning the event. At that time, I did not know years later I would enter a profession where these restraints would occur more frequently as a regular part of my responsibilities.

This background provided me with a detailed experience level while serving as the human instrument (Lincoln & Guba, 1985). Also, the reflective nature I practiced regarding my work allowed me to set aside presuppositions (Moustakas, 1994) regarding the physical restraint of students with disabilities. Both qualities were supportive of a transcendental phenomenological design.

At this stage, the paradigm for this study is pragmatism because it is concerned with solving problems and improving programs (Patton, 2002). The practical findings from the research are participatory/collaborative due to the special education perspective. This finding means that decisions related to students with special needs often occur in collaborative meetings which bring together similar stakeholders as those listed previously, including special and general education teachers, parents, and other school staff to problem solve and make informed decisions regarding the education plan of a child with special needs. The primary assumption I brought to this study was that restraints were a last resort in the event a student or staff member was in immediate danger.

Problem Statement

The use of physical restraints on children and youth with disabilities has resulted in changes in laws at the state level (Butler, 2017; Freeman & Sugai, 2013; NDRN, 2010), recommendations regarding restraint guidelines and protocols (Fogt & Piripavel, 2002; Greene et

al., 2006; LeBel et al., 2012), and policy updates (CCBD, 2009; CEC, 2010; Gust & Sianko, 2012; Scheuermann et al., 2016; Smith et al., 2011). However, very few studies were available regarding the use of physical restraints in public schools (Barnard-Brak et al., 2014; Gagnon et al., 2017; Ryan & Peterson, 2004; Villani et al., 2012). Specifically, there was a lack of research regarding the educators who performed physical restraints on students. This lack of research included information related to the stressors these events had on these educators both professionally and personally, and why these educators remained in the profession.

The NDRN (2009, 2010) reports identified children who suffered instances of harm related to physical restraints, including death. Additionally, the 2009 report analyzed the laws in each state related to physical restraint and found the laws either did not exist or were not sufficient to protect students. By the 2010 report, however, many states, as well as the federal government, had begun to examine this issue and the laws surrounding it, although the movement to update the laws has been slow. Also, the 2009 report found that students with disabilities were restrained more frequently than other students. A survey of public schools by the USDOE Office of Civil Rights (2018) reported that students with disabilities comprised only 12% of the student population. However, 71% of all physical restraints involved students with disabilities, leading to a high instance of restraint usage with this specific student population. This higher than expected usage of physical restraint on students with disabilities in public schools lead to concerns regarding the number of safety incidences that could arise, as well as concern over alternate methods for dealing with problem behaviors. These safety issues have resulted in serious harm to students. The NDRN (2009, 2010) reports did not report harm to educators.

While the NDRN (2009, 2010) reports did not recognize that physical restraint caused harm to staff members, some states have addressed this issue. Connecticut is one state that has attempted to enact legislation such as Senate Bill 760 (2013) to protect education staff members who felt their own safety was in jeopardy if they restrained a student. However, this bill did not make it out of committee. Additionally, groups such as the American Association of School Administrators (AASA, 2012) recognized the potential for harm to educators who performed physical restraints. The AASA surveyed school administrators in the U.S. and found that students have attacked over 48% of school staff who are trained in the use of physical restraint in a given school year. The AASA survey also found that 42% of staff members responding to student outbursts were hospitalized more than once within a four-year period. Although research indicated injury to staff members in a setting that utilized restraint techniques, there was limited research into the topic. In a study that analyzed injury in persons with intellectual disabilities during physical restraint, Williams (2009) stated that regardless of staff training and the following of correct procedure, incidents of injury to staff could occur. Staff members who performed physical restraints in a nursing capacity also reported injury (Moylan & Cullinan, 2011). The hope existed that the potential harm to students and teachers could be decreased or eliminated entirely through the gathering of special education teachers' perspectives regarding physical restraint in this study and that data would reveal more information on how teachers coped with the stressors that arose from these situations and why they remained in the profession.

Another area of concern in this study was teacher attrition. Referring to teachers in general, approximately 50% of new teachers leave the profession within their first five years (Curtis, 2012), and a study by the USDOE National Center for Education Statistics (2015)

reported of the nearly four million public school teachers who were teaching during the 2011–2012 school year, 8% left the profession the following year. One cause of teacher attrition was teacher dissatisfaction due to the negative behavior of students (Curtis, 2012; Harrell et al., 2004; Mitchell & Arnold, 2004; Ross, Romer, & Horner, 2012). Students subjected those who must perform physical restraints to significant negative behavior issues. This behavior included students' aggression toward others as well as student self-harm (Villani et al., 2012), while 33% of special education teachers in a study by Berry, Petrin, Gravelle, & Farmer (2011) did not feel they had significant training to deal with students with disabilities such as emotional and behavioral disorders and autism. This concern raised questions surrounding why special education teachers remained in the profession, how they coped with stressors that arose from physical restraint, and what aspect of their work kept them from making position, school, or profession changes.

Purpose Statement

The purpose of this transcendental phenomenological study was to explore the shared experiences of special education teachers involved in the physical restraints of students in a school district in Southeast Tennessee. Special education teachers' experiences regarding physical restraint were the thoughts, feelings, and perspectives that related to events leading up to, during, and following the physical restraint of students with disabilities. Physical restraint is the limiting of the movement of a person by one or more persons (USDOE, 2012). The theories guiding this study, self-determination theory (Deci & Ryan, 2002) and self-efficacy theory (Bandura, 1986, 2001), shared commonalities concerning autonomy and motivation. This shared commonality included the need for autonomy, motivation related to facing challenges and overcoming adversity, setting, and achieving goals, or the desire to succeed while also helping

others. These constructs overlapped within these two theories and provided insight into the perspectives of special education teachers who performed restraints.

Significance of the Study

With a paucity of research available on the use of physical restraints in the public education setting (Barnard-Brak et al., 2014; Ryan & Peterson, 2004; Trader et al., 2017; Villani et al., 2012), it was important to gather this information so that educators could work to make improvements in education service delivery for all children, and especially for those students with disabilities. While still acknowledging the importance of physical restraint in dangerous situations (Bigwood & Crowe, 2008; Moran et al., 2009; Perkins et al., 2012), the experiences of special education teachers can inform training and introduce alternative techniques to reduce the use of physical restraints (Ducharme, Padova, & Ashworth, 2010; Jena, 1999; Jones & Timbers, 2003; Lewis, 2002; Luiselli, 2008; Luiselli, Treml, Kane, & Young, 2004; Miller, Hunt, & Georges, 2006).

This study addressed an empirical gap in the literature concerning special educators' perspectives, beliefs, and feelings regarding the use of physical restraint. Research in this area aids to address the various potentials for harm. Additionally, special educators exposed to threatening student behaviors and performing physical restraints on students with disabilities are at personal risk of physical harm. Since negative student behavior was one of the leading causes of teacher attrition (Mitchell & Arnold, 2004; Ross et al., 2012) and since researchers identified the threat to one's safety as a teacher concern (Roberts, Wilcox, May, & Clayton, 2007), it is important to understand why these particular special education teachers, involved in physical restraints, remained in the profession.

The practical significance of this study was the unavailability of information concerning the experiences of special education teachers who performed restraints. It was important to know how those restraints affected their thoughts, beliefs, and practices as educators, and how this information could aid in reducing the number of restraints involving students with disabilities (Ducharme et al., 2010; Jena, 1999; Jones & Timbers, 2003; Lewis, 2002; Luiselli, 2008; Luiselli et al., 2004; Miller et al., 2006). With fewer restraints, there should be less likelihood of injury to students and staff.

Theoretical contributions discussed the necessity of self-determination (Deci & Ryan, 2002, 2008; Ryan & Deci, 2000b) and self-efficacy (Bandura, 1991) on the part of the special education teachers who performed restraints on students with disabilities. Self-determination theory related to special educators' desire to engage and affect change in the challenges presented by students with disabilities. According to Deci and Ryan (2002), self-determination theory posited that humans are growth-oriented, active, and will seek out and engage challenges in their environments in attempts to actualize self-potential, capacity, and sensibility. The importance of the environment was to the extent that it propagated or suffocated one's sense of self. Self-efficacy aids the human desire to believe oneself capable of producing desired results or forestalling negative ones (Bandura, 2001) through one's actions. This belief related to the aspect of special education teachers attempting to produce positive student outcomes and modify or stave off the negative behavior of students with disabilities.

Research Questions

Qualitative research required open-ended questions (Bloomberg & Volpe, 2012) that allowed the researcher to discover and explore (Bloomberg & Volpe, 2012; Marshall & Rossman, 2006) the phenomena. Additionally, these questions connected with the theoretical

framework of self-determination theory (Deci & Ryan, 2002) and self-efficacy theory (Bandura, 2000). Both theories provided constructs for motivation, autonomy, and stress-related coping. The following central research question guided this study:

What are the experiences of special education teachers involved in the physical restraint of students?

Research regarding physical restraints in public schools in the U.S. (Ryan & Peterson, 2004; Villani et al., 2012) lacked information concerning the experiences, perspectives, thoughts, and beliefs of the special education teachers who performed these restraints. I located significant research about the use of physical restraints using the perspective of others. This research included adult patients (Chien et al., 2005; Cunningham et al., 2003; Jones & Kroese, 2007), geriatric patients (Kwok et al., 2012), children in psychiatric facilities (Petti et al., 2001; Steckley & Kendrick, 2008), students in a special education classroom (Magee & Ellis, 2001; Sellman, 2009), youth and staff in a juvenile detention center (Smith & Bowman, 2009), administrators in a day treatment facility (Fogt et al., 2008), and nursing staff (Bigwood & Crowe, 2008; Cunningham et al., 2003; Hamers et al., 2009; Janelli et al., 2006; Lane & Harrington, 2011; Moran et al., 2009; Perkins et al., 2012; Petti et al., 2001; Sequeira & Halstead, 2004).

The sub-questions that support the central question are as follows:

1. What stressors do special educators experience from being involved in restraints?

There is a lack of research regarding stressors experienced by special educators who utilize physical restraint. However, a national survey of various educators (Richards, 2012) found that educators in general list discipline/student behavior problems as significant to their stress levels (mean of 3.28 on a 5-point Likert scale), and nurses have acknowledged that anxiety associated with participating in physical restraints does occur. This anxiety included fear of

being harmed, professional conflict over physical restraints or the decision to utilize them and being scared on a personal level (Bigwood & Crowe, 2008). It was important to identify and examine these stressors to understand how special educators coped with these experiences.

2. How do special educators cope with the stressors that arise from being involved in restraints and does self-determination theory play a role?

Special education teachers who perform physical restraints on students with disabilities may utilize coping mechanisms to deal with the stressors that they experience from these events (McCarthy, Lambert, O'Donnell, & Melendres, 2009; Sedivy-Benton & Boden-McGill, 2012) which may lead to teacher attrition. There was no specific information regarding coping skills for special educators who performed physical restraints. As part of the physical restraint training and certification process in the district for this study, special education teachers received training in remaining detached rationally (Shedrick, 2017) during a restraint. Training for rational detachment focused on the ability to stay in control of one's behavior while not taking acting-out behavior personally (CPI, 2005). However, it was unclear if this training or other coping mechanisms aided these special educators in managing stressors that occurred leading up to, during, and following a physical restraint, or if self-determination theory played a role in the management of stress, or if it was a combination of all these things. There was no information available on the coping skills special educators utilized to deal with the physical restraints of students with disabilities. However, a national survey of various educators (Richards, 2012) found that teachers in general listed coping mechanisms such as family/friend support, a sense of humor, time to be alone, the ability to see stress as an issue to be resolved and a belief in success, and a positive attitude. Also reported to be popular methods of coping with stress among educators were "positive peer collaboration, better mentoring for new teachers, and more

effective professional development" (Fisher, 2011, p. 29). Additionally, nurses who performed restraints reported self-preservation responses such as physical and emotional preparation to cope with stressors, including humor as tension relief and the support of colleagues (Bigwood & Crowe, 2008). However, these coping mechanisms were inadequate given the severity of the situation. While there was information regarding self-determination theory and coping (Deci & Ryan, 2002), there was no specific information for self-determination theory related to coping skills for special educators who performed physical restraints.

3. Why do special educators involved in the physical restraint of students remain in the profession?

Information concerning teacher attrition indicated that student misbehavior was a primary reason educators left the profession (Mitchell & Arnold, 2004; Ross et al., 2012), although physical restraint specifically was not cited as one of the reasons. However, nurses have indicated that the use of physical restraints is a significant reason for changing professions (Bigwood & Crowe, 2008). Teachers who reported intentions of remaining in the profession tended to be females, novice teachers, elementary teachers, and those who felt their salary was acceptable (Sedivy-Benton & Boden-McGill, 2012). Other factors that appeared to influence the decision to remain in the profession included having a supportive environment, the teachers' perception of their influence within the environment, and teachers' perception of their control within the classroom and school (Sedivy-Benton & Boden-McGill, 2012). With this information available, self-efficacy (Bandura, 1986, 2001) and self-determination theories (Deci & Ryan, 2002) were necessary to determine why some special education teachers continued to remain in positions where they must perform restraints on students with disabilities.

4. What are educators' thoughts regarding learning techniques that could be helpful in reducing the use of restraints?

There was no research indicating the thoughts, perspectives, or beliefs of special education teachers concerning the reduction of restraints through alternative techniques, recommendations, or strategies for physical restraint best practices. Information was available from other perspectives on the use of various means of reducing restraints. These included a psychiatric child and adolescent inpatient facility that used an intervention to reduce physical restraints (Azeem, Aujla, Rammerth, Binsfeld, & Jones, 2011) and mental health nurses who preferred de-escalation through negotiation and calming skills to physical restraint (Bigwood & Crowe, 2008). Additionally, they included adult inpatients who valued the fact that staff members did not overreact and used minimal force when responding to patient behavior (Chien et al., 2005), and adult inpatients who felt staff training for restraints was an important factor in performing them correctly (Haw, Stubbs, Bickle, & Stewart, 2011).

Definitions

1. *Amotivation* - a state of being with no intention to act and represents a lack of motivation to accomplish an outcome based on feelings of competency, devaluing of the activity itself or its outcome, or a lack of contingency (Bandura, 1977; Deci & Ryan, 2002); Rotter, 1966; Ryan, 1995).
2. *Autonomy* - holistic self-regulation and inner organization, or behavior as an expression of the self, based on values and initiatives (Deci & Ryan, 2002).
3. *Autonomy orientation* - relates to the regulation of behavior based on personal interest and values (Deci & Ryan, 2002). This also relates to needs, goals, and self-initiated behavior choices (Koestner & Zuckerman, 1994).

4. *Cognitive evaluation theory* (CET) - as defined by the authors of the theory: "The needs for competence and autonomy are integrally involved in intrinsic motivation and that contextual events, such as the offer of a reward, the provision of positive feedback, or the imposition of a deadline, are likely to affect intrinsic motivation to the extent that they are experienced as supporting versus thwarting satisfaction of these needs" (Deci & Ryan, 2002, p. 11).
5. *Competence* - a feeling of self-confidence and effectiveness. The need to feel competent leads us to seek out areas where we will best utilize our strengths, as well as to continue to grow these strengths through the areas we choose (Deci & Ryan, 2002).
6. *Controlled orientation* - behavior choices made based on controls and directives related to how one should behave, or the rules of society or social context (Deci & Ryan, 2002).
7. *External regulation* - represents the least autonomous type of motivation with the intent to complete an activity in order to gain a reward or avoid punishment (Deci & Ryan, 2002, p. 17).
8. *Extrinsic motivation* - performing an activity "in order to attain some separable outcome" (Ryan & Deci, 2000a, p. 60).
9. *Homonomy* - integration with others (Deci & Ryan, 2002).
10. *Identified regulation* - the "conscious valuing of a behavioral goal or regulation, or an acceptance of the behavior as personally important" (Deci & Ryan, 2002, p. 17).

11. *Impersonal orientation* - helplessness or an inability to control one's behavior. This may be a self-perception rather than an absolute, however it relates to amotivation and a lack of intention or ability to act (Deci & Ryan, 2002).
12. *Integrated regulation* - extrinsic motivation at its most autonomous. It is an endorsement of one's sense of self (Deci & Ryan, 2002).
13. *Intrinsic motivation* - "the doing of an activity for its inherent satisfactions rather than for some separable consequence" (Ryan & Deci, 2000a, p.56).
14. *Introjected regulation* - is internalized only to the point of being contingent upon enhancing self-esteem or self-worth or avoiding guilt or shame (Deci & Ryan, 2002).
15. *Physical restraint* - 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 (USDOE Civil Rights Data Collection, 2012, p. 10).
16. *Relatedness* - sense of connection shared with others through mutual caring and acceptance that creates a feeling of unity (Deci & Ryan, 2002).
17. *Self-determination theory* (SDT) - humans are growth oriented, active, and will seek out and engage challenges in their environments in attempts to actualize self-potential, capacity, and sensibility (Deci & Ryan, 2002).

Summary

Students with disabilities suffer physical restraint more often than other groups, despite being a small percentage of the population (USDOE, 2018). Many disability rights groups

advocated for a reduction in the use of physical restraint (CCBD, 2009; CEC 2010), while the NDRN (2009) released an investigative report with follow-ups (2010, 2012) regarding the use of physical restraints and subsequent injuries and death of students. Studies have been completed regarding physical restraints pertaining to geriatric (Kwok et al., 2012) and psychiatric care (Petti et al., 2001; Steckly & Kendrick, 2008); however, there is a paucity of research available on special educators and their experiences involving the use of physical restraints in public schools pertaining to students with special needs. I am uniquely situated to study the phenomena of special educators who are involved in physically restraining students with disabilities as I work in a special education setting for students with emotional and behavioral issues and am involved in many physical restraints over the course of my career. This study provided an opportunity to address the problem of a gap in the research pertaining to the experiences of special educators who have participated in physical restraint of their students. The research questions were written to discern the experiences of these special education teachers involved in restraints, as well as their perspectives regarding reducing physical restraint and why they remain in the profession.

CHAPTER TWO: LITERATURE REVIEW

Overview

Limited literature exists concerning the use of physical restraint on children and youth with disabilities from the perspective of service providers. It was primarily related to nurses and other staff members from psychiatric and residential treatment facilities (Bigwood & Crowe, 2008; Cunningham et al., 2003; Hamers et al., 2009; Janelli et al., 2006; Lane & Harrington, 2011; Moran et al., 2009; Perkins et al., 2012; Petti et al., 2001; Sequeira & Halstead, 2004). Additionally, many of these studies occurred in countries other than the United States. In this chapter, I discuss the information gathered from these studies, and others, as well as a theoretical framework involving the self-determination theory (Deci & Ryan, 2002, 2008; Ryan & Deci, 2000b, 2006) and the self-efficacy theory (Bandura, 2000) as they relate to special education teachers administering physical restraints on students with disabilities in response to high-risk behaviors. This chapter also serves as a review of increased U.S. awareness of harm to persons involved in physical restraints. Additionally, it serves as a review of the resulting new policies and laws, as well as the identification of the types of facilities where physical restraints occurred, the training and techniques used in performing physical restraints, who received restraint, and the impact of students' high-risk behavior on teacher attrition. However, no U.S. research existed on the perspectives of special education teachers using physical restraints on students with disabilities in public school settings.

Theoretical Framework

Theoretical implications for this study existed in the self-determination theory (Deci & Ryan, 2002, 2008; Ryan & Deci, 2000b, 2006) and the self-efficacy theory (Bandura, 2000). While each theory was unique, they shared a common basis regarding autonomy and motivation.

This commonality included the motivation of facing challenges and overcoming adversity, setting and achieving goals, the need for autonomy, or the desire to succeed while also helping others.

Performing a physical restraint was no easy feat. It required training, practice, quick physical reflexes, and decisive action. It also required a greater sense of motivation to maintain a safe environment and the power to make autonomous decisions as special education teachers often have limited adult presence in the classroom environment. These characteristics exist in self-determination theory and self-efficacy theory.

Self-Determination Theory

Deci and Ryan contributed to considerable research in developing the self-determination theory (Deci & Ryan, 2002, 2008; Ryan & Deci, 2000b, 2006). Self-determination theory (SDT) suggested that humans are growth-oriented, active, and will seek out and engage challenges in their environments in attempts to actualize self-potential, capacity, and sensibility (Deci & Ryan, 2002). Special education teachers face some of the most significant challenges of any educator in working with students who function academically and developmentally below their typically-developing peers due to a variety of physical, cognitive, and/or emotional disabilities (Berry & Gravelle, 2013; Berry, Petrin, Gravelle, & Farmer, 2011; Billingsley, 2004). The engagement of these challenges linked self-determination theory to special educators in this study.

The importance of the environment in SDT was the extent that it propagated or suffocated one's sense of self. SDT posits that the integrative tendency of autonomy (holistic self-regulation and inner organization) combined with homonomy (integration with others) is supported or hindered by social-contextual environmental factors (Deci & Ryan, 2002). Autonomy was a significant factor in special education teacher retention (Conley & You, 2017;

Gersten, Keating, Yovanoff, & Harniss, 2001) and SDT. If the environment influenced the educator's autonomy, the result could be retention or attrition depending on the type of impact. In the case of the special educators in this study, the environment pertained to the classroom/special education setting and the student behaviors that led to physical restraints. It also pertained to whether the environment or student behaviors propagated or suffocated the educator's sense of self, level of autonomy, and motivational factors.

Self-determination theory is complex. Four separate mini-theories, or sub-theories, all interlinked, provided the basis for SDT, similar to the way that four sides form the base of a pyramid. These mini-theories are cognitive evaluation theory, organismic integration theory, causality orientations theory, and basic needs theory (Deci & Ryan, 2002; Ryan & Deci, 2000b). Additionally, the four mini-theories combined motivation, both intrinsic and extrinsic, autonomy, and self-regulation (Deci & Ryan, 2002; Ryan & Deci, 2000b) and evolved over a span of 30 years to create the framework of SDT.

Cognitive evaluation theory. Cognitive evaluation theory (CET) grew from deCharms' (1968) analysis regarding intrinsic and extrinsic motivation as the perceived locus of causality. "Intrinsic motivation is defined as the doing of an activity for its inherent satisfactions rather than for some separable consequence" (Ryan & Deci, 2000a, p. 56). In the case of special education teachers, intrinsic motivation referred to the satisfaction of helping a student with special needs to reach a goal. Conversely, extrinsic motivation referred to performing an activity "in order to attain some separable outcome" (Ryan & Deci, 2000b, p. 60), such as the paycheck received by a special educator for the services provided to students. Intrinsic motivation was self-satisfaction in the doing of an activity, and extrinsic motivation was the receiving of a tangible reinforcement or external reward, such as money, for completing an activity.

CET placed importance on social context and its impact on motivation (Deci & Ryan, 2002). While the acting out of a student was the extrinsic motivation for performing a physical restraint, the construct of safety for the student and others in the vicinity was the intrinsic motivation for the restraint. However, it was unknown if special educators who performed restraints needed some form of motivation, either intrinsic or extrinsic, to continue to perform under those circumstances. Whereas tangible rewards, deadlines, and feedback could be motivating or destabilizing, the interpersonal climate in which these occurred also figured into the self-determination equation (Deci & Ryan, 2002). Tangible rewards can be controlling but were less so when given as part of the contextual environment and not dependent on an outcome. Rules and laws governing the use of physical restraint are also a part of the motivating or destabilizing interpersonal climate in addition to student behavior and staff reactions.

Organismic integration theory. Organismic integration theory (OIT) is a sub-theory of SDT (Deci & Ryan, 1985). This theory looked at extrinsic motivation as also being autonomous in certain cases versus the previous notions by deCharms (1968) that extrinsic motivation was non-autonomous or in direct opposition to self-determination. It was important to note the integration of extrinsic motivation into one's sense of self (Deci & Ryan, 2002). The internalization of extrinsically motivational factors by special educators connected to district and state guidelines governing the use of physical restraints. As previously noted, student behavior may also be an extrinsic motivator for performing physical restraints while the need for safety may be an intrinsic motivator. This lead to the internalization of the extrinsic motivators for performing a restraint such as the district/state guidelines or the training and other professional development governing restraints thus integrating external factors as part of one's sense of self.

Deci and Ryan (2002) further postulated that OIT was different from other theories of internalization in that it perceived internalization as a continuum instead of mutually exclusive. This perception meant that the more internally integrated regulations are, the more fully they become autonomous and intrinsically motivating. This perception also presumed that less internalized regulations would lead to more extrinsic control, thus leading to the continuum rather than mutual exclusivity.

To understand the layers of OIT, Deci and Ryan (1985) created a taxonomy of the differing types of regulation in extrinsic motivation and the varying degrees of autonomy they represented. These included external regulation, introjected regulation, identified regulation, and integrated regulation. These levels of regulation range from no motivation to fully autonomous as shown in Figure 1.

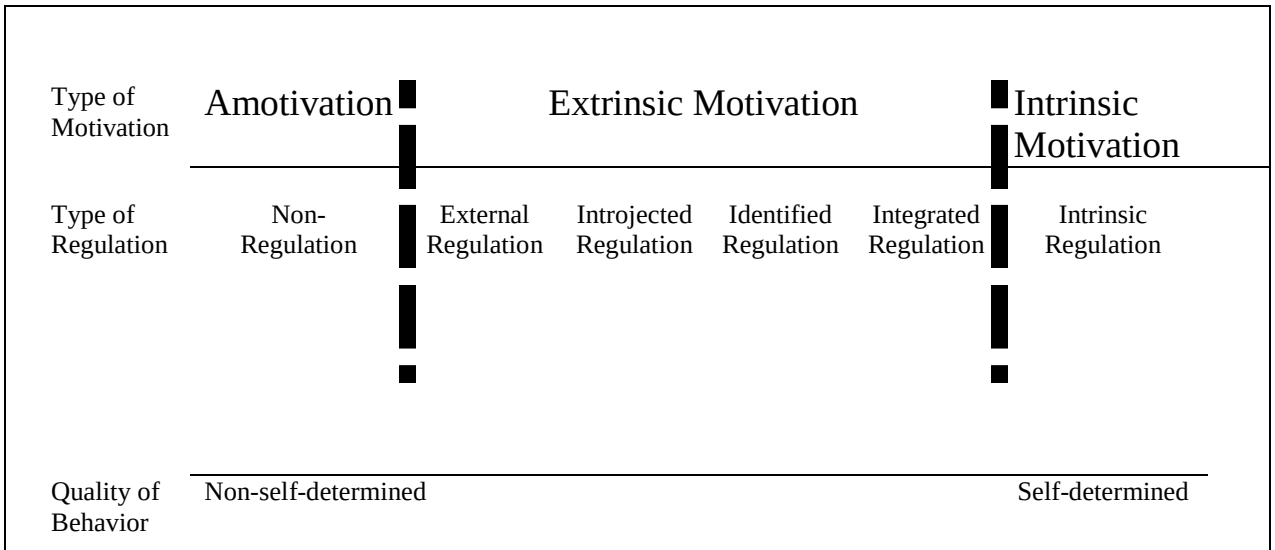

***Figure 1*. Self-Determination Continuum with Types of Motivation and Types of Regulation.**
The Self-Determination continuum displays various types of extrinsic motivation, each more autonomous than the previous one, but is not intended to be a progression, only an organizational tool. Adapted from "Handbook of Self-Determination Research" (p. 16), by E. L. Deci and R. M. Ryan, 2002, Rochester, NY: The University of Rochester Press. Copyright 2002 by Edward L. Deci and Richard M. Ryan. Reprinted with permission.

Amotivation is a state of being with no intention to act (Deci & Ryan, 2002) and represents a lack of motivation to accomplish an outcome based on feelings of competency

(Bandura 1977), devaluing of the outcome of the activity or the activity itself (Ryan, 1995), or a lack of contingency (Rotter, 1966). In the extrinsic motivation continuum, external regulation (Deci & Ryan, 2002) represented the least autonomous type of motivation with the intent to complete an activity to gain a reward or avoid punishment. Introjected regulation (Deci & Ryan, 2002; Ryan, 1995) referred to motivation that is internalized only to the point of being contingent upon enhancing self-esteem or self-worth or avoiding guilt or shame. Identified regulation (Deci & Ryan, 2002) involved the "conscious valuing of a behavioral goal or regulation, or an acceptance of the behavior as personally important" (p. 17). Integrated regulation (Deci & Ryan, 2002) was the most autonomous form of extrinsic motivation. A person functioning at the integrated regulation level has personally endorsed their degree of autonomy and valued it as part of the internal sense of self. Special educators who perform physical restraints on students may experience these varying degrees of motivation before, during, or following a restraint event.

Causality orientations theory. The third sub-theory in SDT is Causality Orientations Theory (COT). Deci and Ryan (2002) developed COT, which posits that three inner resources, or orientations, provide a foundation for self-determination: autonomy, control, and impersonal causality. These orientations may also serve as predictors of self-determination behavior. COT may be a means of describing the inner resources of special educators who perform physical restraints on students.

Autonomy orientation (Deci & Ryan, 2002) is the regulation of behavior based on personal interest and values. This orientation also related to needs, goals, and self-initiated behavior choices (Koestner & Zuckerman, 1994). Controlled orientation (Deci & Ryan, 2002) is the behavior choices made based on controls and directives relative to behavior expectations, or the rules of society or social context. Controlled orientation is the first two types of regulation in

the extrinsic motivation section of the Self-Determination Continuum identified in Figure 1 as external regulation and introjected regulation. Again, these are the two least autonomous regulations and where the primary goals are to gain or avoid, for example, gain a reward or increase self-esteem, or avoid punishment or loss of face. Impersonal orientation (Deci & Ryan, 2002) is helplessness or an inability to control one's behavior. This orientation may be a self-perception rather than an absolute; however, it relates to amotivation and a lack of intention or ability to act.

Basic needs theory. The final sub-theory in SDT is Deci and Ryan's (2002) basic needs theory (BNT). While "basic needs are universal – that is, they represent innate requirements rather than acquired motives" (Deci & Ryan, 2002, p. 7) across age, gender, and culture, BNT focuses on psychological needs as nutriments for self-determination. The three basic psychological needs are competence, relatedness, and autonomy (Ryan & Deci, 2000b). Competence relates to a feeling of self-confidence and effectiveness. The need to feel competent leads us to seek out areas where we will best utilize our strengths, as well as to continue to grow these strengths through the areas we choose. Relatedness is the sense of connection shared with others through mutual caring and acceptance that creates a feeling of unity. Autonomy, as previously indicated, is holistic self-regulation and inner organization, or behavior as an expression of one's self, based on values and initiatives.

Motivation and need are not mutually exclusive. "SDT has been very clear (1) in its definition of needs as essential nutriments for growth, integrity, and well-being, and (2) in its assertion that the concept of basic needs is necessary for integrating diverse empirical phenomena" (Deci & Ryan, 2002, p. 434). Special educators have specific needs met by participating in physical restraint, such as the need to maintain a safe environment. However,

other aspects of working in special education also meet needs, such as the need to help others, and physical restraint use may merely be a consequence of the profession. The areas of motivation and need influence teacher attrition or the reasons special education teachers who participate in physical restraints of students with disabilities to remain in the profession.

Self-Efficacy Theory

Bandura is best known for his work on social cognitive theory (Bandura, 1986, 2001), previously known as social learning theory or self-efficacy theory (Bandura, 2000). Self-efficacy theory posits that the belief in one's capabilities stems from factors related to cognition, motivation, mood or affect, and perceived level of efficacy. Bandura (2000) stated,

> Efficacy beliefs influence whether people think erratically or strategically, optimistically or pessimistically, what courses of action they choose to pursue, the goals they set for themselves and their commitment to them; how much effort they put forth in given endeavors; the outcomes they expect their efforts to produce; how long they persevere in the face of obstacles; their resilience to adversity; how much stress and depression they experience in coping with taxing environmental demands; and the accomplishments they realize. (p. 75)

Both self-efficacy theory and self-determination theory are strongly rooted in motivation. The reader may recall that Ryan and Deci (2000) discussed intrinsic motivation as referring to internal motivators such as a feeling of interest or enjoyment, while extrinsic motivation referred to external motivators or outcomes such as payment or possessions. This information on motivation agrees with Bandura's (2001) theory of self-efficacy. It was through these motivators linked to self-determination theory and the theory of self-efficacy that this research is situated.

Self-efficacy theory applies to motivation that focuses on the human desire to believe oneself can produce desired results or forestalling negative outcomes (Bandura, 2001) through one's actions. This theory related to the aspect of special education teachers attempting to modify or stave off the negative behavior of students with disabilities. The information gathered from the special educators in this study provided insight regarding the motivators that helped these educators remain calm while a student was in crisis. Additionally, it helped to determine what could happen when an educator does not remain calm, how they coped with the stressors of physically restraining a student, and what allowed them to continue to serve in this profession.

Related Literature

Over the past several years, many groups and organizations have attempted to bring concerns regarding the use of physical restraint to the public forefront. In 2009, the NDRN released *School is Not Supposed to Hurt*, an investigative report that summarized instances of injury and death involving students with disabilities who had been physically restrained or secluded at school. This report also identified areas of concern such as teacher training, lack of use of positive behavioral supports, and a paucity of state laws regarding physical restraint. The report indicated that as many as 41% of states had no laws, policies, or guidelines governing the use of restraints in schools, whereas as many as 90% allowed prone restraints, and only 45% required guardian notification of restraint use.

A subsequent report by the NDRN (2010) detailed progress made at the federal level involving the President, Congress, the Government Accountability Office, and the U.S. Department of Education. However, progress at the state level was slow to materialize with a lack of consistency between states, although several coalitions and task forces formed at the state level. The updated report also included new instances of harm to students and a section that

focused on debunking the myths surrounding restraint and seclusion. The report also recommended the implementation of federal minimum standards regarding seclusion and restraint.

In 2012, the NDRN released an additional update. This report revealed that many reforms had been slow to materialize at the state levels and no action had been taken at the federal level to minimize the use of restraints. Instances were continuing to occur since the 2010 update including use of a postural support chair as a restraint device, use of duct tape to restrain a child to a wheelchair, physical injuries such as bruises, abrasions, and a busted lip, and even a student being placed inside a duffle bag as a restraint device. The 2012 update also indicated that while the USDOE Office of Civil Rights had collected restraint data for the 2009-2010 school year, it had not published the data or any analysis relative to the data collection.

Additional concerns from the 2012 update included discrepancies between USDOE policies and guidelines. One such discrepancy was the focus on bullying versus the focus on physical restraint or other aversive behavioral interventions. NDRN recommended that the USDOE collaborate with the Substance Abuse Mental Health Services Administration (SAMHSA) to discuss this department's policies already in place governing physical restraint in mental health facilities. SAMHSA established alternatives to physical restraint practices, along with training and pilot programs in facilities that led to a reduction in restraint use that the NDRN (2012) reported. The NDRN (2012) felt it would bring about similar results in schools if modified. Although the attention garnered by these reports has not resulted in research relative to the use of physical restraint on students with disabilities by special education teachers, it has resulted in the release of restraint position statements or policy/guideline statements and legal recommendations, briefs, and updates.

Statements released by agencies affiliated with students with disabilities correspond to the NDRN (2009, 2010, 2012) positions. The CCBD (2009) and CEC, (2010) both released position statements regarding the use of physical restraints on those with disabilities. These included that the use of restraints should only occur when there is an immediate danger to the student or others, that educators provide positive behavior interventions as part of the child's school day, and that staff members participated in de-escalation training (CCBD, 2009; CEC, 2010). These positions regarding physical restraint have been a guide for many states and facilities.

The NDRN (2009, 2010, 2012) reports discussed primarily physical harm to students from the use of physical restraints, as well as forms of mechanical restraints and seclusion. Additionally, although discussions included emotional trauma and damage to students' dignity, they did little to address the potential for other types of harm. In an inpatient study in a children's psychiatric facility by Petti et al. (2001), 14% of staff respondents reported injuries and 12% of patients reported injuries sustained during physical restraint. Studies by Sellman (2009), and Steckley and Kendrick (2008) found that some of the greatest harm occurred to the trust relationships between adults and children, both in a school setting and an inpatient hospital facility, respectively. Two students in a special education setting were found to receive reinforcement for their problem behavior in the physical restraint process, either in the form of increased attention or a lack of need to meet demands (Magee & Ellis, 2001), thus increasing the student's acting out so staff would use restraint. Additionally, feelings of traumatization or re-traumatization based on past events were another form of harm (Smith & Bowman, 2009).

Physical Restraint

The physical restraint of students with disabilities involves the limiting of movement of the person acting out (USDOE, 2012) by personnel trained in these techniques. Restraints occur in public schools and other facilities across the U.S. School personnel, or staff performing restraints in other settings, receive training in techniques designed for safety during these types of situations. The variety of perspectives regarding physical restraints examined have not included perspectives of special education teachers.

Facilities. Physical restraints occur in a variety of settings. These include, but are not limited to, residential treatment facilities where clients/patients reside for long-term inpatient stays (Brown et al., 2012; Fogt et al., 2008; Perkins et al., 2012), day treatment facilities which house clients for part of the day rather than overnight (Fogt et al., 2008), and nursing homes, which serve geriatric patients (Hamers et al., 2009). Other facilities may include juvenile detention centers (Smith & Bowman, 2009) and public schools (Ryan & Peterson, 2004; Villani et al., 2012). Also relevant to children are foster care facilities or residences where physical restraints may occur (Crosland et al., 2008).

Research regarding physical restraints involving children and youth has focused primarily on residential and inpatient settings such as psychiatric hospitals (Azeem et al., 2011, 2015; Bridgett,Valentino, & Hayden, 2012; Petti et al., 2001; Valenkamp et al., 2014) and residential treatment programs (Andrassy, 2016; Fogt et al., 2008; Holstead, Lamond, Dalton, Horne, & Crick, 2010; Felver et al., 2017; Jones & Timbers, 2003; Luiselli, Pace, & Dunn, 2006; Miller et al., 2006). Other settings have included specialized day schools (Luiselli, 2008; Luiselli et al., 2006) or day treatment programs (Fogt et al., 2008), juvenile detention facilities (Smith & Bowman, 2009), as well as schools (Barnard-Brak et al., 2014; Gagnon et al., 2017; Magee &

Ellis, 2001; Sellman, 2009), and foster care facilities (Crosland et al., 2008). However, the studies involving schools did not include information from special education teachers.

Training and techniques. The use of restraints and restraint techniques encompasses a variety of methods and terminology. These include mechanical restraints, such as wrist and ankle manacles, as well as the physical holding of one person by one or more people. Also included were chemical restraints that involve the administration of medication during a time of crisis or acting out behavior. However, research identified the exclusion of some physical interventions such as the transport, or escorting, of a person to another location from the category of physical restraint. The USDOE Civil Rights Data Collection (2012) provides the following definition for physical restraint:

> Physical restraints are 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. 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. (p. 10)

For this research, the focus remained on physical restraint and did not include mechanical restraints or chemical restraints as staff do not use these at the site(s) that participated in this study. Under the Special Education Behavioral Supports Act (2014), mechanical restraints are not allowed, and chemical restraints are only allowed with parent and physician approval. Additionally, transports were a physical restraint, as the state in which the school district in this study operates requires documentation of transports in the same manner as physical restraints.

The physical restraint of a person involves an antecedent of high-risk behavior such as physical aggression or violence (Azeem et al., 2011; Bridgett et al., 2012; Brown et al., 2012;

Crosland et al., 2008; Ducharme et al., 2010; Moran et al., 2009; Perkins et al., 2012). Other high-risk behaviors include self-injurious actions such as head banging, cutting, biting, or running away (Perkins et al., 2012). These behaviors may place the student/client, as well as the staff or others nearby, at risk for injury. Staff that work in areas where these behaviors are likely to occur, for example, residential treatment facilities (Fogt et al., 2008; Holstead et al., 2010; Jones & Timbers, 2003; Luiselli et al., 2006; Miller et al., 2006), psychiatric hospitals (Azeem et al., 2011; Bridgett et al., 2012; Petti et al., 2001), foster care facilities (Crosland et al., 2008), and special education classrooms or schools (Ryan & Peterson, 2004; Villani et al., 2012), may be trained in the use of physical restraint techniques to prevent harm or injury to patients, clients, students, or others.

Staff training for the use of physical restraint may involve a specific restraint method or technique. These may include programs such as Crisis Prevention Institute's nonviolent crisis intervention (CPI, 2005) or Handle with Care's (HWC) behavior management system (Boyd, 2012). Both training programs illustrate and teach defensive moves such as blocking punches, kicks or escaping a chokehold, as well as proper restraint hold techniques. Figures 2, 3, 4, and 5 illustrate various holding techniques designed to minimize movement of the student/client and provide staff with a means to protect themselves and others during a violent episode involving an aggressive person. The CPI (2005) program also provided training on staff responses that include being supportive toward students, providing clear, reasonable, and enforceable limits, remaining detached rationally in the face of a crisis, and building therapeutic rapport with the student/client in crisis. These two training methods provide an overview of expected techniques staff members utilize during a student/client crisis to maintain safety. For this study, discussion

centered only on CPI (2005) methods, as they were the district's choice for the settings in this study used in performing physical restraints.

The use of physical restraint techniques is not a simple matter. Students and staff must be kept as safe as possible (NDRN, 2012; Richmond et al., 2012). This safety can be difficult to achieve when a student is acting out physically. Staff members must be willing to intervene to de-escalate the situation either verbally or physically. De-escalation techniques can vary depending on the type of behavior presented by the student. Verbal de-escalation (CPI, 2005) is the preferred method of defusing a dangerous situation (Richmond et al., 2012). To use verbal de-escalation with a student, staff members must be mindful of their para-verbal communication, which can include tone, cadence, and volume, during a crisis. Para-verbal therapies have been successful in past studies with children experiencing emotional stress (Heimlich, 1980, 1981, 1987; McDonnell, 1979). In addition to para-verbal communication, staff members need to be aware of proxemics, such as posture, position, and personal space. Proxemics can illustrate trust through spatial recognition, such as respect for the personal space of others (Prabhu, 2010; Preston, 2005). Lastly, the kinesics of the staff member provides the third leg of verbal de-escalation. Kinesics represents body language and facial expressions (Patel, 2014). The supportive stance incorporates para-verbal, proxemics, and kinesics for verbal and non-verbal communication as demonstrated in Figure 2 and is the recommended method of approaching the acting-out student. The posture should be non-threatening; the staff stands in an angled position to the student and at least the distance of the student's leg length to avoid physical contact and to maintain personal space. Staff members must be aware of how they present themselves with other non-verbal cues or signals that could calm or inadvertently escalate students.

***Figure 2*. CPI Supportive Stance**.
All acting out situations should begin with the staff member in the supportive stance. The staff member stands at approximately a 90-degree angle, turned slightly in order to be facing the student. The staff member's knees are slightly bent to allow for flexibility and ease of movement. Her hand(s) should be out with the palms up in a non-threatening manner. It is important that the staff member stand as far away from the student so that she is at least the distance of the student's leg in order to minimize opportunities for being hit or kicked by the student. Copyright 2005 by CPI. Reprinted with permission

The Crisis Development Model (CPI, 2005) includes several levels of student behavior and staff responses. The first behavior level in this model for students is anxiety. Anxiety is a noticeable change or increase in a person's behavior. This behavior may include examples such as pacing, tapping of hands or fingers on an object, a verbal barrage, or withdrawing. The act of withdrawing may manifest through the student putting his head down or covering the head with

clothing, sitting under a table, or leaving the area. The staff response to anxiety should be supportive. The supportive response is an empathic listening and a nonjudgmental approach attempting to alleviate anxiety. These may include allowing the student to vent, pace, or remain under the table. Additionally, staff may begin a dialogue with the student or attempt humor to help distract the student from the problem. However, the choice of staff responses should also depend on the needs of the student.

The next student behavior level recognized by the CPI (2005) Crisis Development Model is the defensive student. The defensive stage is the beginning of a loss of rationality. At this point, an individual may present as belligerent or challenge authority. The student may begin to question, "Why do I have to do this?" or may refuse directions. The staff response is directive. Under the directive response, the staff will set limits. These limits should be clear and simple, reasonable, and easily enforceable. For example, the student may become upset over his pencil breaking and begin to show defensive behaviors such as throwing the pieces of the pencil or standing up and shoving a chair. The staff may set a limit by asking the student to return to his seat, at which time he will then receive a new pencil. The limit is clear, simple, and reasonable: return to your seat. It is also easily enforceable, as a new pencil depends on the student's choice.

The two previously mentioned student behaviors are more easily de-escalated using the identified staff responses and can often avoid the need for further intervention. However, the next behavior level on the Crisis Development Model (CPI, 2005), the acting out person, can require significant physical intervention to maintain the care, welfare, safety, and security of the student, staff, and others. CPI's (2005) Nonviolent Physical Crisis Intervention is the staff response to the acting out person and is the last resort when dealing with students who are having an emotional or behavioral crisis.

The person presenting acting out behaviors may demonstrate a total loss of control that often results in a physical acting out episode. As shown in Figure 2, staff should begin in the Supportive Stance (CPI, 2005) when possible to block or move away from any physically aggressive moves by the student. CPI (2005) provides training for several student actions that staff members must be aware of, as well as corresponding staff movements. The first category of acting out student actions includes strikes. A strike is a weapon making contact with a target. This strike may include hitting, kicking, spitting, shoving, throwing objects, or the use of a weapon such as a pencil or a chair. The staff response is to block or deflect the weapon and move the target (often themselves) out of harm's way.

The second category of acting out student actions is called grabs (CPI, 2005). The use of a grab is an attempt to hold on to control or destroy a part of one's anatomy. Grabs may include hair pulling, choking, biting, pinching, tackling, or grabbing someone's clothes or wrist. The staff response is two-fold as grabs can be more difficult to escape since the natural inclination is to pull away from a grab, which in many cases can cause more damage. First, the staff member must gain a physiological advantage by noting the weak point of the grab (where thumb and fingers come together in most instances) and using leverage and momentum to escape the grab. Additionally, the staff member must also gain a psychological advantage by remaining calm, knowing what to do based on training, and using the element of surprise or distraction, such as shouting "No!" to the attacker.

When defensive moves such as blocking and moving do not work, staff members may use CPI's (2005) Nonviolent Physical Crisis Intervention as a last resort to maintain the care, welfare, safety, and security of the student, staff, and others. As with defensive moves, nonviolent physical crisis intervention begins with the Supportive Stance as shown in Figure 2

(CPI, 2005) whenever possible. There are two primary physical restraint holds: Children's Control Position as shown in Figure 3 and Team Control Position as demonstrated in Figure 4.

Children's Control Position (CPI, 2005) as shown in Figure 3, or child control, is meant for use in restraining a person smaller than the staff member. Its use is by a single staff member on a smaller, elementary aged child; however, the recommendation is that an observer to be present to maintain the safety, legality, and professionalism of the situation. The training for this technique provides that it be executed in response to a strike or grab on the follow-through of the movements recommended for avoiding those attacks.

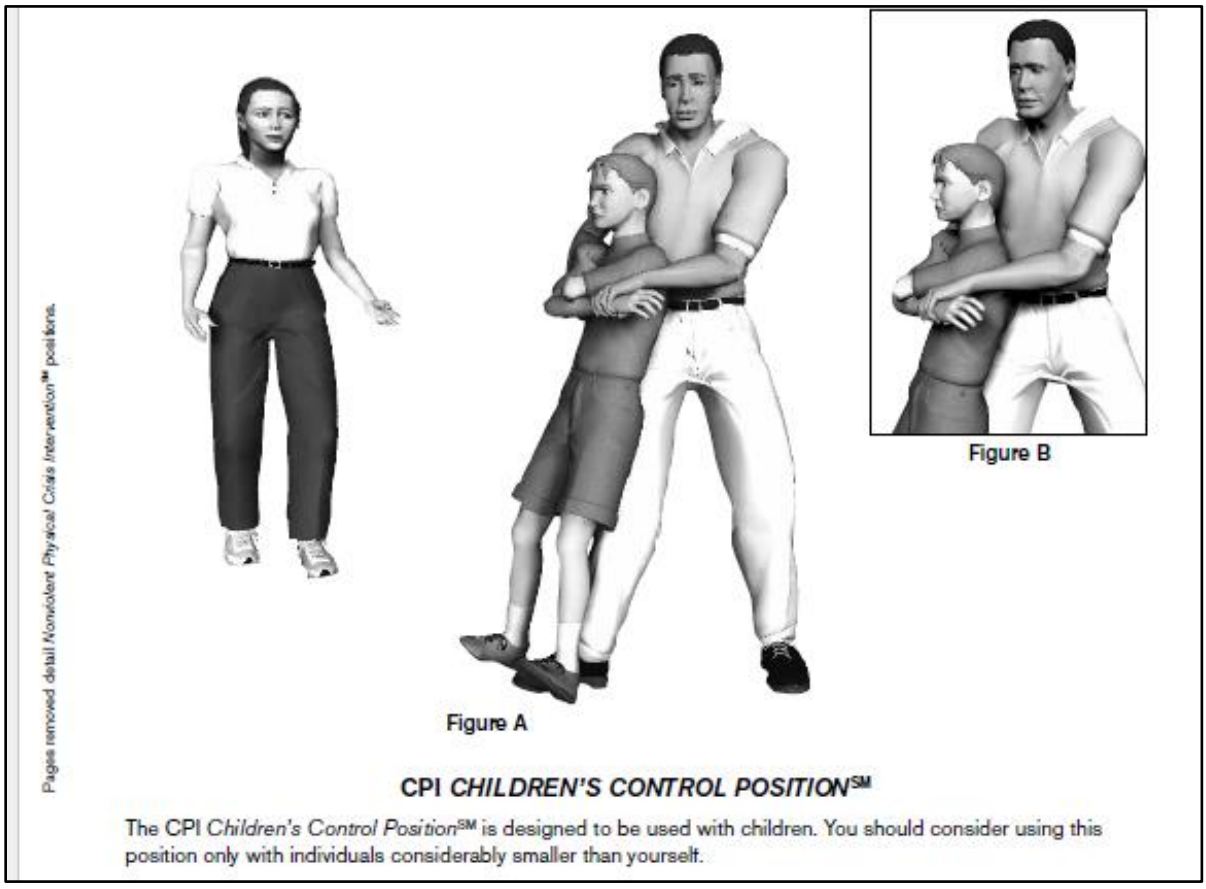

***Figure 3*. CPI Children's Control Position**
Children's control position, or child control, is typically used to minimize the acting out behavior of smaller children. The staff member will wrap the child's arms around the front of the child making sure to overlap the elbows in such a manner as not to impede the child's breathing in any way. The staff member then stands perpendicular to the back of the child and leans backward, bending their back knee and leaning the child backward to decrease balance. This technique is designed for use by one person; however, an observer is encouraged to monitor the child's breathing, position, and overall well-being. Copyright 2005 by CPI. Reprinted with permission.

The Team Control Position (CPI, 2005) shown in Figure 4, or team control, is used with students who are larger or more difficult to control. Team control requires a minimum of two staff members to perform the technique.

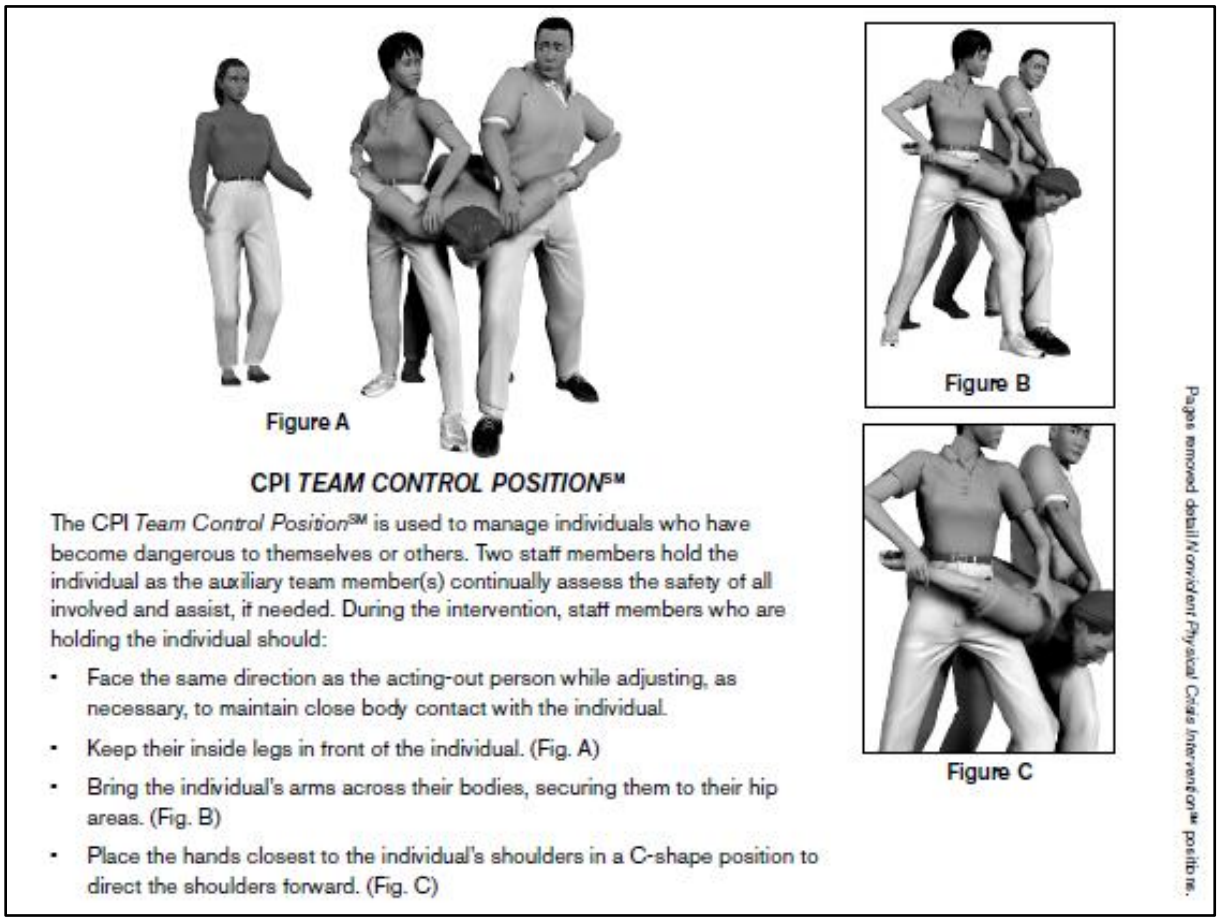

***Figure 4*. CPI Team Control Position**
The team control position requires a minimum of 2 staff members and an additional observer is recommended to monitor the student's breathing, position, and overall well-being. In team control, the staff members stand on either side of the student and place their hips in close proximity to the student. Their inside hands are placed in a "C" formation on the student's shoulders. The outside hands are used to grasp the student's wrists. The inside legs of the staff members are in a forward position while the outside legs are further back, similar to a lunge. The student is then tilted forward over the inside legs of the staff member until only the tips of her feet are touching the floor. This decreases the balance and mobility of the acting out student. Copyright 2005 by CPI. Reprinted with permission

The same recommendation that an observer is present, as previously noted regarding child control also applies with team control. The team control position creates a feeling of being off-balance and can assist with limiting the acting out student's movement. This position also

changes quickly into the transport position shown in Figure 5 once the student has achieved tension reduction.

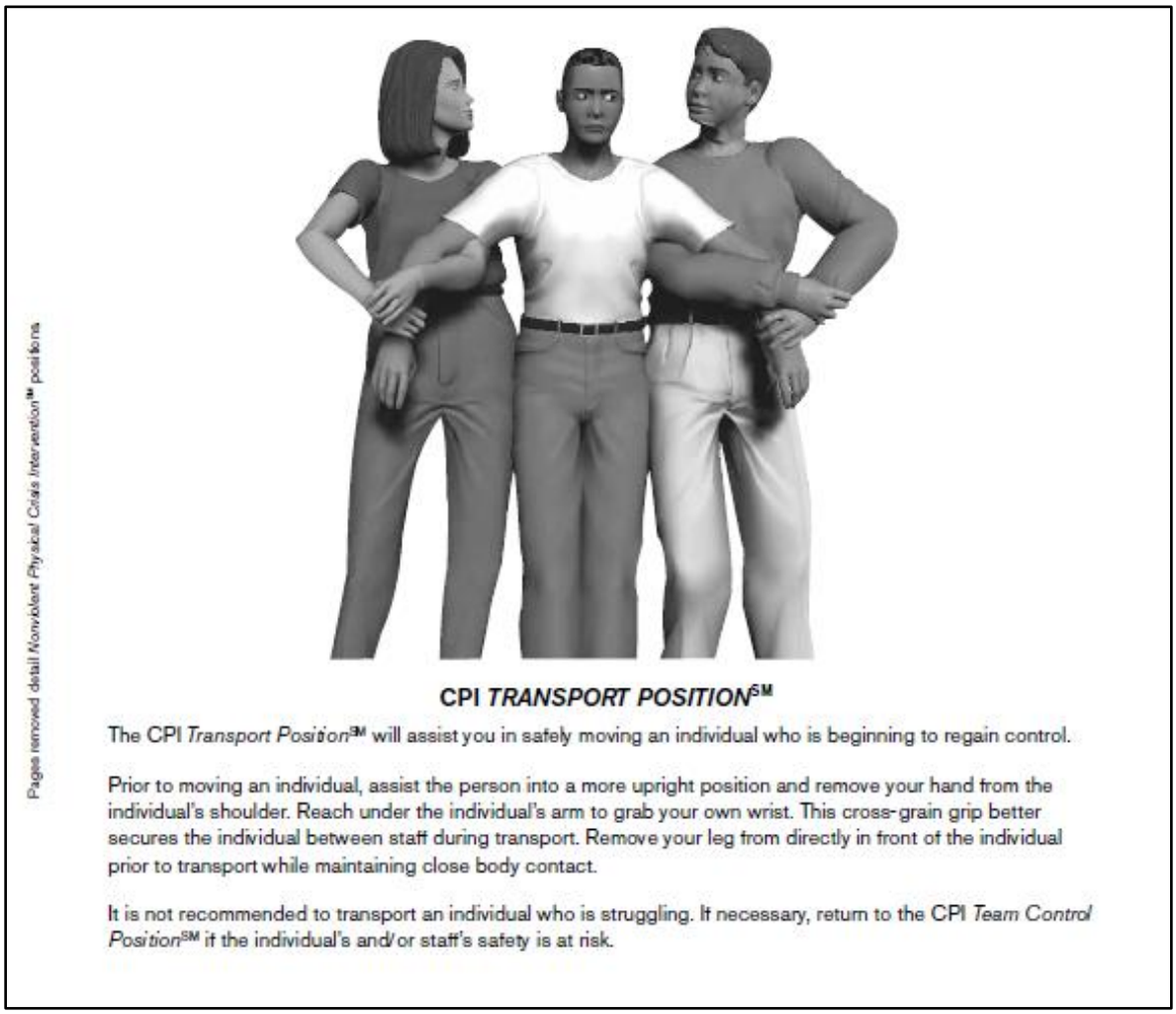

***Figure 5*. CPI Transport Position**
Transport position is used to move a student safely from one area to another. Staff members stand on either side of the student. Their outside hands grasp the student's wrists and their inside hands cross under the student's arm and grasps their own wrist. The staff members place their inside shoulders directly behind the student's shoulders and walk the student to his destination. Transport is not considered a physical restraint by USDOE (2012), however, the Special Education Behavioral Supports Act (2014) recognizes the use of body contact by school personnel with a student to restrict freedom of movement or normal access to the student's body as a physical restraint. Transport position is not recommended for use with a struggling student. Staff members should return the student to team control position if he begins to struggle. Copyright 2005 by CPI. Reprinted with permission.

Tension reduction is the final level of the Crisis Development Model (CPI, 2005). A decrease in physical and emotional energy signifies this reduction. The student may cry, be

embarrassed, scared, confused, or remorseful. The staff response is to establish therapeutic rapport with the student. Therapeutic rapport is an attempt to re-establish communication with the student. This rapport may also include using the situation as a teachable moment to review events and plan for alternative behaviors in the future. If the student is demonstrating self-control, they may remain in the current area, walk independently to a new area or neutral setting for a change in surroundings, or have staff escort them using the transport position.

The Transport Position (CPI, 2005) demonstrated in Figure 5, or transport, is utilized as a physical escort to move a student to a different area in a safe manner. The reader may recall that physical escort is not considered to be a physical restraint by the USDOE (2012), "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" (p. 10). Staff may recommended transport before a student starts acting out during the anxiety or defensive stages, depending on the staff's knowledge of the student's behavior patterns.

While the use of physical restraints may help to prevent harm to the aggressive person or others, there are many solutions currently offered to reduce the use of physical restraints or to attempt to eliminate the use of them all together. One study examined the use of *Mindful Life Schools* (Felver et al., 2017) to reduce the use of physical restraints. The inpatient psychiatric facility utilized a mindfulness curriculum and yoga skills designed specifically for the developmental level of the clients that incorporated games, activities, and structured lessons that reduced the need for physical restraints.

Reducing physical restraints through key strategies such as (a) leadership towards organizational change, (b) use of data to inform practice, (c) workforce development, (d) use of restraint and seclusion reduction tools, (e) improving consumers' role in inpatient setting, and (f)

vigorous debriefing techniques has resulted in successful program implementation (Azeem et al., 2011) in an inpatient setting. Training in the use of these strategies was provided to hospital staff at a child and adolescent inpatient facility and was found to be successful in reducing the number of restraint occurrences. The possibilities improve for reducing the use of physical restraints as many such programs are studied.

Researchers investigated other restraint reduction and elimination strategies. Foster care shelter and residential staff received training utilizing *The Power of Positive Parenting* and CPI to reduce restraint occurrences as these facilities (Crosland et al., 2008). Also, of note was the use of errorless compliance training in the reduction of physical restraints (Ducharme et al., 2010). Errorless compliance training utilizes a series of requests, delivered in a firm voice. There is no prompting or repetition of the requests, and no additional discussion (negotiating or arguing) involving the requests. Achieving compliance meant an appropriate response within 10 seconds with 40 seconds to completion of the request. Positive reinforcement replaced negative consequences for compliant behavior. These positive reinforcements included verbal praise and physical touch such as hugs and high fives, and when necessary, recipients earned tangible rewards such as stickers or tokens. Additionally, the implementation of restraint reduction initiatives occurred in a variety of ways. These initiatives involved increased staff training in de-escalation procedures (Holstead et al., 2010; Miller et al., 2006), special response staff teams, debriefing procedures (Holstead et al., 2010), implementation of programs such as the Teaching-Family Model (Jones & Timbers, 2003), fixed time release training (Luiselli, 2008; Luiselli et al., 2006), or restraint fading training (Luiselli, 2008) in dealing with persons who are subject to being restrained.

Persons who are Restrained

Because restraints occur in a variety of settings such as residential treatment facilities (Brown et al., 2012; Fogt et al., 2008; Perkins et al., 2012), psychiatric inpatient facilities (Azeem et al., 2011; Bridgett et al., 2012; Petti et al., 2001), nursing homes (Hamers et al., 2009), juvenile detention centers (Smith & Bowman, 2009) and public schools (Ryan & Peterson, 2004; Villani et al., 2012), a variety of people are subjected to physical restraint techniques. These can include mental health patients (Strout, 2010), the elderly (Hamers et al., 2009; Kwok et al., 2012), and juvenile offenders (Smith & Bowman, 2009). However, in keeping with the focus of this study, only special educators participating in restraints involving students with disabilities in a public education setting have been included.

Students with disabilities make up a large percentage of the population subjected to physical restraint (Fogt et al., 2008; Ryan & Peterson, 2004; USDOE, 2018; Villani et al., 2012). Physical restraint occurs more often with this specific student population than with typically developing students. A survey of approximately 85% of public schools in the United States by the USDOE Office of Civil Rights (2018) found that students with disabilities comprised only 12% of the student population. However, 71% of all physical restraints in schools involved students with disabilities, resulting in a high instance of restraint usage with this specific student population. To date, there has been very little research identified to determine the perspective of special education students and no research concerning the perspectives of the special education teachers who performed the restraints.

Perspectives of Others Regarding Physical Restraint

Researchers studied the use of physical restraint from the perspective of others who are not special educators, as has the perspective of those restrained in situations other than special

education classrooms. This research included studies involving nurses and nursing staff (Bigwood & Crowe, 2008; Hamers et al., 2009), clients/patients/service users (Strout, 2010; Jones & Kroese, 2007), and administrators in a day school facility (Fogt et al., 2008). Additionally, the perspectives of family members of those restrained have also been included (Moore & Haralambous, 2007).

Staff members performing restraints had commonalities in attitudes and perspectives. Some nursing staff reported feeling toward restraint that "it's part of the job" (Bigwood & Crowe, 2008, p. 218), and others felt that the use of physical restraint in a clinical setting was appropriate (Hamers et al., 2009; Haut, Kolbe, Strupeit, Mayer, & Meyer, 2010; Smith & Bowman, 2009). Additionally, nursing staff believes they are knowledgeable about caring for patients during restraints (Janelli et al., 2006). Still, some nursing staff report that the use of safety concerns regarding the behavior of clients and the use of physical restraint is part of the reason they changed employment positions (Bigwood & Crowe, 2008).

Another area of concern for staff members performing physical restraints was on the job injury. A study comparing two different restraint methodologies found that staff and patients were often more seriously injured depending on the restraint technique employed (Henderson, Siddons, Wasser, Gunn, & Spisszak, 2005). While injuries may occur during any physical altercation, the techniques involved in the Henderson et al. (2005) study varied from those previously described in this chapter. Additionally, it was interesting to note that staff injuries occurred more frequently than patient injuries leading the researchers to believe that staff members initiate the restraints with no intention of harming the patients, while patients may deliberately intend to harm the staff members.

When considering the perspective of clients, service users, or patients, it is important to include those involving youth or those with disabilities. Many of these studies have occurred outside of the United States. Adolescent inpatients in Finland felt that physical restraint was less distressing than mechanical restraints or intramuscular injections (Hottinen et al., 2012). These adolescents were also concerned with having their dignity preserved. Adults with learning disabilities in the United Kingdom reported that restraints were necessary to prevent harm to themselves or others, but also wished for more communication from staff (Jones & Kroese, 2007). Adolescents in a juvenile detention facility in the U.S. associated fear and anger with restraint events and felt that discussion and increased communication with staff could have reduced the use of physical restraint (Smith & Bowman, 2009).

The perspectives of clients, service users, and patients in other situations were also a consideration. In Hong Kong, some adult patients felt that staff members were helpful and concerned about safety, knowledgeable in dealing with aggression, and were attempting to provide comfort (Chien et al., 2005). However, these patients had also felt anxious and frightened during restraints and were concerned over the lack of freedom and control they experienced (Chien et al., 2005). Adult patients in Finland felt that their staff members were aloof and even mean to them during restraints (Kontio et al., 2012). These patients also made recommendations for improvement in restraint interventions including increased communication between staff and patients and more involvement in their treatment plans. In the mid-western United States, staff and adult patients agreed that the majority of restraint occurrences were due to safety issues (Petti et al., 2001).

Safety was also a primary concern for family members. Overall, family members in Australia felt that the emotional distress associated with restraint was less significant than the

concern that a patient could be injured (Moore & Haralambous, 2007). However, these family members also felt that more communication between staff and family members could help reduce the number of restraints by involving the family in the care of the patient. Similarly, in Hong Kong, the majority of family members associated the use of restraints with safety (Lai & Wong, 2008). Again, a lack of communication between staff and family members was a concern.

Teacher Attrition

Teacher attrition related to student behavior was a concern related to this research. Curtis (2012) reported that approximately 50% of all new teachers left the profession within their first five years, while the USDOE National Center for Education Statistics (2015) indicated that during one school year nearly 8% of teachers moved to a different school and 8% left the profession. Also, of note was that while the stress experienced by teachers was no different between novice and veteran teachers, the reports of teacher burnout was significantly higher in novice teachers (Fisher, 2011). Stress reports were similar between novice and veteran teachers because teaching, in general, is stressful regardless of experience level; however the burnout reports were surprising due to the expectation that more experienced teachers would report burn out due to prolonged exposure to negative stressors.

The need to retain qualified teachers within the field of special education is increasingly imperative (Conley & You, 2017; Gersten et al., 2001). Continued shortages in special education staffing, along with attrition rates higher than those seen in general education teachers (Andrews & Brown, 2015;Conley & You, 2017; Ingersoll, 2001; Mitchell & Arnold, 2004; Nichols & Sosnowsky, 2002) creates a void in services for special education students. Studies involving special educator attrition and retention have continually cited working conditions, such

as student behavior (Conley & You, 2017; Curtis, 2012; Harrell, 2004; Jennett, Harris, & Mesibov, 2003; Mitchell & Arnold, 2004; Ross et al., 2012), as well as a lack of support in areas related to administrative support for dealing with those student behaviors (Hastings & Brown, 2002). Additionally, special education teachers of students with emotional and behavioral challenges were even more likely to experience stress leading to burnout and high turnover rates (Conley & You, 2017; Kokkinos & Davazoglou, 2009). These challenges also played a role in teacher efficacy (Bozonelos, 2008).

Self-efficacy theory (Bandura, 2000) posits that the belief in one's ability to bring about results stems from the belief in one's self. When special education teachers feel these results are unobtainable, self-doubt can emerge and lead to a decline in performance (Andrews & Brown, 2015). Additionally, the autonomy component of self-determination theory (Deci & Ryan, 2000) changes with challenges such as increased workloads and lack of resources. Andrews and Brown (2015) found that special education teachers rated their ideal perception of colleagues, administrative support, classrooms, success, resources, workloads, and parents as significantly higher than the reality, while the reality of assessment was higher than their ideal. All of these factors can contribute to the attrition rates of teachers.

A significant cause of teacher attrition was teacher dissatisfaction due to the negative behavior of students (Curtis, 2012; Fernet, Guay, Senecal, & Austin, 2012; Mitchell & Arnold, 2004; Ross et al., 2012). Students subject educators who perform physical restraints to some significant negative behavior issues. These may include acting out behaviors such as physical aggression (hitting, kicking, biting, throwing items) or instances of self-harm by the student including biting self, pulling hair, banging head, or running away (Villani et al., 2012). Additionally, 33% of special education teachers did not feel they had significant training to deal

with students with disabilities such as emotional and behavioral disorders and autism (Berry, Petrin, Gravelle, & Farmer, 2011). "Similarly, teachers' perceptions of students' disruptive behavior may provoke burnout, because it erodes teachers' sense of effectiveness (self-efficacy)" (Fernet et al., 2012, p. 516). Attrition rates were higher for special education teachers than for general education teachers (Andrews & Brown, 2015; Conley & You, 2017; Ingersoll, 2001; Mitchell & Arnold, 2004; Nicholas & Sosnoswsky, 2002). This statistic makes it imperative that training for special education teachers encompass not only academics, skills, behavior, and administrative functions, but also the ability to rationally detach (CPI, 2005) from the challenges presented by students with disabilities. This information led to concerns regarding how educators in special education cope with the negative experiences related to teaching.

The availability of coping resources is necessary for reducing teacher burnout (McCarthy et al., 2009) which may lead to teacher attrition. Coping resources may include a supportive environment, teachers' perception of their own influence, and teachers' perceived control in the school and their classroom (Sedivy-Benton & Boden-McGill, 2012). Deci and Ryan (2002), as part of self-determination theory, also reported that social support and a sense of control are two primary factors in how people cope with stress. Teachers reported coping mechanisms such as friend and family support, a sense of humor, time to be alone, seeing stress as a problem to be solved, a personal belief in success, and a positive outlook (Richards, 2012). Other coping resources may include collaboration and implementation of a school-wide positive behavior system that "improves teaming structures, opportunities for collaboration, and positive interactions with adults and students" (Ross et al., 2012, p. 125).

Summary

The literature regarding physical restraint was diverse. There was a growing concern regarding the use of physical restraint in school settings involving students with disabilities, and how restraints lead to injury and even death. There was also research concerning reducing the use of physical restraints through staff training programs. While this list was not fully inclusive, researchers studied physical restraint in residential treatment facilities, inpatient psychiatric treatment facilities, juvenile detention centers, foster-care establishments, and schools. Also, the need to understand why special educators exposed to physical restraints remained in the profession rather than falling victim to teacher attrition was relative to the context of self-determination theory and self-efficacy theory. While the literature referenced in this section provided diverse information regarding physical restraint, there is a need to provide research that will fill the gap regarding special education teachers and their experiences with physical restraints involving students with disabilities.

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenological study was to discover the shared experiences of special education teachers involved in the physical restraints of students with disabilities in a school district in Southeast Tennessee. The use of a transcendental phenomenological methodology was to ensure that the voices and perspectives of the co-researchers were within a rich and thick descriptive context (Moustakas, 1994). This chapter includes the methodology as it refers to a transcendental phenomenological design, rationale for the design, sample and setting information, data collection, data analysis, trustworthiness, and ethical considerations.

Design

The underlying experiences, thoughts, perspectives, and perceptions that were the basis for this study required a qualitative research design to explore and discern the essence of the shared phenomenon involving special education teachers who perform physical restraints on students with disabilities. According to Moustakas (1994), features of qualitative research include incorporating the wholeness of the human experience in the search for the meanings or essences of the experience by obtaining and analyzing first-person descriptions of experiences to understand human behavior. A qualitative design provided the researcher with greater flexibility in adapting to the participants' varying degrees of experiences, while accounting for researcher bias, and allowed the researcher to seek information within the participants' natural setting (Lincoln & Guba, 1985). This qualitative study utilized a phenomenological design with a transcendental approach (Moustakas, 1994) to explore and fuse the essence of the shared phenomenon experienced by special educators performing restraints on students with disabilities.

A phenomenological research design was encompassing in nature because it examined a shared phenomenon from the individual experiences of the participants to determine what they have in common. According to Moustakas (1994), "The aim is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it" (p. 13). Special education teachers who have experienced the physical restraint of students with disabilities offered the possibility of a shared perspective regarding those experiences that teachers in other areas of expertise may not have encountered. This shared phenomenon was the basis for this study, and the phenomenological design provided the opportunity to explore those experiences from the participants' unique points of view.

The transcendental approach to phenomenological research required the researcher to go beyond the shared phenomena and set aside biases to examine the information presented with objectivity and openness. According to Moustakas (1994),

> The researcher following a transcendental phenomenological approach engages in disciplined and systematic efforts to set aside prejudgments regarding the phenomenon being investigated . . . in order to launch the study as far as possible free of preconceptions, beliefs, and knowledge of the phenomenon from prior experience and professional studies – to be completely open, receptive, and naïve in listening to and hearing research participants describe their experience of the phenomenon being investigated. (p. 22)

This phenomenological transcendental methodology required the primary researcher to bracket out personal feelings, biases, and perceptions regarding the physical restraint of students with disabilities in a process known as the *epoche* (Moustakas, 1994).

The goal behind the e*poche* was to achieve an open state of mind so that the phenomenon was viewed as fresh and new by the researcher through ongoing reflection. Before beginning any data collection from participants, the e*poche* began with the researcher reporting any presuppositions, preconceptions, or other biases that may influence the study. For this study, this process had already begun in a later section of this study, the researcher's role. Additionally, the *epoche* continued throughout the data collection and analysis phases as a reflexive journal (Labaree, 2015) to maintain objectivity, ongoing reflection, and the ability to view the information with fresh eyes (see Appendix M).

To understand the experiences of the participants, the researcher had to serve as the human instrument (Lincoln & Guba, 1985). The researcher, as the human instrument, allowed for dynamic flexibility in adapting to varying points of view and experiences. Assigning a static value to the individual points of view and experiences of the participants was not possible. Neither could assessment occur on areas such as variance in feelings or emotional reactions using quantifiable measures. Lincoln and Guba (1985) stated, "It would be virtually impossible to devise a priori, a nonhuman instrument with sufficient adaptability to encompass and adjust to the variety of realities that will be encountered" (p. 39). This explanation meant the researcher as the human instrument was invaluable to the qualitative design to build upon previous knowledge through interviews and interactions with participants in their natural setting while also examining the data for underlying meaning.

A transcendental phenomenological design provided the opportunity to explore these experiences and conduct the research in the natural setting (Lincoln & Guba, 1985) of the participants. The context of the phenomenon, the performance of physical restraints by special education teachers on students with disabilities in a special education setting, was best

understood in the setting where it was experienced. The need to conduct the research within the natural setting was imperative to be able to "understand the relationship to the time and context that spawned, harbored, and supported it" (Lincoln & Guba, 1985, p. 189), and to determine the essence of the shared phenomenon (Moustakas, 1994). For the purposes of this study, the natural setting referred to special education classrooms in a public school system, and the shared phenomenon referred to special education teachers performing physical restraints on students with disabilities.

The natural setting allowed data to be collected using a demographics questionnaire, open-ended questions in an individual interview format, a focus group, and debriefing interviews to provide for the context and understanding regarding the phenomenon. Therefore, it was important that the participants for this study function as co-researchers so that they shared their perceptions of experiences through rich descriptions. Co-researchers are research participants in that they are the primary source of information during the data collection phase. However, the role of co-researcher also provided the additional engagement of elevating the participants to the role of partners with the primary researcher, adding to the commitment to providing an in-depth look at the phenomena (Fraelich, 1989). Those perspectives helped to make sense of the world in which the co-researchers existed. For this study, the world of the co-researchers, or special educators, focused on the use of physical restraint in working with students with disabilities. Co-researchers provided first-person descriptions regarding the perception of the experiences related to the phenomenon. According to Moustakas (1994), "In phenomenology, perception is regarded as the primary source of knowledge, the source that cannot be doubted" (p. 52). Additionally, I asked participants in the role of co-researchers to review the transcripts of their

interviews to clarify meanings and fully understand the experiences in a process known as member checking.

As I collected and transcribed the data, the analysis of the data began with a process known as horizonalization (Moustakas, 1994). Horizonalization requires that each statement be given equal value and analyzed, reflected on, and viewed free from presuppositions and preconceived ideas identified during the e*poche* (Moustakas, 1994). Additionally, statements that were irrelevant or redundant were removed, leaving the primary themes to emerge from the horizonalization process. From these themes, I identified the textural and structural descriptions and fused into the essence of the phenomenon.

Following the e*poche* and the horizonalization of significant statements into themes, I explicated textural and structural descriptions. Textural descriptions refer to the "what of the phenomenon" (Moustakas, 1994, p. 78). What co-researchers experienced included the nature and qualities of the phenomenon in textural descriptions. These textural descriptions led to "how the phenomenon was experienced" (Moustakas, 1994, p. 78), or structural descriptions. Additionally, structural descriptions offered underlying supports for textural descriptions through thoughts, feelings, and sensory experiences. According to Moustakas (1994), "The relationship of texture and structure is not that of object and subject or concrete and abstract but of the appearance and the hidden coming together to create a fullness in understanding the essences of a phenomenon or experience" (p. 79). Textural and structural descriptions cannot exist separately, and while they may be analyzed individually at times, they must be considered together to synthesize the essence of the phenomenon.

Research Questions

The following central research question guided this study:

What are the experiences of special education teachers involved in the physical restraint of students?

The sub-questions that support the central question are as follows:

1. What stressors do special educators experience from being involved in restraints?
2. How do special educators cope with the stressors that arise from being involved in restraints and does self-determination theory play a role?
3. Why do special educators involved in the physical restraint of students remain in the profession?
4. What are educators' thoughts regarding learning techniques that could be helpful in reducing the use of restraints?

Setting

The setting for this study was self-contained special education classrooms in a public school system in Southeast Tennessee. These special education classrooms served students in grades Kindergarten through 12 with educational disabilities that resulted in emotional and behavioral difficulties in the general education setting. Additionally, these classrooms served as the students' least restrictive environment as all previous interventions and placements had been unsuccessful. The rationale for this selection was that these self-contained classrooms serve as the students' least restrictive environments. However, these self-contained classrooms still possessed similarities to the general education setting, such as curriculum and class rules/procedures, and included students who may require restraint, as well as special educators who had training and experience in the physical restraint of students. I chose these specific

schools from a school district that served students in urban, suburban, and rural settings. The Tennessee Department of Education (2018) report card for 2016-2017 reported this district provides educational services for over 40,000 students in 78 schools (46 elementary, 21 middle schools, and 17 high schools, with six of these being middle/high combined). The student population consists of approximately 30% African American, 54% Caucasian, 11% Hispanic, 2% Asian/Pacific Islander, and .2% Native American with an almost 50% division between male and female students. I obtained district permission for this study.

Participants

Purposeful sampling was the most effective method of identifying special educators for this study since it focused specifically on the experiences of educators who performed physical restraints on students with disabilities in a special education setting. Purposeful sampling (Lincoln & Guba, 1985) is the selection of study participants due to the first-hand accounts of the phenomena that they can provide which in turn can lead to the richest, descriptive information. The identified purposeful sample for this study was certified or licensed special education teachers who were involved in the physical restraint of students. It was necessary for the sample population to have a minimum of five years of experience in working in special education, and to have participated in multiple restraints during that time to ensure they were special educators who had rich experiences with the phenomenon and would be able to provide thick descriptive data. These special educators were identified as those with training in the physical restraint of students and employed in teaching positions that used physical restraint in working with students with disabilities. Gender and age were not factors in the selection.

The nature of phenomenological research required first-person reports of lived experiences to build the rich textural and structural descriptions needed to identify the essence of

the phenomena (Moustakas, 1994). This requirement allowed co-researchers in this study to provide first-hand accounts that were critical to phenomenological research since this methodology relies so heavily on the experiences of the sample population. Co-researchers interacted beyond the scope of general participants in the study by not only providing first-hand accounts and perspectives, but also by reviewing their transcripts generated by the data collection to verify, and clarify as needed, the perceptions provided during the data collection (Moustakas, 1994). This review ensured the co-researchers' experiences were fully represented and understood.

For their research in phenomenology, Fraelich (1989) recruited six co-researchers, while Trumbull (1993) sought between 12 to15 co-researchers. To recruit the desired number of 10 to 12 co-researchers for this study, the Director of Exceptional Education identified settings within the district that serve special education classrooms for students with emotional or behavioral challenges.

Procedures

Before collecting any data, I obtained school system approval and approval from the Institutional Review Board (IRB; see Appendix A). I conducted a pilot study following IRB approval. Pilot studies are small-scale versions of the main study (Kim, 2010; Leon, Davis, & Kraemer, 2011). Accordingly, conducting a pilot study before the main study can provide the researcher with feedback regarding the viability of interview questions and methodologies planned for the study. These small-scale versions of the study are not intended to provide results or outcomes for the main study. For this pilot study, I recruited three participants. Due to the limited recruitment pool for the primary study, I sought voluntary participants from the special education assistants or paraprofessionals. I contacted the pilot study recruitment pool for

voluntary participation in the pilot study via the same procedures as the main study. These procedures included the demographic questionnaire, individual interviews, a focus group, and debriefing. As with the primary study recruitment pool, these participants were required to have a minimum of five years of experience working in special education, training in restraint methods (CPI), and participation in the physical restraint of students with disabilities. The pilot study participants differed from those in the main study in the area of teacher licensing or certification, as educational assistants are not required to hold a state license. The pilot study allowed me to test the viability of the interview questions in the individual interview, debriefing interview, and focus group settings. The inclusion of a pilot study reinforced the efficacy of the research questions and gave me an opportunity to practice the three data collection formats before implementation in the main study.

Following the pilot study, the Director of Exceptional Education identified the classes within each school that support students with disabilities who present with emotional or behavioral difficulties. This identification led to the recruitment pool of 15 teachers. The Director of Exceptional Education forwarded an email (see Appendix B) to the certified special education teachers of these classes via the district's email system, inviting them to participate in the study. This email included a recruitment letter (see Appendix C), an Informed Consent Form for the Demographics Questionnaire (see Appendix D), the first data collection tool, and the Demographics Questionnaire (see Appendix E). Special educators who responded to the invitation completed the Informed Consent Form for the Demographics Questionnaire as well as the Demographics Questionnaire giving information concerning their level of education, certifications, years of experience, physical restraint training, and current use of physical restraints in the classroom. The special educators returned the signed Informed Consent Form

for the Demographics Questionnaire and the completed Demographics Questionnaire via scanning and email, in person, facsimile, or the district's intra-office mail delivery system. Following receipt of the Informed Consent Form for the Demographics Questionnaire and the Demographics Questionnaire, I determined the recruit's viability as a study participant (co-researcher). I then selected those participants who met the criteria of being a certified special education teacher with district provided training, such as CPI's (2005) nonviolent crisis intervention, and a minimum of five years of experience in special education with participation in multiple episodes of physical restraint of students with disabilities. I contacted these potential study participants via email and invited them to continue in this study as a co-researcher and to schedule an individual interview. I provided the Informed Consent Form for Co-Researcher (see Appendix F) as part of scheduling the individual interview with the 10 volunteer co-researchers identified based on purposive sampling. Co-researchers returned the completed Informed Consent Form for Study Participation (see Appendix F) via scan and email, in person, facsimile, or the district's intra-office mail system before the scheduled individual interview.

Data collection tools for the co-researchers included individual open-ended interviews, a focus group, and debriefing interviews. These data collection tools were audio recorded using a Bloggie recording device as the primary audio recording equipment and a laptop with audio recording software and microphone or a cell phone with recording features as a backup device for transcription and review. I then transferred these recordings to the password protected files on my laptop. Individual interviews utilized an open-ended question and statement format that took 30-60 minutes. The focus group also utilized an open-ended question and statement format and took 60 minutes. The debriefing process, which also utilized an open-ended question and statement format, required 15-30 minutes per co-researcher, per incident. There was one

individual interview for each co-researcher, one focus group session for all co-researchers together, and debriefing interviews based on the number of restraint occurrences for each co-researcher during the timeframe of the study.

Data were analyzed using verbatim transcription of all interviews, the focus group, and debriefings. Additionally, data analysis included reflexive notes regarding my thoughts during the interview and analyzing process, bracketing out researcher experiences (the *epoche*), and horizonalization which included identifying significant statements from transcription. This process segued to creating themes from significant statements, using these themes to determine the textural and structural descriptions from co-researchers (Moustakas, 1994), and fusing the essence of the phenomenon from the information.

The Researcher's Role

I chose to serve as the human instrument in this study. The qualitative nature of the research demands that the human instrument be able to adjust to the diverse realities that arise from utilizing co-researchers (Lincoln & Guba, 1985). I worked in one of the settings for this study as a special education teacher trained in the use of physical restraint for children, and I used this technique to prevent harm to students or others; however, I did not supervise any of the staff who participated in this study. Characteristics I shared with potential co-researchers included my certification as a special education teacher in a self-contained setting for students with disabilities for more than five years, my training in the use of physical restraints, and my current involvement in the physical restraints of students with disabilities.

As an educator of students with disabilities who was sometimes required to use physical restraint to maintain the safety of the students or staff, I understood there were biases and

assumptions I could potentially bring to this study. Before, and during, the study, I bracketed out these biases and preconceptions regarding my experiences with physical restraints.

Upon entering the special education profession, I found that physical restraints were commonplace when dealing with students whose disabilities led to dangerous outbursts. At first, it was daunting, and there was a lot of fear. There was the fear of misinterpreting the student's intentions, fear of not correctly implementing the techniques I had been trained to use, fear of being hurt, fear of hurting someone else, and the fear that I would not be good at managing these types of behavior issues. However, the collaborative process of debriefing with colleagues, practicing restraint techniques with colleagues, and building relationships with students all worked together to help me better understand my students and meet their needs and work toward reducing the use of physical restraints.

Over the years, I made a concerted effort to minimize the use of physical restraints. The greatest benefit in working with students was the building and maintaining of relationships with students and parents. This effort allowed me to identify early warning signs of problem behaviors in students to nip issues in the bud. Additionally, I continued to study and implement behavior management practices such as those discussed in *Teaching with Love & Logic: Taking Control of the Classroom* (Fay & Funk, 1995). I also found that collaborating with colleagues, and continually seeking to improve my practices by reflecting on my own choices and decisions relating to students was beneficial.

As part of my philosophy of education, I believe that all students deserve an education regardless of their age, gender, sexual orientation, socioeconomic status, race, or disability. Abiding by my philosophy of education was one of my coping mechanisms for dealing with the

stresses brought on by the situations involving students and physical restraints, and that is why I have remained in the special education profession.

As a special education teacher, there were times when dealing with the stressors of the job was difficult and I sometimes even questioned my decision to remain in the profession. Some of the stressors were physical, and some were emotional. Physical stressors included injuries I had suffered, as well as witnessing injuries to others during physical restraints. I had approximately four to five physician visits related to injuries sustained during a physical restraint. These included a strained rotator cuff in my shoulder, broken skin on my finger from a bite, a bruised knee, and a bruised posterior from a fall during a restraint. However, the physical injuries were not as significant as the emotional ones. Feelings of uselessness occurred when I was unable to stop a student from acting out. There was anger when I felt I had not done enough to de-escalate the student or avoid the restraint. I experienced sympathy and empathy for the students who felt others misunderstood them. There was a sense of helplessness when students' lives outside of school infringed on their education through no fault of their own.

The greatest emotion was hopelessness when every intervention with a student failed. There were several coping mechanisms useful for relieving stress and putting my feet back on the right path. The first was prayer. I prayed for my students, their families, my colleagues, and myself. The second was to remind myself of my previously stated philosophy of education. Following those two coping mechanisms were additional reflective practices such as reviewing events to discern where the intervention failed and how I could have handled it differently should the need arise again. I also leaned heavily on my family's support, collaborating with colleagues, gardening, quiet time, a sense of humor, and a determination to make a difference in the lives of children that I believed others perceive as "throwaways." I use the term

"throwaways" to refer to students that other teachers and schools did not want to work with due to the severity of their behavior. It felt as if some children were cast aside, ignored, or forgotten by some educators. I began to ask myself if teachers in other settings did not care about the students, if they suffered from a lack of training in dealing with these students, or if there was some other reason. From my perspective, teaching these "throwaway" students gave me some of the most rewarding experiences I had ever had. It was through my experience with these children, and because I continued to experience this throwaway effect from multiple schools and teachers, that I developed my philosophy of education. This experience was also why I chose a transcendental phenomenological approach that would provide the richest descriptive data collection and give clarity to the experiences of special education teachers participating in the physical restraints of students with disabilities.

Data Collection

Data collection required multiple sources (Creswell, 2007) to increase the trustworthiness of the research. Data collection for this study included a demographics questionnaire, individual interviews, one focus group, and multiple debriefing interviews to draw from multiple sources of information at different times and provided rich descriptions of the shared phenomenon. The demographics questionnaire was used to ensure the recruitment pool for the co-researchers met the purposive sampling criteria. The timeframe for data collection was one school semester to provide as many scheduling opportunities for co-researchers to participate in individual interviews, one focus group, and debriefing interviews. I completed individual interviews before the focus group and any debriefing interviews. However, since there were no means of scheduling physical restraints, the period for debriefing interviews exceeded one semester to ensure that all co-researchers had participated in a physical restraint during the study.

According to the district (Shedrick, 2017), there were 568 physical restraints that occurred system-wide during the 2015-2016 school year. This total was an average of 284 restraints system-wide, per semester, and provided the possibility of at least one debriefing opportunity for each co-researcher. Having many occurrences allowed for the experiences necessary for the data collection. However, only co-researchers who were able to participate in all three forms of data collection were included to support the triangulation of the data. I used open-ended comment and question format during the individual interviews, focus group, and debriefing interviews to allow co-researchers to provide rich descriptive information concerning the study. Before submitting my IRB application, I submitted all questions for the individual interview, focus group, and debriefing to doctoral level affiliates in special education for an expert review and feedback. These included the Director of a Significantly Developmentally Delayed Program in a public school system, the Professor of Exceptional Learning at a state university, and a special education teacher in a self-contained classroom for students with emotional and behavioral challenges in a public school system who was also a restraint instructor. All three professionals were trained in physical restraint techniques during their careers and had performed physical restraints on students with disabilities. Based on their feedback, I made some changes to the questions. These changes included modifying a question for active versus passive voice, clarifying the meaning of some terminology, reordering the flow of the questions, and changing some terminology to engage co-researchers in richer, more descriptive discussions. Additionally, I added a question to the focus group protocol regarding the impact of restraints on the school and classroom operations. Each of these forms of data collection are discussed further in this section.

Demographics Questionnaire

The demographics questionnaire (see Appendix E) was an information gathering form for each potential co-researcher. It was used to ensure the recruitment pool for the co-researchers met the purposive sampling criteria. This selection was based on the potential recruit's answers to questions regarding licensure, time in special education, and restraint training.

Demographic Questionnaire

Please complete the following questions and return this document to Stephanie Laymon at one of the following: Scan and email to laymon_stephanie@hcde.org or return via the Pony.

Name: _____

Highest level of education completed:

Current educational certification(s):

Years of experience in special education:

Years of experience performing physical restraint:

Date of most recent restraint training (month/year):

Type of restraint training (choose all that apply): CPI ____HWC____

Current Estimated Use of Physical Restraint in the Classroom

Please place a check mark in only **ONE** choice that represents the best estimate for you:

	1 – 2 times	3 – 4 times	5 or more times
Daily			
Weekly			
Monthly			

If selected to continue in this study are you willing to participate as a co-researcher in the following:

- an individual interview,

- a focus group with other special education teachers who have participated in physical restraint,
- debriefing interviews each time that you are involved in a physical restraint over the course of the next 1 to 2 semesters while this study is being conducted?

Yes ☐ No ☐

Individual Interviews

Individual interviews involved an open-ended comment and question format (see Appendix J). The individual interviews were audio recorded for transcription and review. I returned each transcript to the co-researcher involved to complete a member check of the interview and ensure accuracy. I based questions for the interviews on identified areas from the literature.

Individual (One-on-One) Open-Ended Interview Questions

1. What is your perspective regarding the use of physical restraint in your position as a special education teacher?
2. What behaviors typically lead to a physical restraint?
3. Please describe your most recent physical restraint experience.
4. Please describe your worst physical restraint experience.
5. What stressors do you experience related to physical restraints both physical and emotional?
6. What coping skills do you utilize to deal with these stressors?
7. What techniques or strategies do you employ to attempt to avoid or reduce the use of physical restraint?
8. What is your perspective regarding the physical restraint training you receive?

9. What interest would you have in learning techniques to reduce the use of physical restraints?
10. What motivates you to remain in the special education profession given the student behaviors that lead to restraints?

Interview question one referred to the co-researchers' feelings regarding physical restraint. According to a study involving nursing staff, the primary theme that emerged concerning physical restraint was, "it's part of the job, but it spoils the job" (Bigwood & Crowe, 2008, p. 219). Additionally, it was the position of most staff members performing restraints that used the moves as a last resort or when there was potential for harm (Bigwood & Crowe, 2008; Brown et al., 2012; Fogt et al., 2008; Stubbs, Leadbetter, Paterson, Yorston, Knight, & Davis, 2009). The potential for harm stemmed from student behavior, which was a significant factor in restraints. This related to question two regarding the aggressive and violent behaviors that were generally precursors of physical restraint (Villani et al., 2012; Tompsett, Domoff, & Boxer, 2011). Questions three and four were a modification of questions from a qualitative study involving nurses' perspectives regarding physical restraint permissible by Bigwood and Crowe (2008; see Appendix G). These questions were seeking further information regarding the feelings and perspectives of the co-researchers based on their experiences. The information sought by questions five and six related to the stressors the co-researchers experienced and the coping mechanisms they employed for dealing with the stressors. A national survey of various educators (Richards, 2012) reported that educators listed discipline/student behavior problems as significant to their stress levels, and other professionals, such as nurses, acknowledged that anxiety associated with physical restraints included fear of being harmed, professional conflicts over physical restraints decisions, and fear on a personal level (Bigwood & Crowe, 2008). This

national survey of educators (Richards, 2012) also reported coping mechanisms for educators included family/friend support, a sense of humor, time to be alone, the ability to see stress as an issue to be resolved, a belief in success, and a positive attitude. Additional coping mechanisms among educators were "positive peer collaboration, better mentoring for new teachers, and more effective professional development" (Fisher, 2011, p. 29). Nurses who performed physical restraints reported self-preservation responses such as physical and emotional preparation to cope with stressors, including humor as tension relief and the support of colleagues (Bigwood & Crowe, 2008). Since stress was a primary cause of teacher attrition, question seven sought information regarding why these educators remained in the profession. Teacher attrition may be due to teacher dissatisfaction with the negative behavior of students (Curtis, 2012; Mitchell & Arnold, 2004; Ross et al., 2012). Educators who performed physical restraints are subjected to negative behavior issues by students, such as students' aggression toward others as well as student self-harm (Villani et al., 2012). Questions eight through ten related to the success of restraint reduction techniques, policies, and training in helping to decrease the rate of physical restraint use or possibly eliminate it in some instances. According to Janelli et al. (2006), nurses attempted other interventions before implementing restraints. Additional studies related to reducing the use of restraint (Andrassy, 2016; Azeem et al., 2015; Felver, Jones, Killam, Kryger, Race, & McIntyre, 2017; Greene et al., 2006; LeBel et al., 2012; Luiselli, 2008, 2009; Trader et al. 2017; Valenkamp et al., 2014), debriefing procedures (Holstead et al., 2010), implementation of programs such as the Teaching-Family Model (Jones & Timbers, 2003), fixed time release training (Luiselli, 2008; Luiselli et al., 2006), or restraint fading training (Luiselli, 2008) also found positive results in reducing the use for restraints. Physical restraint techniques involved training such as CPI (Shedrick, 2017) or HWC (Boyd, 2012). Additionally, reduction in restraint

usage has resulted from staff training (Azeem et al., 2011; Crosland et al., 2008; Ducharme et al., 2010; Holstead et al., 2010; Janelli et al., 2006; Jones & Timbers, 2003; Luiselli, 2008).

Focus Group

Following the completion of individual interviews, all co-researchers participated in a focus group to gain information based on similarities among the co-researchers. According to Krueger and Casey (2009), focus groups share basic characteristics that they stated as "people, who possess certain characteristics, [and can] provide qualitative data in a focused discussion to help understand the topic of interest" (p. 6). This focus group also provided an opportunity to further explore topics that arose during individual interviews (Morgan, 1997).

Researchers recommended that focus groups consist of five to 10 people and not exceed 12 participants (Krueger & Casey, 2009). This recommendation was significant as groups with more than 12 participants may fragment with sidebar conversations and reduce opportunities for all participants to have a voice. All 10 co-researchers were invited, and all participated in one focus group held at one of the schools represented in this study. I used the following interview protocol (see Appendix K) for the focus group with the option of expanding some questions based on findings from the individual interviews. As the primary researcher, I facilitated the focus group interview. It took 60 minutes to complete and was audio recorded for transcription and review.

Focus Group Open-ended Questions

1. What role(s) do you find yourself fulfilling before a restraint?
2. What role(s) do you find yourself fulfilling during a restraint?
3. What role(s) do you find yourself fulfilling after a restraint?

4. What impact does physical restraint have on the day-to-day operations of the classroom/school?

Debriefing

While assisting in this study, co-researchers also participated in individual debriefing interviews within one week of involvement in a restraint. Debriefing involved the co-researchers' participation in additional individual interviews with open-ended questions following each incidence of physical restraint (Petti et al., 2001). The debriefing interviews allowed for more immediate shared experiences regarding physical restraint and thick descriptive data concerning the co-researchers' experiences leading up to, during, and following the restraint. The primary researcher facilitated debriefing interviews (see Appendix L). Each debriefing lasted between 15-30 minutes and was audio recorded for transcription and review. Because phenomenological research was dependent upon first-hand accounts of the shared phenomenon (Moustakas, 1994), the debriefing interviews focused on the co-researchers' experiences before, during, and after physical restraint events that occurred during this study.

Debriefing Open-ended Interview

1. Please describe what you experienced before the restraint began.
2. Please describe what you experienced during the restraint.
3. Please describe what you experienced after the restraint.

Data Analysis

To provide an accurate review of the data, I followed the phenomenological methodology presented by Moustakas (1994). The first concern was to begin the e*poche* (Moustakas, 1994) to bracket out my presuppositions, biases, and experiences regarding the physical restraint of

students. This process was begun in "The Researcher's Role" section of this chapter and I continued to review it throughout the life of the study.

Following the transcription of the individual interviews, phenomenological reduction (Moustakas, 1994) occurred. This reduction was the process of reviewing the interview transcripts and describing the textural qualities that became the focus of the experience. The primary goal of phenomenological reduction was horizonalization (Moustakas, 1994), in which I gave all statements equal value. The examination of all audio-recorded interviews from individuals, the focus group, and the debriefings highlighted the significant statements that were present in the horizonalization process. Statements were then analyzed until I removed all repetitive or irrelevant statements and only the significant statements remained. I used the significant statements from the horizonalization process to ascertain the themes that were present based on the shared phenomenon. I clustered these themes and organized them within an electronic spreadsheet to determine the textural descriptions necessary to discern the experiences.

Textural descriptions (Moustakas, 1994) refer to what the co-researcher experienced in terms of the phenomenon and included information concerning the shape, size, texture, or other physical characteristics of a person, place, or thing, while structural descriptions (Moustakas, 1994) refer to the underlying feelings, thoughts, and sensory details of these textural descriptions. I developed structural descriptions from imaginative variation (Moustakas, 1994), which sought to identify possible meanings behind the textural descriptions from a variety of reference points. This analysis of the co-researchers' experiences allowed me to synthesize the essence of the shared phenomenon. It is important to note "The fundamental textural-structural synthesis represents the essences at a particular time and place from the vantage point of an

individual researcher following an exhaustive imaginative and reflective study of the phenomenon" (Moustakas, 1994, p. 100).

During the data analysis process, reflexive notes (Lincoln & Guba, 1985), which were the thoughts behind any decisions I made concerning my research, allowed me to identify my feelings and reactions to the interviews and interview products along with bracketing out my experiences to identify and differentiate the co-researcher's descriptions of the shared phenomenon.

Trustworthiness

I established trustworthiness for this study by ensuring credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Qualitative research must "seek to control for potential biases that might be present throughout the design, implementation, and analysis of the study," (Bloomberg & Volpe, 2012, p. 85). A variety of means including triangulation of data, peer debriefing, member checks, thick descriptive data, and an audit trail were employed to protect the trustworthiness of this study (Creswell, 2007; Lincoln & Guba, 1985). Following the verbatim transcription of the individual and debriefing interviews, I provided co-researchers with an opportunity to member check the transcripts to ensure I had captured the essence of their experiences and to clarify their statements, verify the accuracy of the content and further establish the trustworthiness and credibility of this study. All 10 co-researchers participated in the member checking. However, the co-researchers all responded that their transcripts were accurate.

Credibility

Credibility is the most important facet of trustworthiness (Lincoln & Guba, 1985). To ensure the credibility of a study, the researcher, the participants, and the reader must have

confidence in the accuracy of the data and the findings (Bloomberg & Volpe, 2012; Lincoln & Guba, 1985; Webb & Glesne, 1992). Triangulation, peer debriefing, and member checks verified the accuracy of the co-researchers' descriptions to ensure the credibility of the study. Triangulation (Bloomberg & Volpe, 2012; Lincoln & Guba, 1985; Webb & Glesne, 1992) involved gathering information through three different data sources, including one individual interview for each participant, the focus group, and debriefing individual interviews following each restraint the co-researchers participated in during the timeframe of this study. This triangulation tallowed data to be collected and reviewed from multiple sources at different times throughout the research. Peer debriefing (Bloomberg & Volpe, 2012; Lincoln & Guba, 1985; Labaree, 2015) utilized a doctoral level professional in the field of psychology to provide feedback as part of the analysis phase. This person is knowledgeable in the field of special education, had experience and training in the physical restraint of children, had worked in a school environment, and had no vested interest in the outcome of the study. This professional served as a sounding board and ensured the honesty and accuracy of the findings by asking probing questions. The peer debriefing delved into the co-researchers' tendency to focus more on safety and problem solving rather than on the raw emotional impact of physical restraints. Although, it also recognized the length of time co-researchers have had to develop coping skills for those raw emotions. As a third means of ensuring credibility, co-researchers performed member checks (Lincoln & Guba, 1985; Labaree, 2015) of the transcribed interviews. This process allowed co-researchers to verify the accuracy of the information they provided during data collection and ensured the meaning and the intent of respondents' statements.

Dependability

Dependability is the means of ensuring the process for the research was logical, traceable, and documented (Lincoln & Guba, 1985; Labaree, 2015). The use of an audit trail (Appendix O) was to provide accurate record keeping throughout the study (Bloomberg & Volpe, 2012; Lincoln & Guba, 1985). I used an external auditor who is a doctoral level education professional in the field of special education, a trainer in the use of physical restraints, has no connection to the study, but could audit the process and product of the study (Lincoln & Guba, 1985) and could further ensure the dependability of the study. The auditor found that I documented the process and product of this study accurately.

Confirmability

Confirmability refers to the objectivity of the study (Bloomberg & Volpe, 2012; Lincoln & Guba, 1985; Marshall & Rossman, 2006; Labaree, 2015). To maintain objectivity, I used the audit trail (see Appendix O) and auditor (Bloomberg & Volpe, 2012; Lincoln & Guba, 1985), as discussed in the Dependability section, combined with reflexive journaling (Lincoln & Guba, 1985), or memoing, and coding (see Appendix N) using Atlas.ti software. The audit trail allowed the auditor to access the researchers' decision-making process during the life of the study and limited any biases (Lincoln & Guba, 1985). Bloomberg and Volpe (2012) stated, "The implication is that the findings are the result of the research, rather than an outcome of the biases and subjectivity of the researcher" (p. 87).

Transferability

Transferability of the study was important to ensure that others could replicate or generalize this study, by using a similar purposive sample in a similar setting (Lincoln & Guba, 1985; Marshall & Rossman, 2006). Transferability increased through thick descriptive data

regarding research procedures/methods, the purposive sample, and the findings of the study (Bloomberg & Volpe, 2012). Labaree (2015) stated,

> . . . thick description is not simply a matter of amassing relevant detail. Rather, to thickly describe social action is actually to begin to interpret it by recording the circumstances, meanings, intentions, strategies, motivations, and so on that characterize a particular episode. (p. 306)

Ethical Considerations

Ethical considerations for this study included the anonymity and confidentiality of the co-researchers and sites. I used pseudonyms in place of actual names to ensure the confidentiality of co-researchers and participating schools. Also, co-researchers were asked to use student pseudonyms to protect the identity of any students mentioned while describing experiences with physical restraints. Additional confidentiality protection of the schools and co-researchers entailed password-protected computer(s) where I stored data for the study and the use of locked storage for paper files generated. Also, since the topic of physical restraint use with students with disabilities could raise some traumatic issues for co-researchers, I was prepared to provide a referral for counseling to any co-researcher in need of this support.

The influence I may have brought to the study as the researcher was an additional ethical consideration. Since I worked at one of the potential schools for this study, it was important that I maintain a professional relationship with colleagues. I had no supervisory or authoritative position over potential co-researchers and continued to function as a colleague throughout this study. Additionally, I needed to bracket out my perspectives and refrain from sharing them with co-researchers to minimize any influence I may have had over their thought processes as they participated in this research.

Summary

The goal of this chapter was to address the concerns that accompany any study regarding design, participants, settings, the researcher's role, data collection, data analysis, trustworthiness, and ethical considerations. In this chapter, I reviewed the consideration of phenomenological design, purposive sampling, triangulation of data collection methods, data analysis involving textural and structural synthesis, and a variety of efforts to ensure trustworthiness and ethical consideration.

CHAPTER FOUR: FINDINGS

Overview

The findings from this study are the primary focus of this chapter. As previously stated, the purpose of this transcendental phenomenological study was to discover the shared experiences of special education teachers involved in the physical restraints of students with disabilities in a school district in Southeast Tennessee. This chapter presents a portrait of the sample and provides the themes from the data collection in the form of textural and structural descriptions according to the research questions along with the answers to the research questions.

Participants

The participants for this study were a purposive sample due to the specialized nature of the study. Following the receipt of a signed Informed Consent Form for Demographic Questionnaire and a completed Demographic Questionnaire (see Appendices D & E), the recruits were chosen based on the specialized needs of the study. Requirements for the sample included having taught in special education for a minimum of five years and having participated in physical restraints during that time. Data collection began with the co-researchers following receipt of the signed Informed Consent Form for Study Participation (see Appendix F).

The participants functioned as co-researchers in that they contributed to the study beyond the data collection. After participating in the individual interviews and debriefing interviews, I transcribed the data verbatim. Pseudonyms were used to protect the confidentiality of the co-researchers and settings. I provided co-researcher demographics in Table 1.

Table 1

Co-researcher Demographic Information

Co-researcher name	Highest Degree Earned	Current educational certifications	Years of experience in special education	Years of experience performing physical restraints	Most recent restraint training (at time of the study)	Type of Restraint Training	Current Estimated Use of Physical Restraint in the Classroom
Joy	Masters	-Elementary Education -Special Education -Administration	19	13	2/17	CPI	1-2 daily
Mark	Bachelors	-Special Education -Elementary Education	21	21	8/16	CPI	1-2 monthly
Ken	Masters	-Secondary Education -Special Education -School Leadership	17	14	8/16	CPI	3-4 weekly
Mary	Bachelors	-Elementary Education -Special Education	30	15	8/16	CPI	1-2 monthly
Austin	Bachelors	-Special Education -History	9	9	8/16	CPI	1-2 daily
Michael	Masters	-Elementary Education -Special Education	8	15	8/16	CPI	3-4 weekly
Dorothy	Masters	-Special Education	18	10	8/16	CPI	3-4 monthly
Frank	Masters	-Science -Elementary Education -Special Education	29	29	8/16	CPI	1-2 monthly
Judi	Masters	-Special Education -Early Childhood -Elementary Education	6	3	8/16	CPI	1-2 monthly
Dan	Education Specialist	-Special Education -Beginning Administrator	11	11	2/16	CPI	1-2 monthly

Co-researchers were a highly diverse group with a combined experience of 168 years in special education and a combined experience of 140 years performing physical restraints. Each co-researcher held a teaching certification in special education with a combined total of 23 separate certifications. Each participant also held at least one college degree ranging from a bachelor's degree to an education specialist degree. There was a total of three bachelor's degrees, six master's degrees, and one education specialist degree. There was no gender or age requirement for the study. A total of four women and six men served as co-researchers ranging in ages from their early thirties to early sixties. It is interesting to note that co-researchers' estimates of the number of restraints they participated in during the school year did not materialize during the data collection phase. Each co-researcher participated in one restraint, and Austin, Mark, and Dan participated in two. I wondered if the co-researchers included potential restraints or de-escalation events in their count, as they can often feel as stressful as physical restraints.

Joy

Joy was a co-researcher with 19 years of experience in special education and 13 years of experience performing physical restraints. She held a master's degree in elementary education and teaching certifications in elementary education, special education, and administration. She reported that restraints could occur in her classroom up to one or two times each day of the school year.

Joy worked with her team and the district trainer to ensure she was not only proficient in physical restraint techniques, but also to further develop her de-escalation skills to reduce or avoid physical restraints. She believed it was beneficial to the entire team to have practice sessions and to debrief to improve upon de-escalation skills and avoid future restraints. She

stated restraints are “a necessary evil” to protect the safety of the student or the safety of others. However, her self-reflective nature and desire to serve students rather than restrain them allowed her to build relationships with students. She felt this helped students reach another level in their behavior and to celebrate the tiny gains, because in her words, “tiny gains are huge.” Joy recognized that her students’ successes were also her successes and that those successes built relationships or rapport, which helped to reduce the use of physical restraints.

The students Joy served were generally newcomers to the special education program in which she worked. They had significant behavior concerns, and their zoned schools were unable to provide the supports necessary for the students to access the curriculum. Joy provided a safe environment where expectations were quickly established and frequently practiced over the course of several weeks. She built a rapport with her students and prepared them for the next level of their journey. When students demonstrated self-control and the ability to follow expectations they began to slowly transition out to other parts of the program, for example, going to a math class for a week to acclimate and then slowly adding additional classes with other teachers until they only attended Joy’s class for homeroom or as needed. This slow transition was to generalize the new skills learned in Joy’s class across the environment and to practice those skills in a variety of settings.

Mark

Serving as a co-researcher with 21 years of experience in special education and performing physical restraints, Mark reported approximately one or two restraints each month of the school year in his classroom. Mark held a bachelor’s degree with an additional nine hours of graduate classes. He was a certified teacher in special education and elementary education.

Mark spent a significant amount of time in an unsafe environment with a high student: staff ratio and no training in physical restraint techniques or de-escalation practices. He honed his ability to play out scenarios and be alert to possible issues during that time. He used that ability to plan, if restraints were unavoidable, or to forestall physical restraints when possible. Mark saw opportunities to help students in ways other people may not. Rather than stepping back when a student advanced, he stepped forward and he believed when there is a restraint it is an opportunity to turn a negative into a positive. For example, he believed that the shared trauma of a physical restraint by the student and staff member was an opportunity to form a bond with the student and forestall future restraints.

Ken

This co-researcher was serving with 17 years of experience in special education and 14 years of experience performing physical restraints. Ken held a bachelor's degree in secondary education, a master's degree in special education and a post master's certificate in school leadership. Ken's teaching certifications included secondary education, special education, and school leadership. Ken reported he participated in three or four restraints each week of the school year.

Ken was instrumental in many difficult situations involving older students. During his time in special education, he participated in numerous restraints but also avoided numerous restraints. He believed in allowing students to "blow off steam" to prevent restraints. At times, this included property damage before the student could regain control; however, Ken believed property damage was preferable to student or staff injury.

Mary

The co-researcher with the most teaching experience was Mary. She had over 30 years of experience in special education and 15 years of experience performing restraints. Mary held a bachelor's degree in elementary education. Her teaching certifications included elementary education and special education. Mary reported she participated in one or two restraints each month of the school year.

As a veteran teacher in both special education and regular education, Mary played to her strengths and believed in making connections with students. She formed relationships with them using personal anecdotes to reduce the use of physical restraints. She also was a reflective practitioner and continuously worked to add to her toolbox of strategies to help students including a recent study of *Love and Logic*. Mary's greatest asset was experience and her willingness to reassess her environment, the student's behavior, and her reaction to it. She also involved her classroom assistant and her students through informal classroom meetings to discuss issues and problem solve, thus creating a community within her class.

Austin

This co-researcher had nine years of experience in special education and performing physical restraints. Austin held a bachelor's degree and certifications to teach history and special education. Austin reported he participated in one or two restraints each day of the school year and participated in two debriefing interviews during this study.

Austin was called to help with restraints quite frequently. He reported it became overwhelming and frustrating at times. Austin used visits to classrooms where students had positive interactions or opportunities for students to have fun as a means of coping with the

negative experiences he faced during restraints. Austin felt very grounded in what he wanted out of life and felt he developed good skills to help students in crisis or through difficult situations.

Michael

At the time of this study, this co-researcher had taught for 15 years, eight of those in special education. Michael reported 15 years of experience with performing physical restraints and that he participated in three or for restraints each week of the school year. Michael held a master's degree plus additional graduate hours. His teaching certifications included regular education grades Pre-K through fourth and Special Education grades K-12.

Michael enjoyed his time with students and worked to build relationships in anticipation of avoiding future restraints. Part of this was due to his own experiences as a child and part of it was due to his physical challenges resulting from previous injuries during restraints. Michael believed he was giving back to students since he faced similar childhood experiences.

Dorothy

Dorothy was a co-researcher with 18 years of experience in special education, 10 of those years with experience in performing physical restraints. Dorothy held a master's degree and was a certified teacher in special education in grades K-12. She reported participating in physical restraints three or four times each month of the school year.

Dorothy also had health limitations and reported learning to use humor to reduce student reactions that led to restraints. She struggled to feel part of the team due to her health and often found herself in the position of observer or note taker during a restraint. Dorothy did not mention a relationship or rapport building with students.

Frank

This co-researcher had 29 years of special education and physical restraint experience. Frank held a master's degree and had teaching certifications in science, elementary education, and special education. He reported participating in one or two restraints each month of the school year.

Frank stated he had very few restraints in his classroom and often found himself in the role of responding to someone else's restraint to provide back up. Frank's philosophy regarding students and restraints was not to be an enforcer but to try to help students. He believed his years of experience helped him to discern student early warning signs which in turn allowed him to intervene earlier to de-escalate the situation.

Judi

The co-researcher with the least experience in special education, Judi had six years of special education teaching experience and three years of restraint experience. She held a master's degree and has teaching certifications in special education, early childhood PreK-3, and elementary K-6. Judi reported she participated in one or two restraints each month of the school year.

Judi's greatest asset was her early establishment of rules, expectations, and routines in her classroom. She believed this helped her stave off the need for restraints by providing students with a clear set of limits. She also worked to develop a rapport with students and had a strong desire to protect students, even to the point of standing in front of a student and being hit in the face to keep the student from hurting someone else.

Dan

Serving as a co-researcher with 11 years of experience in special education and in performing physical restraints, Dan held an education specialist degree. He also had teaching certificates in special education K-12 and administrator. Dan reported he participated in physical restraints one or two times each month of the school year.

Dan was also a teacher who believed in the power of rapport and using the aftermath of a restraint to develop those relationships with students to prevent future restraints. He was a great advocate of having a Plan B and of keeping a wide variety of strategies available in his "toolbox." Additionally, Dan worked with parents/guardians to build connections between home and school and assisted families with developing their toolbox to deal with issues at home.

Results

I derived the results of this study from an analysis of each interview, debriefing interview, and the focus group. The software program, Atlas.ti was used to aid in coding the transcripts from the data collection and thus divining themes that arose during the analysis. The query feature and subsequent reports from the software through several cycles of coding resulted in the identification of themes, which appear as coding groups (see Appendix N). A discussion of each theme appears in this section. Additionally, the theoretical framework, research questions, and literature that grounds this study are synthesized. All quotes from co-researchers are included verbatim with grammatical and other errors to provide an accurate representation of the co-researchers' voices.

Themes

Multiple cycles of descriptive open coding and follow up list coding discerned the themes. From this process, nine themes emerged which I then checked for commonalities across

themes. These commonalities led to the fusion of three themes: (a) keep everyone safe, (b) build your toolbox, and (c) it is what it is.

Keep everyone safe. Codes involving safety occurred 157 times across all documents. Other codes related to safety also had high incidences such as physical injury (24), injury of co-researcher (19), and medical treatment for co-researchers (12). The primary safety focus for co-researchers was often the safety of others (107): the acting out student, fellow staff members, or other students who were nearby during an acting out event or potential acting out event. Joy stated, "He became um, extremely aggressive and started kicking and hitting my partner. And so, at that point I knew I had to protect her and him as well . . ." (Joy, debriefing interview, February 16, 2018). "I do not want to fall on a child, I could break a bone doing that, I, I mean, I'm not talking about myself, I'm talking about I could break a child's bone doing that . . ." (Mary, debriefing interview, May 3, 2017).

Dorothy noted,

> I was really concerned about my team mates um, cause he was thrashing around a little bit and uh, although they are very capable of taking a child and transporting him, end of the day, we just don't know if it's gonna go smooth or not. So, once they got him out in the hall, I felt a little bit better, but I was, the way he was thrashing around I was afraid he was gonna hurt one of the team, the transporters. (debriefing interview, May 22, 2017)

Dan shared, "So, I was uh, uh working on my plan B, and uh, uh making sure everybody got what they needed to get in safely" (debriefing interview, May 8, 2017).

Ken stated,

> . . . many years ago, somebody was running through the building with a uh, doorknob they took apart, trying to attack the principal. And so, a couple of us had to stop the

> student from, from attacking the principal. They [one student] were quite, they were a larger, stronger, older student and it took three or four of us to, to restraint them and to, to keep them from, from hunting down the principal. They were determined to hunt down the principal. (individual interview, March 13, 2017)

Frank noted, "I just want to say I think it's hard to know exactly from the kids' perspective, but they probably feel safer because of it, knowing that you will take care of dangerous situations" (Frank, focus group, May 17, 2017).

Safety of self (50) was also a high incidence concern in the overall theme of keep everyone safe. All co-researchers have experienced some form of injury ranging from sore or bruised areas of the body to injuries requiring surgery. Following are some of the most accurate statements of the interview process: "Now, anytime you do a restraint, you're gonna get hurt, whether you wake up the next morning and your muscles are sore, or you know, just anything, from a pulled back or just a twist the wrong way" (Joy, individual interview, March 8, 2017). Other co-researchers felt similarly, as Mark stated, "I believe that every time you do a restraint you get hurt. I, I believe that you may not notice it at the time, I believe that, that, that hurt might come on down the road . . . (individual interview, March 9, 2017). Ken explained it as, "physically, just being injured, hurt, all the time. Whether it's being bit or kicked, or hit, or spit on, or whatever it may be. Um, just that it's a physically exhausting job to do" (individual interview March 13, 2017).

Sore muscles and bruises aside, these special educators also had concerns about the possibility of more serious injuries. Joy reported about an injury she experienced,

> they were gonna transport her to a safe place. In the meantime, she escalated and began kicking and she had some sharp pencils in her hand. Um The gentlemen did have her

> arms, we thought it was a pretty safe situation and I went in to take the pencils away because she was attempting to reach back and stab one of the men with the pencils and I got kicked in the face. (Joy, individual interview, March 8, 2017)

Mark suffered damage to his ankle during an attack that also knocked an educational assistant out.

> He hit, uh, the assistant that was in there with me, and she dropped, and then he came at me, and got him down, rolling, and he rolled uh, uh, to where I had my leg was up under him and it had twisted my ankle and so he was laying on my leg at funny angle. (Mark, individual interview, March 9, 2017)

Michael, one of the co-researchers with more serious injuries, reported,

> I've physically been knocked out twice. I've had a hand, uh hand surgery, I've had my knee surgery. Uh, I've had two back surgeries related to doing uh, physical contact, and I'm uh, about to have to have a fusion on the back. (Michael, individual interview, March 17, 2017)

These injuries, both minor and major, led the co-researchers to also consider emotional factors when it comes to safety.

Emotional stressors often led the co-researchers to be more acutely aware of their safety, the safety of others, and the safety of the surroundings. At times, these surroundings had potential weapons, for example, chairs, books, pencils, and so forth. In other situations, the presence of students in the environment and the need to keep them safe while also protecting the acting out student, staff members, and the co-researchers themselves led to the acute awareness of the surroundings. Surveying or scanning the environment assisted the co-researchers in finding the best area in the room for the restraint, the best path through the room, the items to

keep the student away from, and the location of other students or potential targets of the acting out student. Dan experienced a significant need to survey the environment when a student attempted to run away:

> Um, I was concerned when he turned around and bolt. The, the exit doors to the outside and the parking lot's there and that, and that's uh, also had been a concern for grandmother since the beginning of the year, was always concerned about him running into the street. But uh, when he turned tail and uh ran in that direction towards grandmother, who uh, as far as he knew, went back outside . . . Um, um, back outside, uh, anyways I felt he was in danger. I kind of, uh positioned him to a place, got ahead, ran back and dropped everything in my hands, and uh, uh positioned him in a place away from the doors but uh the position I placed him in, I looked around and was like, 'this isn't safe either.' There was some standing tables that if someone started to uh dart to the right or to the left uh that could not be safe either. I wouldn't want him to get caught up in any of those things or fall down on him, um but it wasn't the front door. (Dan, debriefing interview, May 8, 2017)

These heightened emotions also presented an opportunity for reflection and planning while in the moment. Mark established that often what goes through his mind during a restraint is how to use the situation to plan:

> What was going through my mind was, was planning for the next time. That's what I was doing. I was thinking, 'Ok, if you had been by yourself, this is what you would have had to have done. And, you would have had to have done this, or this, or this. And uh, you know, maybe you could have gotten over there, and while still holding him, hit the, hit the button. If you couldn't do that then you're just gonna have to hold him like that,

> open the door with one hand, you know, and, and hold it open, get him back in child control, and call out.' So, I, I mean, that's, that's, that's exactly what I was thinking. I was thinking, I was planning because I expected this to happen again. (debriefing interview, April 19, 2017)

Emotional stressors were not limited to safety. Co-researchers reported feeling angry, irritated, frustrated, and scared. Austin shared his feelings of irritation and frustration:

> Umm, well I was a little irritated because it was, the kid wasn't like, crazy, you know, he was just willfully trying to hurt people and trying to push his way around and so I was a little irritated that we were doing that when he could've, I mean, you know. He kept saying he didn't want us to bother him but like, he was doing things to force us to have to do that. So, it's, there's some frustration with that, but, um, mostly, I mean I knew at, at that point he'd already been suspended for the day and was being sent home. So, there's also that sense of, well, I'm just gonna have to deal with this for a little bit until mom gets here, so hopefully it won't be too long. (debriefing interview, May 11, 2017)

Joy's feeling was one of defeat.

> On a personal level, I felt a little defeated, because I felt like we had made an awful lot of progress with this one. We had seen the regression coming, and I had set kind of a personal goal to not allow him to draw me into the restraint that he wanted. (debriefing interview, February 16, 2018)

Michael reported experiencing annoyance during one restraint:

> And, um the only thing I couldn't do was, with the little ones sometimes it's, it's difficult to get their arms locked because their wiry. Older ones are easier because you know their arms are bigger, and they're thicker, and you can lock the arms in, you know, when you

> get them in child control. But the little ones are more difficult because they have such wiry arms and I did have at first, trouble, and I don't think I quite got them locked in by the time you and the other participant had grabbed him. And so, I was like 'Dang it!' I didn't say a bad word, I said 'Dang it, I couldn't get his arms locked!' and that annoyed me. So, other than that, I mean, I, I, again, it was just, it was another day. (debriefing interview, May 3, 2017)

Judi reported feeling infuriated:

> It's infuriating for a lot of different reasons when a student is trying to attack a staff because sometimes it's delib, deliberate, and sometimes the students um, do have emotional dis, disabilities that maybe they're having a mental issue but some of the uh, most prevalent that I've been around have been deliberate. (Judi, debriefing interview, May 19, 2017)

Dan described feeling comforted but also anxious:

> Um, actually I was kind of comforted by the fact that another teacher, or assistant rather, um, came to support and um, was comforted there was two of us together and it made it quicker and easier. Uh, again, some anxiety about what was being perceived by other children as well as other adults in the room. Um, it, mind you a fire drill is going on and uh, uh, we're going the opposite direction of other folks, and uh, I drew a little bit of attention. Um, in all this there was the, uh, my own personal anxiety and, and then after all this I'm supposed to squeeze in some paperwork and get signatures and uh, and, and do things that take quite a bit of time and it's uh, very difficult to weave all that in, with uh, uh, before the end of the school day and get things faxed off. I know it's going . . . On Friday, I may, I mis-checked the box uh, when I changed the font on something I was

> typing and the "X" moved over to 'Someone was injured and died.' (Dan, debriefing interview, May 8, 2017)

The emotions can be a struggle, as Dorothy shared:

> Sometimes, especially when I first started, um it was a real emotional stressor to, for me to see some of these kids in a restraint. Especially if it was one of their first or second restraints and, and how well the staff does to get them under control, but how hard the kids are fighting. And, that, that emotionally, you know, um, um, some of the kids, really tears me up. Especially the ones that don't normally do that or I've gotten close to. Knowing it's necessary, but it still, it still bugs me, um, the emotional part of it. Um, sometimes I wonder if I push, push a kid to it, um, but if I did it wasn't really intentional, and you can't walk away from their act, their behaviors. You have to, you know, let them know that it's the same for everybody. (Dorothy, individual interview, March 17, 2017)

These emotions can also create a feeling of deflation in the aftermath of a restraint. The co-researchers' day did not end after the restraint. They carried on with their lessons and other students once a restraint was over. This requirement could be very difficult. Joy explained:

> It's hard to come back down and walk in a classroom and pretend everything's fine and, and calm, you know, not calm the children, but give them that sense of "Hey I'm fine" you know, "Everything's great" and go pick right back up with the lesson that you worked so hard to plan on, that just went out the window, and you try to draw them back together. That, that's hard, that's difficult as a teacher. (individual interview, March 8, 2017)

Resuming their duties following a restraint, co-researchers also had to deal with the return of the restrained student to the classroom. Judi recounted her frustration:

> I think the hardest part is having to restart the day with the student and forget. Because it's really hard to know that you've been struck by a student and have to treat them um, like nothing has happened. And that, that to me is very stressful. It's hard because, you, you, you know it's happened, but as a professional you can't, um, and I don't know very many other professions where um, you know, a customer would come in, cause ultimately my students are my customers. But if a customer kept coming in and spitting in my face, and I'm running a business that sells things, you know, I could tell 'em, 'I don't want your business.' And that's kind of a stressor as a teacher, is you can't tell that student you don't want their business anymore because you're mandated to treat them. You know, turn the other cheek so to speak. But it's hard when it's continual and it seems to be a perpetual problem that doesn't go away. (individual interview, April 24, 2017)

Mark reported having to change his plan following a restraint:

> Yeah, you know, I guess it depends on the kid and what time it is. You know, okay, now we'll go play checkers, you know. Uh, I mean really, who the hell's gonna go back to a lesson after some of this stuff? I mean, you just, it's difficult, it's sometimes impossible and, I mean, sometimes you don't do nothing after that class. That's just the way it is. (focus group, May 17, 2017)

Dan explained the disruption to his instructional time and personal life:

> It is very uh, time consuming and I think afterwards you uh, are looking at what things you have to repair, you have a responsibility to create a safe and secure environment in

> the classroom or inside the school. You have to repair that, you have to repair relationship with the student, you have to have a conversation, a conversation with parents and other um, stakeholders, and that is very time consuming and stressful. And that can't possibly not affect instruction, because you can't give that 100% of what it needs and meet the obligations of the classroom. And you try, like I do, you are up til 10 o'clock at night for days, uh, just over one single restraint trying to uh, meet all those needs and, and I try my best, but uh, I, I can't believe that uh, I'm a hundred percent myself trying to deliver instruction when I just, I have not come down myself or I'm still stressed. Uh, I will go through the motions, but uh, I know that I couldn't possibly be all that I was before the restraint. (focus group, May 17, 2017)

Interestingly, Austin recounted teaching while also performing a restraint:

> Um, you know, at times, like this year we gotta rearrange our schedule to provide like, opportunity for people that can be like, more flexible so that I can help with issues and restraints when needed and uh, you know, there are days that you just uh, you again, like I said, it just depends on the day. Like some days if it's knock down drag out you, I mean you just, your whole day is shot, you come back, your kids are, like Mark said, you know what, we're gonna play checkers, we're gonna color, we're gonna chill, like ya'll are gonna chill cause I need to chill. You know, and there's, there's other days, I, I remember there was one time I had a little guy, I can't remember which kid it was, but they were small, and they, they did something, they were trying, their point was to disrupt my class and not, you know, and they did something where they ended up in a restraint. I just kept teaching. I'm standing there holding a kid and you know,'What's your question?' 'Uh, uh, you need to turn to the next page.' You know, and just, I mean, and

> that was more to prove my point than anything else and it still did disrupt my classroom but, you know, it, like I said, it, that's the case to say it varies depending on the kid and the situation. (focus group, May 17, 2017)

Build your toolbox. While all the safety concerns were a top priority of the co-researchers, they were also highly sensitive to the need of having the right tools to do their job, including being able to avoid having to use physical restraints. Codes involving the tools these special education teachers use occurred 401 times. Self-reflection (55), avoiding a restraint (47), training (42), rapport (37), relationship building (35), and debriefing (33) had the highest instances of recurring codes related to tools. While Joy and Dan were the only two co-researchers to speak specifically regarding the word tools, the connotation of a toolbox allows the reader a visual representation of what these teachers value.

> But as I'm talking to teachers in general ed schools with general ed students, that don't have the tools in their toolkit that I am fortunate enough to have with these types of students, difficult students, they're seeing more and more of these behaviors. (Joy, individual interview, March 8, 2017)

Dan's thoughts on having tools:

> Absolutely, um more tools in your tool bag, I could probably teach a course to be honest (laughter), but uh, you know, uh I love to add things to my tool belt, but also um I have my own perspective on things, and it'd be nice to have a, you know, a policy or procedure in place from a district level to make me feel more comfortable, you know this is the protocol that I followed, and this is what we were taught to do, and it would make me feel more secure, and uh I'm always willing to add more tools to my tool belt. (Dan, individual interview, April 28, 2017)

Self-reflection and debriefing were important tools in helping the co-researchers learn from physical restraints while also assisting them in planning for future events, as well as how to avoid restraints. In some instances, the co-researchers have had to find strategies due to limitations of one kind or another. In the case of Mary, she had to consider her size, age, and gender.

> That, that's what this, that's what this whole thing is about also, is how to do it better. But then I've learned, I guess due to my age, and due to I'm not a male, and due to I'm not, I'm older and, and I'm little. You know, I've, I, I tried to figure out other techniques to use. So, definitely getting to know the kid. (Mary, individual interview, March 14, 2017)

Dorothy also had to consider her age and health:

> Um, due to my age and some of my physical limitations at times, I rarely do a physical, a full physical restraint. Um, mainly that's because the fear of me not being strong enough and actually getting in the way of another staff member who I'm trying to help. Normally what I'm able to do, and I was able to do this last week, take shoes off, watch another class. Um, now I will, if I see something going on, I will step in front and uh, try to either block 'em until somebody else can get there, but I just don't feel like . . . I feel like I'm more of a hindrance when it comes to the hands-on sometimes. And I don't want to mess up what the other staff members are doing. (individual interview, March 17, 2017)

While all co-researchers used some form of self-reflection to improve their practice, they reported being able to debrief with peers as one of the most important tools to use in learning from past restraints or avoiding future restraints. Mary explained it by stating, "That, that's what

this, that's what this whole thing is about also, is how to do it better" (individual interview, March 14, 2017). Austin shared that debriefing is also helpful in situations where students are familiar with restraints:

> A lot of times, if it's textbook, or if it's like an easy, easy restraint, you know, you go cool off for a minute, you go back to everyday business, but if something's unusual about it, or the kid, the kid surprises you somehow, um, you know, you try and sit and talk to people about what happened and how could you uh, have handled it differently, or what could you have done better, or worse, you know. Um, just to try and make sure in the next situation you don't find yourself in over your head. You, you get a lot of uh, repeat offenders at Horizon and some of them become used to the uh, the techniques, and you have to be prepared for them to try different things to get loose.

Eight of the co-researchers worked in a separate special education program for students with emotional and behavioral issues. However, the other two co-researchers worked in special education classrooms housed in general education settings. They both reported a lack of support in their buildings regarding assistance with restraints and debriefing opportunities leaving them with the need to further add to their toolboxes and sometimes grasp for what is available to combat the limited support. Mark reported having to depend on a student to go find help for him during a restraint situation:

> I'm in there by myself. I don't have an assistant. Uh, I had, uh, two kids in the room. Had to quickly weigh which is the most trustworthy to, to go to the office and say uh, uh, 'Mr. Mark needs the assistant principal in the room.' So, I get the kid, he goes down there and uh, apparently, he told someone on the way, and I've got this kid over, you know, back in the cool down area, restraining him. He's, he's struggling. He's

> struggling hard. And, and he's, he's big for a third grader, very athletic. And uh, she said, 'Do you, um, do you need any help?' And I said, 'I'm fine.' She said, 'Well I'm gonna just stand here and watch.' And I said, 'That's, that's fine.' And uh, if you yelled 'Team' there nobody in the world would know what you were saying. Uh, if I had not had those kids I would have had to drug him across the floor, and with my elbow, cause I wouldn't have been able to open a door, with my elbow hit uh, the thing for uh, calling the office. (debriefing interview, April 19, 2017)

Dan had a potentially dangerous situation during a fire drill where he and another staffer transported an acting out student back through the exiting crowd of general education students and teachers:

> Having space and um you know, the, the child was lashing out towards us, but the, the,We're trying to, um, people gave us space. Uh, they could see what's going on. Um, but there's concern about you know, um, moving a, moving a child, and uh, the halls being crowded, and people gave us our space. Um, and there was no one um, directing them. Uh, not a, the school doesn't have a system, its special ed people, folks are, they're trained in what to do and uh, uh, most people saw to get out of our way, so it wasn't much of a problem, but it was a, a concern because didn't want anybody curious to say, 'Hey, what's wrong buddy?' and get popped. (Dan, debrief interview, May 8, 2017)

In dangerous situations, the co-researchers relied on their training as one of the primary tools. However, some felt that the training was lacking or insufficient, while others felt it was adequate. Mark (individual interview, March 9, 2017) reported the training was too short and felt that more people should be trained in the general education setting. He and Joy (individual interview, March 8, 2017) both felt it was important to have repeated practice sessions

throughout the year. Frank reported that the training does not prepare people for the actual events:

> Well, the training is so different from the reality that I just sort of go through with it. It's, it's mainly to remind me of what to do to avoid restraints cause the actual hands on practice is so slow motion and unrealistic that, that doesn't help a whole lot. So, I, I focus on what I need to do on the front end to avoid them at this point. It helps with that. (individual interview, March 17, 2017)

Ken, Austin, and Judi pointed out some of the short-comings of the training:

> It provides a glimpse of what we're gonna, what we might face. But, does it really prepare us for it? No. No, because it's all a controlled environment, the training. And when you're actually dealing with a kid, it doesn't ever go the way it's supposed to go. The kid doesn't stand there and, and let you, doesn't let you do anything that you're supposed to do. You can try, you can attempt as much as you can. Yeah, aspects of it will go correct, but for the most part it just, the training, goes out the window sorta. Um, you know this is the way it's supposed to go, so that, that helps. It helps you, helps you with the guidelines where it's supposed to go, but it never goes that way. (Ken, individual interview, March 13, 2017)

Austin shared,

> Um, I think it's good. It's uh,well, um, the, the, ah, only qualm I have with it is that I do feel like it is somewhat idealized in that they give you the techniques and their like ok this is going to work every time, and, and it does work most of the time but there are some kids that are either used to the restraint techniques, or are big enough and strong

> enough that it's not supremely effective, and, and I would like to have something for those moments. (individual interview, March 17, 2017)

Judi acknowledged,

> Um, I have mixed feelings cause it's kinda hard to practice um, a restraint in a, because it doesn't always happen the way the text book says it's gonna happen. Because, you know, we practice with adults, and when you're dealing with a student that's fidget, fidgety, it's like wrestling a wild animal and there's no practice, real life practice to get you prepared for that. And just to be, you know, get in it and do it, and just, that's, that's where my perspective is. It's kinda like um, a child restraint. It's difficult to learn a child restraint unless you have a child because not all of us that we practice with are small enough where we can actually do the actual child restraint. Does that make sense? (individual interview, April 24, 2017)

Michael felt the training was spectacular (individual interview, March 17, 2017), while Mary had mixed feelings:

> Oh, it's, it's, I, I think it's spectacular. I mean, I, I, think that the, the two individuals that have done our, our CPI training are well knowledgeable. Now when I first started, um, actually I've had three different trainers. Um, when I first started, um, that first restraint was real difficult because, you know, I just, I didn't know what the heck I was doing, and it was more, uh, real stressful because, you know, I had to jump in and do something that I had never done before. But I did feel that, you know, I had the knowledge and, and it worked out well, I mean I did what I was supposed to do, and you know, but, no, I'm, I'm, I'm pleased, I'm pleased with it. (individual interview, March 17, 2017)

Mary revealed,

> Uh, I think it's good, even though I've had it a million times (laughter). It's still, you know, things do come up, questions do come up in my mind. It's, it's not like examples anymore. It's questions, believe it or not. Questions that come up in my mind where it's just a good reminder. You know, that, it's all, I look at 'em as refresher courses because I've had so many of 'em. You know, and I have learned from 'em, uh, from them. It's kinda hard when they switch the uh, with the holds or the restraints to something else cause I've done the other ones for so long. You know, where I'm like, 'Oh! Well they took that out, you know, I wish they hadn't done that.' Or you know, they present a new one, and unless I do it on a constant basis, it's not gonna stick. (individual interview, March 14, 2017)

In addition to the tools required to work with students and avoid physical restraints, co-researchers also had tools they used personally to cope with the physical and emotional stressors they encountered. As Joy and Mark previously reported, a physical restraint always leaves some form of hurt, whether it is minor aches and pains or a more serious injury requiring surgery. These physical stressors can take their toll and combine with the emotional stressors requiring coping skills. Codes examined as part of the building the toolbox included: physical stressors (43), emotional stressors (78), debriefing (33), self-reflection (55), and coping skills (30).

Interestingly, debriefing and self-reflection appeared in the toolbox in both the strategies for helping students and reducing restraints and staff coping skills. Other coping skills the co-researchers reported were using humor, positive self-talk, taking a walk, spending time with family, and taking time for themselves. These tools helped them to remain rationally detached in response to feelings of fear, anger, helplessness, frustration, and sadness experienced by the co-researchers concerning performing physical restraints.

> Humor. I try to use humor as much as possible. I try to remain positive, and I know it sounds crazy, but I try to self-talk positively. 'Ok, ok, we've got this, let's move on.' And, and that type of thing. Um, again, I do have to vent to someone that's trusted that understands, that I know will not go out and talk about it to anyone else cause these are special students and it's a special job that we have. Um, and I have a few select friends that get it cause they're in it as well. (Joy, individual interview, March 8, 2017)

Rational detachment is the ability to remain calm and not take acting out behavior personally (CPI, 2005). The use of rational detachment helps to look at each day as a new day and an opportunity to help students.

> Just letting it go at the end of the day. Just, it's another day. Each new day stays brand new and you can't hold grudges against the kids. Um, you just find something outside of school to do and relieve stress sometimes. (Ken, individual interview, March 13, 2017)

It is what it is. With the safety issues and tools the co-researchers work with, at the end of the day, their goals were to help their students and to go home safely. They harbored no ill will toward the students for their behavior and reported that stressors they experienced and roles that they played were part of doing business with students who have emotional and behavioral challenges. The co-researchers had also developed coping skills (30) to combat those stressors. The roles these co-researchers felt they fulfilled regarding physical restraints had 116 codes, and the codes for emotional and physical stressors brought on by restraints totaled 78 and 43 respectively. During Austin's individual interview, he stated, regarding physical restraint, "Um, it's just something that you have to do in order to keep everybody involved safe and uh, not something you ever want to do, but it's something that, it is what it is, it's part of the job"

(March 17, 2017). Similarly, Michael's response during the focus group discussion regarding roles echoed this sentiment:

> I always say that a kid has a tell, and then you know I, you know I said earlier on my part that typically mine go from zero to 60, but sometimes, you know, when you first do get that kid, it's figuring out what their tell is, and then hopefully, you know, I don't have to go from zero to 60 and I can figure out and try to de-escalate. But again, nine times out of 10 the type of kids that I get in my room don't have those skills to uh, to, to de-escalate. They're here for a reason and a lot of reason, nine times out of 10 again, is the reason is because they're violent or aggressive. So, it is what it is. (May 17, 2017)

The roles of the co-researchers varied. There were some who felt it was their role to get back to business (5), while others felt it was their role to maintain calm (10), and a few saw themselves as de-escalators (4). Discussions occurred regarding the role of innocent bystander (6), along with the roles of offensive coordinator (5), protector (2), and rapid responder (1). Other roles included team leader (4), traffic director (7), and most importantly, team player (11).

The role of team player seemed to be ingrained in the co-researchers. Austin explained the role of team player as,

> you gotta back your team, you gotta be there for your, your teammates. Cause you, maybe you want them to have your back and you gotta have theirs, so you know, it's, you gotta kinda train yourself to run towards danger and not away from it. (focus group, May 17, 2017)

Dorothy reports her role of finding ways to be a team player:

> Well a lot of times I'm the dummy going to look for somebody. Um, it depends on you know, where you are, what you're doing, and who it is. You know, are they kicking?

> You try to get their shoes off and let them kick, or um, they used to have me doing a lot of writing and scribing especially down there in the, in the tank, once we get 'em contained. Um, but mainly I'm watching other kids. I'm not that good, I don't feel that comfortable doing a restraint and I'm older, a lot older, and um, I'm afraid I'll be more of a hindrance sometimes than being able to actually hold the child. So,um, I tend to do whatever they ask me to do. (focus group, May 17, 2017)

While Judi was uncomfortable at times performing restraints, she still wanted to fill a role to support her team:

> Ok, mine, during the restraint, I've been included as part of a restraint, maybe not the lead, I usually, I bump Austin. I would give up my position in a restraint in a heartbeat, when I, if it's a bigger student. I know we had a high school student that was tall, very rambunctious, that I helped to begin because she had a device that she was using to hurt herself and gave up my place in a heartbeat when I had an extra body come in. I do document frequently, um, things that are said, things that are done, um just that this needs to be documented. And, like today, today I was the gopher, because the student was being, uh, contained and a conference call on another problem child, cause this student was, number one, escalating behavior, tearing up cubicles, removing partitions, and um, then when he left the building, I had to do the same thing, interrupt, so. . . (focus group, May 17, 2017)

For Michael, the team player role involves more:

> We have all worked together for what, at least five plus years. You know, and so we all have gotten to know each other. We, we, and you can by, by, shoot, I can tell by looking at Austin, even like if we were doing a, a restraint, ok it's time to go down. Or like when

> I was working with Mark, uh it's time to bring him up. You know, it's, we all have gotten to know these facial cues and what's bothering 'em and what's not bothering 'em. And so, it's, it's those are the aspects. We've all become a family. (focus group, May 17, 2017)

Having the support of a team is one of the primary ways co-researchers reported being able to cope with the emotional and physical stressors of physical restraints. Conversely, the two co-researchers housed in general education settings felt having the support of a team was something that would have been beneficial as discussed previously regarding lack of support.

While co-researchers reported the emotional and physical stressors involved with restraints were part of the job, they each had developed coping skills to alleviate the stress. While debriefing and self-reflection were two primary coping skills, Mark used going home as a coping skill during a restraint:

> I'm gonna go home, and uh, so, you know, I get comfortable and most of the times, my mind relaxes, and I've just learned to do that. And, you know, a lot of times I do them and I, I'll stand there with my eyes closed. I mean cause I can feel everything that's happening anyway, so I don't necessarily always need to look. And I, I just relax, and uh, and it's the I'm gonna go home, and, and part of that is to, you know I could spew off stuff later on, but not right then. (debriefing interview, April 19, 2017)

Similarly, Austin explained it as, "just try to think about other things, and you know, go to your happy place" (debriefing interview, May 11, 2017), while Ken (individual interview, March 13, 2017) previously stated each day is a new day. Dan (debriefing interview, May 8, 2017) utilized meeting objectives and following routines until he could reach a point in his day to decompress.

As previously stated, Joy (individual interview, March 8, 2017) found her way to cope using humor and positive self-talk.

In addition to these coping skills, co-researchers also had other ways of combating the stressors. Austin (individual interview, March 17, 2017) included spending time with students who had positive behaviors. Several co-researchers also listed going for a walk to manage the stress. Judi combined a strategy she teaches her students and a different perspective by stating, "I do what I tell my students. Take deep breaths and the best thing is for me, as I keep telling myself, is I don't go home with these kids every day" (individual interview, April 24, 2017). Frank felt his coping skills had become second nature:

> Well it's probably the coping skills I used to use until they became hardwired, which um, that's kinda tough to say what they are. (chuckles) Um, well, I just know that the student has an emotional disturbance and the, I'm not the person they're really angry with, that's, it could be just their life situation or another caregiver somewhere who is causing trouble for them, and I'm just the person being acted out on, and I've gone over that so many times in my mind that it's just second nature. (individual interview, March 17, 2017)

Research Questions

The analysis of the data gathered from individual interviews, debriefing interviews, and the focus group provided answers to the research questions grounded in this study. Additionally, the theoretical framework linked to each research question along with the themes provided a rich discussion for the research questions.

Central research question - What are the experiences of special education teachers involved in the physical restraint of students? The experiences of special education teachers involved in the physical restraint of students varied. However, the central research question

encompassed all three themes. The primary concerns were the safety of the student, the staff, and others. Interestingly, all co-researchers had suffered harm by acting out students and had required medical treatment at some point in their career. At one point during the focus group (May 17, 2017) it was pointed out that everyone in the room had an on the job injury (OJI). Michael even jokingly suggested that it was a club, the OJI club. He and Ken shared a story about a medical facility the school district previously contracted with to treat OJI. It had a separate room, and a designated file cabinet labeled "Horizon" for the employees because the injuries were so frequent and numerous. While these remarks sparked laughter, it is no laughing matter as Michael reminded us,

> I mean, like I said, I mean physically it, it, it's hurt me. I'm, I'm having a fusion on the back and I will no longer be able to bend like normal people because of the job of restraining. So, but, I'd do it all over again. (focus group, May 17, 2017)

Each co-researcher shared their perspective regarding the use of physical restraint on acting out students during their individual interviews. The consensus was that it was necessary to keep people safe. Joy saw it as a necessary evil (March 8, 2017). Mark stated, "It's, need, at times it's needed, um, to keep people safe, um to keep students safe, and uh, (pause) it's needed" (March 9, 2017). Ken explained it is a last resort and, "not something we enjoy (pause) doing. It's uh, unfortunate, it's a nature, it's the nature of this job, sometimes" (March 13, 2017). Mary stated, "I don't like to use it but in, it, it's used for what it's used for, safety" (March 14, 2017). Austin saw it as, "it's just something that you have to do in order to keep everybody involved safe and uh, not something you ever want to do, but it's something that, it is what it is, it's part of the job" (March 17, 2017). Michael also saw it as a last a resort (March 17, 2017). Dorothy also saw it as necessary due to the dangerous behavior of the students. "It's a way to make sure that

safety is maintained at school, basically" (March 17, 2017). Frank concurred, "That's the only reason to use it, to keep the kids safe or the staff safe from harm" (March 17, 2017). Judi's perspective was that there were merits of the use of physical restraint for safety (April 24, 2017). Dan explained his mixed feelings:

> I believe it's something uh, to be used as a last resort and I think it's something in this day and age and makes me feel a little uncomfortable, but I have to say perhaps I'm more comfortable than most because, uh, is because I've done a lot of research and I'm very confident in uh, my knowledge and in uh, my abilites but, I think about it. I believe it is something that is necessary and, but something that makes me feel a little insecure given the culture and climate and how things might be misinterpreted, um. (individual interview, April 28, 2017)

Keep everyone safe. The theme of safety permeates the data collection. From the individual interviews to the debriefing interviews, to the focus group, the conversation always returned to safety. It was interesting to note that each co-researcher put the safety of students and co-workers before their safety. This does not mean they were not concerned about their safety, but that they were more concerned with the safety of others.

> Many of the students that I deal with uh are emotionally disturbed or uh attention seeking. There's a balance in between both and um often times they can get beyond themselves, whether they meant to or not, and for their safety and for the safety of others there has to be a restraint put in place in order to prevent them from taking it to the next level. (Joy, individual interview, March 08, 2017)

Austin touched on the feelings of caution for the safety of the student and himself that can accompany a restraint:

> Um, just trying to get into a situation where you can do it as safely as possible. Um, make sure there's, you know, not stuff around that the kid's gonna hurt themself on or hurt you with. Um, make sure that like ever, I mean, you know, you just want to make sure that you can do it as best you can at that point cause you know you're going to have to and you don't want to, you don't want it to be any worse than it has to be. (debriefing interview, May 22, 2017)

Dan discussed the feelings of concern he experienced when called in to an unsafe and unknown situation:

> I would like to add that my call in that situation . . . is the safety of everybody. I'm called, I'm called to somebody else's room and I survey the environment and I'm looking for safety. What can be used as a weapon? What students are involved? What's feeding the situation, but, and who do I need to remove from the situation to de-escalate? (focus group, May 17, 2017)

An interesting view on the broader impact of safety from the use of physical restraints came from Mark:

> Without it, uh, it would, it would, it would have a direct effect on uh, the outer limits of the school. The police, the police would be bogged down, uh, the courts would be bogged down. So, uh, you know, it doesn't just affect these people right in here, it uh, if you didn't have it, it would directly affect the safety of individuals out there. That's my belief. If you weren't doing restraints, these kids are running around creating havoc. Uh, you would have teachers uh, in, in the hospitals constantly. You'd have other students in the uh, hospitals constantly. You'd have a, uh, police presence down here, and I'm not talking about one individual, but multiple cars, uh, in, in certain schools, and uh, which

> would take away from their presence within the community, and, and, yeah, I mean it would uh, it would go outside of the school community into the community surrounding the school. (individual interview, March 9, 2017)

***Build your toolbox*.** Along with safety, the tools needed to keep everyone safe were significant. One of the most commonly discussed tools was de-escalation. While a common discussion, the methods of de-escalation varied. Joy reported using verbal de-escalation:

> You, I use, I try to talk to students, you know, just have a conversation with them. 'Why are you feeling this way?' 'What can I do to help you?' Um, love and logic, talk to them, this is what I need you to do, this is what I'll do for you if you do this, but we've gotta calm down. (individual interview, March 8, 2017)

Along with verbal de-escalation is the possibility of having a physical outlet for the student:

> Um, just talking to the kids. Talking them down. Um, letting them um, blow off steam. That's where property destruction, you have to, it's a fine line with uh, with property destruction. Uh, sometimes they just need to do that. If it's tearing off, tearing pieces of paper, or whatever, um or it's yours, they just need to do that to get it off, whatever their issue is that day. Um, but, just letting them, just keeping them safe, keeping everybody else safe. Um trying to talk to them if possible, and then you don't talk to them too much. Taking them outside and, and letting them blow off steam whether it's picking up a um, log and throwing it around the playground or a, or a bench. Throwing it around. Just let them take out their anger on an inanimate object instead of somebody. (Ken, individual interview, March 13, 2017)

Of particular note was the need to begin de-escalation as early as possible by focusing on the early warning signs of the student:

> Because I think all of our students, especially here, exhibit some (early warning signs), and in the regular, regular school setting. There are warning signs. There are mannerisms, clenching the fists, you can tell by the facial expressions. You can tell by the lack of facial expressions and just blank stares. Um, it just depends on the student and it does vary by student. (Judi, individual interview, April 24, 2017)

Dan shared,

> awareness of the child when he first walks in, the mood that they're in, to uh picking up on the clues, uh awareness of what's going on in the environment in my classroom, and outside, just, just an awareness really, inside and outside the classroom, picking up on um those verbal and nonverbal cues, uh you know see that the anxiety is building and uh intervene. (individual interview, April 28, 2017)

Michael acknowledged,

> I always say that a kid has a tell, and then you know I, you know I said earlier on my part that typically mine go from zero to 60, but sometimes, you know, when you first do get that kid, it's figuring out what their tell is, and then hopefully, you know, I don't have to go from zero to 60 and I can figure out and try to de-escalate. (focus group, May 17, 2017)

Along with knowledge of students' early warning signs was the importance of avoiding power struggles:

> Um, well a lot of it is just avoiding power struggles and now knowing when they begin. Cause I'm not saying I'm immune to having power struggles, but when I first started I was more likely to not . . . see the early warning signs and to go further into the struggle and at this point I, I know it exact, when it starts I can see the power struggle begin

> immediately and just remember that. Stop. Try something new. (Frank, individual interview, March 17, 2017)

Dorothy added,

> I'm learning how to cut up with them a little more, which I think's gonna be important. I'm learning how to really ask myself, is this something I really need to pursue, cause I know it's gonna piss 'em off, um. (individual interview, March 17, 2017)

Dorothy also mentioned humor or "cutting up" and Michael used humor as a de-escalation tool as well:

> Then um, I mean there are times when you can talk them down. I use uh, I use, a lot of times I use humor to de-escalate, because a lot of the kids, especially this year, uh humor I found with, with a lot of them, the aggressive ones, um will work. (individual interview, March 17, 2017)

Another de-escalation tool used by Mary was the group meeting which included her students and an educational assistant:

> I tried to figure out other techniques to use. So, definitely getting to know the kid. Group meetings, they're, they're kind of like informal group meetings, but the kids, the kids know what I do, and, and I've had to do it due to the fact that we don't, there's time constraints. So, when we talk to a new kid, or talk to a kid like, that, that uh had the problem, I talk to 'em in the classroom, usually Miss Connie's with me, and I, and we clarify things. And I'll say, 'Miss Connie do you have any questions, you know, to ask 'em?' Because sometimes I'm going in one direction and she may be going in another. Not, not very often, cause we know each other pretty well, so. But that's uh, that's def, a definite. You know, it's like, ok, how to avoid this, we don't, what, you, you, process –

> great, restraint was short, but how do we, how do we avoid it? How do we stop it before? What can I do for you, that it, so it doesn't continue to occur? (individual interview, March 14, 2017)

While the co-researchers were well versed in the tools they used to de-escalate, they agreed that it did not always work and that sometimes they had to be able to know that de-escalation was no longer an option, which is a tool in and of itself.

> And um, I also knew that he was getting ready, he was, his eyes were moving around. He was looking for a way around me. And so, I knew I wasn't going to be able to de-escalate at that point. He wasn't following directives. (Dan, debriefing interview, May 8, 2017)

Mark shared,

> He was very calculated in what he did. He, he was upset, but he still, there was a plan there. He waited until the assistant principal left. He waited til I was alone, and he decided to make his play. (Mark, debriefing interview, April 19, 2017)

It is what it is. Co-researchers were very concerned with safety and with having the tools to avoid restraints. However, their rational detachment and self-reflection are what allowed them to look inside themselves to return to work following a restraint or maintain a group of students before, during, and after a restraint. Joy reported, "I'm covering students, make sure everything continues to roll, business as usual for the rest of us" (focus group, May 17, 2017). Michael also stated debriefing and self-reflection were part of doing business (focus group, May 17, 2017). Austin shared in the focus group that sometimes there are surprises, but it does not take away from the fact that it is an opportunity to learn and possibly avoid a recurrence:

> A lot of times, if it's textbook, or if it's like an easy, easy restraint, you know, you go cool off for a minute, you go back to everyday business, but if something's unusual about

> it, or the kid, the kid surprises you somehow, um, you know, you try and sit and talk to people about what happened and how could you uh, have handled it differently, or what could you have done better, or worse, you know. Um, just to try and make sure in the next situation you don't find yourself in over your head. (May 17, 2017)

When asked if a restraint was traumatic or just part of doing business, Frank replied:

> Twenty-nine years of restraints, the trauma is, only occurs maybe with a large student, maybe from the high school who outweighs me, and that I know in my mind could actually hurt me. Cause I knew that this child would have a very difficult time hurting me with punches so there was no trauma involved. (debriefing interview, May 18, 2017)

The concern for safety and the de-escalation methods relied heavily on knowing the student or building a relationship with the student. This is where most co-researchers found their self-efficacy and self-determination. This can range from knowing what issues a student has outside of school that may affect them during the school day such as Dan with his student who attempted to leave the school (debriefing interview, May 8, 2017), to Mark using a restraint to forge a relationship with the student to prevent future restraints:

> I believe, uh, with some children, uh it can cause, and, and I try to do this later on in talking and working with them, it can cause a bond between. You've got a special bond that nobody else has with that child. And it can be good. Depending on how you do it, how you react, how you talk later on, during restraint, after the restraint, all that. (debriefing interview, April 19, 2017)

Other forms of self-efficacy and self-determination on the part of the co-researchers included problem solving or feeling the need to solve the puzzle that was the students' behavior. Three co-researchers explained:

> I look at ‘em like little puzzles, and yeah, when I can’t, when I can’t make the connection, which is sometimes, it’s usually once a year if not more, or, yeah. I always wanna, it’s like a puzzle that I wanna figure out. (Mary, individual interview, March 14, 2017)

Dan shared,

> I like puzzles, I pick up on uh patterns and I like to figure things out and sometimes I, I perceive these problems as riddles and challenges or things to, to, to overcome or figure out and uh, I’m pretty good at it, pretty good at it. (individual interview, April 28, 2017)

Mark stated,

> Shoot, I’m good at it. It’s uh, it’s fun. Not the restraint. Restraint’s not fun, not that. But uh, it’s kinda like putting, to me, it’s like putting a puzzle together, you know. Sometimes the pieces don’t fit so you kinda have to bang ‘em in there. Sometimes you’re missing pieces and so you just gotta make do, uh, but uh, the mind is, uh, you know, it’s, uh, uh, just an unknown frontier to me, and to be able to get in there and, and uh, uh, stop something is, it’s just pretty cool, I think. (individual interview, March 9, 2017)

Sub-research question one - What stressors do special educators experience from being involved in restraints? Co-researchers spoke about the emotional and physical stressors they experienced as part of participating in physical restraints. As previously noted by Joy and Mark, a person is always hurt by a restraint, even if it is only soreness and all co-researchers had experienced an on the job injury related to student behavior. The physical and emotional stressors were a concern for the co-researchers. These stressors combined for Joy when a student was acting out and using the restraint to garner attention.

> I was tired. Um, my muscles were actually, in my legs, twitching from trying to hold on and, and not budge with him. Then I had, then I just felt the need to make sure I got proper documentation while it was still fresh on my mind. Immediately called mom and had a conversation with her. On a personal level, I felt a little defeated, because I felt like we had made an awful lot of progress with this one. We had seen the regression coming, and I had set kind of a personal goal to not allow him to draw me into the restraint that he wanted. (debriefing interview, February 16, 2018)

These combined stressors affected Mark when he had no help on more than one restraint occasion (individual interview, March 9, 2017; debriefing interview, April 19, 2017). Mary also experienced the combined stressors even during what she termed a "clean restraint" (debriefing interview, May 3, 2017). This was due to her concern over a staff member who was unable to restrain as well as concerns for her safety when a student attempted to trip her during a transport. Ken discussed his combined stressors:

> (Pause) physically, just being injured, hurt, all the time. Whether it's being bit or kicked, or hit, or spit on, or whatever it may be. Um, just that it's a physically exhausting job to do. Um, mentally it's exhausting too because you're always on, on guard, or protecting yourself or somebody else. You're never, there's never a second you can just kick back and relax. You're always seeing what's gonna happen next. (individual interview, March 13, 2017)

Emotional stressors were not limited to concerns about safety. Co-researchers also reported the emotional stress related to feeling frustrated or angry with students.

> Worst one was one time we had a student who we were holding, um, in team control, and we had her in, I mean she was in there right, and again we were holding her the right way

> so that it was good and safe, so she managed to kind of work out and bite me in the knee, and it hurt really bad. And there was a nice little bite mark on my knee and it made me very angry and I got um, and uh, believe another staff member was right there and they traded places with me, so I could go to the (unintelligible). But that was the worst one to me because um, that was one of the few times I've felt genuinely angry to the point of, you know, being very upset with the kid. (Austin, individual interview, March 17, 2017)

Michael noted,

> You know, it's weird, as uh, as, as, as often as I've gotten hurt, cause I've gotten hurt quite a few times, you know, I, I, I try to think of it as the next day's a new day, and I try not to hold a grudge against the people that have physically harmed me. You know, it's, it's like, you know, a couple of the kids that have done physical damage to myself, you know, I, I, you know, I'll talk to them. I'll joke around with them, even after it happened. So, I don't have, I mean I try to put myself out of it, because I think of it as that, these kids sometimes, uh, since they are emotionally disturbed they do lose control and at times they don't know what they're doing so I try not to hold that against them. (individual interview, March 17, 2017)

Additionally, physical limitations caused emotional stress.

> My most recent. Um, due to my age and some of my physical limitations at times, I rarely do a physical, a full physical restraint. Um, mainly that's because the fear of me not being strong enough and actually getting in the way of another staff member who I'm trying to help. Normally what I'm able to do, and I was able to do this last week, take shoes off, watch another class. Um, now I will, if I see something going on, I will step in front and uh, try to either block 'em until somebody else can get there, but I just don't

> feel like, I feel like I'm more of a hindrance when it comes to the hands-on sometimes. And I don't want to mess up what the other staff members are doing. (Dorothy, individual interview, March 17, 2017)

Keep everyone safe. The co-researchers experienced a myriad of physical and emotional stressors, all primarily related to safety. When physical well-being was in jeopardy, it substantially increased the emotional stressors of the co-researchers. It did not matter if the physical well-being was in relation to the behavior of the student or a physical limitation of the co-researcher. An increase in emotional stressors still occurred.

Sub-research question two - How do special educators cope with the stressors that arise from being involved in restraints and does self-determination theory play a role? Co-researchers had many coping skills to deal with the emotional and physical stressors. These included debriefing with others or having someone who understands that they can talk to, self-reflection, maintaining a sense of humor, starting each day like it is brand new, taking time for themselves, walking, breathing exercises, and rational detachment. Other coping skills noted were having a plan for the future or a plan B, letting it all go and forgetting about it at the end of the workday, or focusing on the cause of the behavior and preventing future recurrences.

Self-determination theory played a major role in how the co-researchers coped with the emotional and physical stressors they experienced. A construct of self-determination theory is autonomy (Deci & Ryan, 2002). The toolbox is one of the most autonomous forms of coping. As the co-researchers further developed their toolboxes, they became increasingly more autonomous and self-actualized which enhanced their coping skills and furthered their capacity to address the challenges in their environments. As previously stated, SDT suggested that humans are growth-oriented, active, and will seek out and engage challenges in their

environments in attempts to actualize self-potential, capacity, and sensibility (Deci & Ryan, 2002).

***Build your toolbox*.** The tools these special educators use to avoid or limit the need for physical restraint are important. However, they must reserve some tools for themselves. It is critical to the emotional and physical well-being of the co-researchers that they have the tools to cope with the stressors they experience as they participate in physical restraints. The use of autonomous toolboxes also furthers the constructs found in self-determination theory. The use of rational detachment and self-reflection allowed the co-researchers to access self-determination as they engaged in the challenges in the environment presented by students with emotional and behavioral issues. Co-researchers saw their purpose as solving the puzzle of the student's behavior, building relationships with the students, and knowing the students well enough to prevent physical restraints whenever possible.

Sub-research question three - Why do special educators involved in the physical restraint of students remain in the profession? For many of the co-researchers, the reason for staying in the special education profession was that they felt they helped students, either by solving the puzzle related to student behavior, building relationships with students, or by teaching the student new skills. As previously discussed, these were also related to the co-researchers' sense of self-efficacy and self-determination. Two co-researchers reported they did not feel a need to remain in the special education profession and that it was just a job; however, they liked solving the puzzle, or the feeling of not giving up.

> Uh, just you, you gotta be determined to do the best you can in the situation given. Um, if you're not determined, self-determined, you just give up. Cause it's easy to do with this, very easy to give up, but you just can't, you can't give up. Cause it's a job and you

> don't want to let anybody else down. You have to always think of, 'If I'm not there, how's that going to effect the other, the other staff members?' (Ken, individual interview, March 13, 2017)

It is what it is. The common understanding by the co-researchers was that students with emotional or behavioral challenges are going to have acting out behavior. It is the nature of their field, and it is part of educating this population of children. With a combined total of 140 years of performing physical restraints, these co-researchers see physical restraints as part of doing business and are undaunted by the fact that sometimes they are necessary.

Sub-research question four - What are educators' thoughts regarding learning techniques that could be helpful in reducing the use of restraints? All co-researchers had an interest in learning techniques to help them reduce the use of the restraints. In addition to the techniques previously discussed such as various forms of de-escalation, Mary mentioned love and logic as a newly learned technique (individual interview, March 14, 2017). Also, of interest was having a district policy regarding physical restraints so that the co-researcher could make sure protocol was being followed (Dan, individual interview, April 28, 2017). Frank felt an observation during a physical restraint by someone knowledgeable in restraints to provide feedback would be helpful (individual interview, March 17, 2017).

Build your toolbox. Co-researchers were unanimous in their desire to learn anything to help them reduce the use of physical restraints. As Dan stated when asked about learning new techniques, "I'm always willing to add more tools to my tool belt. I'd be interested in learning more uh, of the stuff they wanted done" (individual interview, April 28, 2017).

Summary

This transcendental phenomenological study examined the experiences and perceptions of special educators who perform restraints on students with disabilities. Data were analyzed using Atlas.ti software for qualitative analysis. The coding during the data analysis identified three themes: (a) keep everyone safe, (b) build your toolbox, and (c) it is what it is. The study found that safety was the primary concern along with the need to use various strategies and techniques to either reduce or avoid the use of physical restraints. It also identified the co-researchers' significant levels of self-efficacy and self-determination that allowed them to remain in the profession while working with students experiencing emotional and behavioral challenges. The discussion guided the reader through the results of the research questions, and the themes and theoretical framework as they related to the questions.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to explore the experiences and perceptions of special education teachers participating in the physical restraints of students in a school district in Southeast Tennessee. The ten co-researchers involved in this study were state certified special education teachers, had a minimum of five years of experience in special education, and trained in the use of physical restraint. Data collection involved 10 individual interviews, 11 debriefing interviews, and a focus group that allowed for triangulation (Bloomberg & Volpe, 2012; Lincoln & Guba, 1985; Webb & Glesne, 1992) of the data. Data analysis used Atlas.ti software for horizonalization (Moustakas, 1994) of all transcripts and explored textural and structural descriptions through coding and the fusion of codes into themes.

The information contained in this chapter includes a summary of the findings as they relate to the research questions. A discussion of the findings and implications as they relate to the relevant literature and theory follows, along with the implications for theoretical, empirical, and practical use, the delimitations and limitations of the study, and recommendations for future research. Lastly, a summary provides the conclusion of the chapter.

Summary of the Findings

This section presents a concise summary of the findings for each research question. The following central research question and sub-questions guided this study:

Central Research Question - What are the Experiences of Special Education Teachers Involved in the Physical Restraint of Students?

The actual experiences of special education teachers participating in the physical restraint of students varied among co-researchers. The data analysis brought those experiences together

under the three common themes identified: (a) keep everyone safe, (b) build your toolbox, and (c) it is what it is. The co-researchers' experiences generated a primary concern for the safety of the students and staff. They also brought out the knowledge that implementation of restraint techniques, no matter how accurate, will result in staff walking away from the restraint with some form of hurt. This hurt may range from minor aches and pains to medical issues involving surgery on the physical side and an extensive variety of reactions on the emotional side.

Co-researchers were also anxious to avoid or reduce the use of restraint and employed a variety of strategies and techniques, to de-escalate or otherwise decrease the need for physical restraint to maintain safety. A few co-researchers referred to these as tools in the toolbox. These tools included knowing the student or building a relationship with the student, verbal de-escalation, avoiding power struggles, knowing students' early warning signs, and humor. Knowing when de-escalation was no longer an option was also a tool. In addition to the tools for avoiding physical restraint, the co-researchers carried tools as coping skills for themselves to deal with the emotional and physical stressors of the experiences. These coping tools included debriefing or being able to talk with someone with similar experiences, taking a walk, humor, spending time with loved ones, and self-reflection.

Rational detachment and the ability to remain calm and return to the job at hand was part of the theme, it is what it is. Co-researchers reported this as one of the more difficult challenges they faced, and even with the anger and frustration they sometimes experienced, they accepted it as part of doing business in their field. This same mindset also allowed the co-researchers to continue to build relationships with their students, reflect, and look at each new day as a new opportunity to solve the puzzles each student presented.

Sub-Research Question One – What Stressors do Special Educators Experience from Being Involved in Restraints?

Co-researchers reported a variety of both physical and emotional stressors due to restraints that related to the theme keep everyone safe. The physical stressors ranged from minor aches and pains to serious injuries requiring surgery. Two participants stated that performing a physical restraint always resulted in hurt of some kind, even if it is only soreness felt the next day. Another participant was about to undergo surgery to fuse part of his spine. All co-researchers had experienced an on the job injury due to student behavior and had sought medical treatment.

A gamut of emotional stressors included fear, anger, helplessness, frustration, and sadness. All co-researchers worried about the safety of the students and staff and put those fears above concerns for themselves. Even when the co-researcher themselves were in danger of being hurt, their primary concern was for the safety of others. For many of the co-researchers, the physical and emotional stressors combined. One co-researcher reported stopping during transport, so the student could not trip her because she was afraid she would fall on the student and break one of the student's bones. While that seems like a physical stressor, it is also very much an emotional stressor.

Sub-Research Question Two – How do special educators cope with the stressors that arise from being involved in restraints and does self-determination theory play a role?

Co-researchers included in their toolbox, not only skills to work with students, but also skills to help themselves cope with the physical and emotional stressors faced on the job. The opportunity to debrief or talk to someone with similar experiences was one of the key tools. Co-

researchers reported that talking with someone who does not share their experiences was not helpful because the other party could not understand the experience.

Other tools the co-researchers used as coping skills included the use of humor, taking a walk, spending time with family, letting it all go at the end of the day and starting over the next day, self-reflection, and rational detachment. The use of rational detachment and self-reflection allowed the co-researchers' use of self-determination to stand front and center as they attempted to engage and affect change in the challenges presented by students with emotional and behavioral issues. Co-researchers saw their purpose as solving the puzzle of the student's behavior, building relationships with the students, and knowing the students well enough to prevent physical restraints whenever possible.

Sub-Research Question Three – Why do special educators involved in the physical restraint of students remain in the profession?

While two co-researchers felt they remained in special education only because it was a job, all ten co-researchers reported that they felt they helped students by solving the puzzles presented by students' behavior and building relationships with students. They also experienced the feeling of not giving up and feelings related to self-efficacy and self-determination.

The theme, it is what it is, was discerned from the co-researchers' responses during their interviews, debriefings, and focus group. Phrases such as each day is a new day, it is what it is, and it is just part of doing business brought forth the common perspective that these special educators view physical restraints as a necessary part of the job, but they are only one part of the job. Co-researchers had 140 combined years of experience performing restraints with the least being three years and the most being 29 years. This statistic is significant in that student behavior often accounts for teachers leaving the profession.

Sub-Research Question Four – What are educator's thoughts regarding learning techniques that could be helpful in reducing the use of restraints?

Co-researchers were unanimous in their responses to questions regarding reducing the use of physical restraints. All of them held an interest in learning more and adding more tools to their toolbox. While one reported learning *Love and Logic* to reduce restraints, others focused on administrative support. This support included the creation of a district policy to make sure steps in a physical restraint remain consistent. One co-researcher felt the observation of physical restraints to provide feedback would be helpful. All trained in the use of physical restraints and reported using them as a last resort or only when necessary to keep everyone safe. All co-researchers felt they worked to use the tools within their toolbox to avoid physical restraint whenever possible.

Discussion

The discussion centers on the connections between current empirical research, the theoretical framework, and the study findings. These components lie within the themes of (a) keep everyone safe, (b) build your toolbox, and (c) it is what it is. These themes will add to the research regarding the use of physical restraints on students with disabilities. Physical restraints are dangerous and cause physical and emotional pain and suffering. The special education teachers who participate in the use of physical restraints need as much knowledge and experience as possible to limit further harm and reduce the need for physical restraints. Teachers with a number of successful tools in their toolboxes, both for students and themselves, operate at high levels of self-efficacy and self-determination.

Empirical Discussion

I discussed the three themes identified in the study related to the empirical research found in the review of the literature. Those themes are (a) keep everyone safe, (b) build your toolbox, and (c) it is what it is. Each theme provided a rich construct based on the empirical literature.

Keep everyone safe. The safety of everyone was the primary concern found in this study. While reports such as the NDRN's (2009, 2010, 2012) detailed harm that has occurred to students as the result of various types of restraints, including physical, it did not address the harm that educators and support staff experienced as part of the restraints. The position of NDRN (2009, 2010, 2012), CCBD (2009), CEC (2010) and CPI (2005) stipulated that restraints only be used if an immediate danger to the student or others existed, was further reinforced by all co-researchers in this study. As previously stated, co-researchers' perspectives on physical restraints were that restraint is used as a last resort and that it was necessary to keep everyone safe.

Schools include many people to keep safe. Students, teachers, paraprofessionals, and administrators are part of the school population. Studies have examined physical restraints in a variety of facilities from the perspective of children in psychiatric facilities (Petti et al., 2001; Steckley & Kendrick, 2008), students in a special education classroom (Magee & Ellis, 2001; Sellman, 2009), youth and staff in a juvenile detention center (Smith & Bowman, 2009), and administrators in a day treatment facility (Fogt et al., 2008). In the current study, I reported the experiences and perspectives of special education teachers who performed physical restraints on students with disabilities, the emotional and physical impact, what they do to avoid or reduce the use of restraints, and why they remain in the profession, which had all previously been missing from the literature.

The physical impact on the safety of the co-researchers who performed restraints is significant in that the hurts ranged from bumps and bruises to severe injuries requiring medical treatment, including surgery. Physical injury of restraint providers in an inpatient psychiatric facility for children accounted for 14% of the respondents in a study by Petti et al. (2001). The co-researchers in the current study reported 90% had experienced injury requiring medical treatment due to physical restraints and 100% had experienced an injury requiring medical treatment due to students' acting out behavior.

Training was an important factor in the positions of the NDRN (2009, 2010, 2012), CCBD (2009), CEC (2010) and CPI (2005). The USDOE (2012) required training to keep everyone safe in the event of a physical restraint. While most co-researchers in the current study felt the training they received was adequate and reported using CPI's (2005) child control, team control, transport, and verbal de-escalation, many felt the simulation in a controlled environment did not prepare them for the safety hazards of the real-life situations they had experienced. As one co-researcher stated:

> It provides a glimpse of what we're gonna, what we might face. But, does it really prepare us for it? No. No, because it's all a controlled environment, the training. And when you're actually dealing with a kid, it doesn't ever go the way it's supposed to go. The kid doesn't stand there and, and let you, doesn't let you do anything that you're supposed to do. You can try, you can attempt as much as you can. Yeah, aspects of it will go correct, but for the most part it just, the training, goes out the window sorta. Um, you know this is the way it's supposed to go, so that, that helps. It helps you, helps you with the guidelines where it's supposed to go, but it never goes that way. (Ken, individual interview, March 14, 2017)

The importance of verbal de-escalation training as part of avoiding restraints and keeping everyone safe was the position of NDRN (2009, 2010, 2012), CCBD (2009), and CEC (2010). The co-researchers did participate in verbal de-escalation training as part of CPI (2005), and all of them reported using some form of verbal de-escalation to prevent having to use physical restraint. There were concerns by some co-researchers that more training practice should be required, and more time should be spent training and practicing verbal de-escalation.

Build your toolbox. Beginning with simple tools such as ignoring or invoking a sense of humor, de-escalating a student is a significant section in the toolbox. The NDRN (2009, 2010, 2012), CCBD (2009), and CEC (2010) recommended verbal de-escalation training as part of avoiding restraints and keeping everyone safe. All co-researchers in the current study reported using some form of verbal de-escalation to calm the student and prevent or avoid physical restraints and received verbal-de-escalation training (CPI, 2005) as well. However, not all of their tools come from training.

> The trainers, have done well with, with going over things that we use. But a lot of it is, is techniques that I've learned over the years, you know. Uh, I mean they can only teach you so much, but, again, and every child is different and so, you know, what works for one kid may not work for another. And so, it's, sometimes it's just, it's things that I've picked up over the course of, I think, what, fif if, I think I'm, this is my 15th year. So, it's just things that I've picked up over 15 years. (Michael, individual interview, March 17, 2017)

As part of verbal de-escalation CPI (2005) recommends awareness of para-verbal communication skills which have been successful in calming children experiencing emotional crises in previous studies (Heimlich, 1980, 1981, 1987; McDonnell, 1979). Para-verbal

communication skills include monitoring the tone, cadence, and volume of one's voice during a crisis (CPI, 2005). Mark explained, "It comes from your voice, what you say, the way you hold yourself, the way you approach 'em, and uh, and it works" (individual interview, March 9, 2017). Mark also addressed proxemics and kinesics in his statement. Proxemics is the combination of posture, position, and respect for personal space (CPI, 2005; Prabhu, 2010; Preston, 2005). Kinesics is the use of body language and facial expressions. The three of these combined, para-verbal communication skills, proxemics, and kinesics, are all part of the verbal de-escalation toolkit and support the adage, it's not what you say, it's how you say it.

Other toolbox items the co-researchers reported revolved around knowing the students and the relationships that have, or have not, developed between the co-researcher and the student. These included avoiding power struggles and being aware of students' early warning signs. Co-researchers did not report training in these areas but seemed to have learned primarily through experience:

> I catch the students' behavior uh, just from being aware of what's going on and watching their mannerisms so that I alleviate any need for it. Not to say that a restraint isn't ever needed, but I think there's a, that's a first step, is to, being aware of student behavior. . . . but there may be other, you know, restraints used because they're not watching the warning signs. Because I think all of our students, especially here, exhibit some, and in the regular, regular school setting. There are warning signs. There are mannerisms, clenching the fists, you can tell by the facial expressions. You can tell by the lack of facial expressions and just blank stares. Um, it just depends on the student and it does vary by student so. (Judi, individual interview, April 24, 2017)

While co-researchers in the current study seemed to have garnered some restraint reduction/avoidance techniques through experience, there are training programs and initiatives with reported success. Some promising ideas to reduce physical restraints include key strategies (Azeem et al., 2011) in an inpatient setting, using *The Power of Positive Parenting* and CPI at foster care facilities (Crosland et al., 2008), and errorless compliance training in the reduction of physical restraints (Ducharme et al., 2010). Other strategies identified by the research include increased staff training in de-escalation procedures (Holstead et al., 2010; Miller et al., 2006), special response staff teams, debriefing procedures (Holstead et al., 2010), implementation of programs such as the *Teaching-Family Model* (Jones & Timbers, 2003), fixed time release training (Luiselli, 2008; Luiselli et al., 2006), or training in restraint fading (Luiselli, 2008). However, none of these programs or initiatives focused on early warning signs and eliminating the need for restraint as early as recognizing a facial expression or mannerism such as a clenched fist. As Mary stated, "Uh, I'd rather be proactive rather than reactive" (individual interview, March 14, 2017).

While the toolbox is an important part of reducing restraints and working with students, special educators need to have coping skills and stress reduction techniques. As noted in the literature, special education teachers suffer higher attrition rates than teachers in general education (Andrews & Brown, 2015; Conley & You, 2017; Ingersoll, 2001; Mitchell & Arnold, 2004; Nichols & Sosnowsky, 2002). Special educator attrition and retention studies cited working conditions, such as student behavior (Curtis, 2012; Fernet et al., 2012; Harrell, 2004; Jennett et al., 2003; Mitchell & Arnold, 2004; Ross et al., 2012), and a lack of support from administration in dealing with those student behaviors (Hastings & Brown, 2002). Special education teachers of students with emotional and behavioral challenges were even more likely

to experience stress leading to burnout and high turnover rates (Conley &You, 2017; Kokkinos & Davazoglou, 2009).

Richards (2012) reported teachers using coping mechanisms such as friend and family support, a sense of humor, time to be alone, seeing stress as a problem to be solved, a personal belief in success, and a positive outlook. The co-researchers in the current study reported debriefing or talking to someone who has experienced similar situations as one of the most helpful coping skills.

> Oh yes, every, you have to do uh, a debriefing. Well, you have to do a debriefing after everything. You, you, it, it helps you to improve. Um, and it helps you to check out from what the situation was. It helps you look and say where can I improve? Where did I go wrong? Where did I go right? Cause that's important. A lot of people want to talk about where, look about, or review, 'Where did I go wrong?' But I like to look at what did I do right so that I can repeat that again next time. (Ken, individual interview, March 13, 2017)

It is interesting to note that while these co-researchers valued debriefing, there was no formal process or requirement for it. Other coping mechanisms reported by co-researchers included having a sense of humor, taking time to themselves, going for walks, self-reflection, positive self-talk, spending time with family, and seeing each day as a new day to confront the physical and emotional stressors of their profession.

It is what it is. Studies were found that reported the effects of physical restraint on adult patients (Chien et al., 2005; Cunningham et al., 2003; Jones & Kroese, 2007) and geriatric patients (Kwok et al., 2012). Other studies examined the effects of physical restraint on children in psychiatric facilities (Petti et al., 2001; Steckley & Kendrick, 2008), students in a special

education classroom (Magee & Ellis, 2001; Sellman, 2009), youth and staff in a juvenile detention center (Smith & Bowman, 2009), and administrators in a day treatment facility (Fogt et al., 2008). I reviewed many studies related to perspectives and effects of physical restraint in the nursing profession (Bigwood & Crowe, 2008; Cunningham et al., 2003; Hamers et al., 2009; Janelli et al., 2006; Lane & Harrington, 2011; Moran et al., 2009; Perkins et al., 2012; Petti et al., 2001; Sequeira & Halstead, 2004). While no previous studies looked at the perspectives of special education teachers regarding physical restraints, the theme that emerged from a study involving nursing staff who performed physical restraints was, "it's part of the job, but it spoils the job" (Bigwood & Crowe, 2008, p. 219).

The co-researchers in the current study did not discuss physical restraint concerning "spoiling the job." These co-researchers reported it was part of doing business in their profession, or "it is what it is" (Austin, individual interview, March 17, 2017; Michael, focus group, May 17, 2017). While teachers who perform restraints face significant behavioral issues such as hitting, kicking, biting, throwing items, or self-injurious attempts such as head banging by students (Villani et al., 2012), the co-researchers tended to focus on keeping everyone safe and moving the student forward away from the behavior by connecting and working to find what would help the student.

> Uh, young boy that was very smart young boy and he was new to our school and he would frequently act out and his behavior um escalated to the point to where he would uh put scissors to his throat uh or threaten to hurt himself and uh in order to control the situation and the function of his behavior was uh he was seeking control of his environment, as a lot of young boys, this is really important to them and he grew up in an environment where he didn't have much control and uh maybe punishment was overused,

> wasn't uh, didn't respond to traditional punitive measures or authoritative responses uh uh, he, he needed a softer touch um, but uh, responding, I can remember being called for a restraint, not restraint, a crisis, and uh when I arrived in the room the young boy was, uh goodness, (unintelligible) standing on a chair, had scissors to his throat, it's been a while back um the details are a little vague, but I believe he was a danger to himself and he was lashing out. I remember it being a little tight space and um and I remember, um real quickly putting him in a restraint, cause uh, for his own protection and of course he uh, he struggled and um, struggle is uh, and he was saying somethings you wouldn't expect to hear from a young child, um and this, he was, he had a lot of energy (laughter) for a young child, he had a lot of energy and uh, and when he finally calmed down, I used that uh, that time to connect and talk to him but in that situation he needed a lot more than just that, that conversation. We ended up trying to connect him with some help that he needed, and he ended up with a stay at (a local hospital). (Dan, individual interview, April 28, 2017)

These connections, along with building relationships and rapport with students allowed the co-researchers to approach each day as a new day and move forward with helping students.

> Special ed was always my calling. Students that needed that extra help, students with disabilities, that type of thing. I've always had a heartbeat for them. Was there a time, maybe five, six years ago that behavior, I thought, was not going to be my forte any longer? Yes. But as I'm talking to teachers in general ed schools with general ed students, that don't have the tools in their toolkit that I am fortunate enough to have with these types of students, difficult students, they're seeing more and more of these behaviors. And, so I find it comforting that I am in a profession as a special educator

> where I'm able to do a little bit more and work a little bit more in depth with these students than if I had a room full, with five or six that were bouncing off the walls. That, to me, that would be overwhelming. And I, I mean I, feel for them. So, no, I have to stay in special ed. (Joy, individual interview, March 8, 2017)

Link to Theoretical Framework

Keep everyone safe. Self-efficacy theory and self-determination theory share common traits. Grounded in these theories are the constructs of facing challenges and overcoming adversity, setting, and achieving goals, a need for autonomy, and a desire to succeed while helping others. Whether co-researchers were performing restraints or de-escalating a student, their primary goals were to keep everyone safe and help the student. This goal of safety and to help the students coincides with self-determination theory that humans are growth-oriented, active, and will seek out and engage challenges in their environments to actualize self-potential, capacity, and sensibility (Deci & Ryan, 2002). It also reinforced the following regarding self-efficacy theory:

> Efficacy beliefs influence whether people think erratically or strategically, optimistically or pessimistically, what courses of action they choose to pursue, the goals they set for themselves and their commitment to them; how much effort they put forth in given endeavors; the outcomes they expect their efforts to produce; how long they persevere in the face of obstacles; their resilience to adversity; how much stress and depression they experience in coping with taxing environmental demands; and the accomplishments they realize. (Bandura, 2000, p. 75)

The co-researchers in the current study engaged with the challenges in their environment and sought out ways to help students in the process. While it was not always simple or easy, the

co-researchers continued to remain committed to their goal of keep everyone safe while self-reflecting and building on their potential to help the students they serve.

Build your toolbox. The toolbox and the drive to continue to build or add to the toolbox is a cornerstone of both self-efficacy theory and self-determination theory. As previously stated these two theories share commonalities of autonomy and motivation. The toolbox is a highly autonomous part of the schema of each co-researcher along with the motivation to learn new strategies or methods to avoid or reduce the use of physical restraint while also maintaining a balance in their own lives through coping skills.

Self-determination theory posits that autonomy, combined with homonomy, or integration with others, is either enhanced or limited by social-contextual environmental factors (Deci & Ryan, 2002). In the case of the co-researchers in the current study, the importance of having co-workers to debrief with (homonomy) was one of the tools that helped them cope with the negative student behaviors in the environment while also allowing them to review their choices and actions and learn from them to prevent restraints in the future.

> Yeah, it's very helpful cause um, it, it reassures us that we did the right thing, that we're all on the same page, that there wasn't anything different we could have done. Um, and, and obviously sometimes there is things different we could have done, and we just use that to improve our practices for the next time. (Ken, debriefing interview, May 1, 2017)

Self-determination theory further recognizes that these challenges in the environment can lead to actualizing self-potential to meet the needs found in the environment (Deci & Ryan, 2002). Co-researchers were self-actualized by the intrinsic nature of recognizing the need to build their toolbox to maintain a safe environment. They were also self-actualized by realizations that the tools they had were working in some instances.

> Well, depending on the student and what the situation is, um, there's one student that I had that was just a little fit pitcher, and he wanted so badly to be restrained and he wanted to waller on the floor and take his shoes off and throw them at us, and, and we found that if we ignored him it drove him crazy. And that was awesome, because you're not in a restraint, you know, 10 times a day, you're ignoring it, and finally he gets up and gets in his chair and says, 'Ok, fine I'll do it.' Or he can sit in the floor and waller. He's not hurting anyone. He's not hurting himself. He's annoying, but ok that, that doesn't behoove a restraint. (Joy, individual interview, March 8, 2017)

This idea was also further reinforcement of self-efficacy theory where one's actions are capable of producing desired results or forestalling negative outcomes (Bandura, 2001).

It is what it is. The intrinsic motivation required to remain in a profession requiring the physical restraint of acting out children, along with the accompanying negative behaviors experienced by these professionals is significant to self-efficacy theory and self-determination theory. The belief in one's self is the backbone of the belief in one's ability to bring about results as posited by self-efficacy theory (Bandura, 2000). As the co-researchers have sought to build their capacity and add to their toolbox, so have they used the challenges and adversity they faced as motivation to succeed and help others, which relates to self-determination (Deci & Ryan, 2002). The ability to remain rationally detached, work through their frustrations, emotions, and limitations to keep everyone safe, build their toolbox, and remain in a profession in service to others further support the theoretical framework of self-efficacy theory and self-determination theory.

Implications

Implications arose from this study. The inclusion of empirical, theoretical and practical implications allow the reader to navigate through this section.

Empirical

In this study, I examined a wide variety of perspectives and effects regarding physical restraint. As previously stated, these included adult patients (Chien et al., 2005; Cunningham et al., 2003; Jones & Kroese, 2007), geriatric patients (Kwok et al., 2012), children in psychiatric facilities (Petti et al., 2001; Steckley & Kendrick, 2008), students in a special education classroom (Magee & Ellis, 2001; Sellman, 2009), youth and staff in a juvenile detention center (Smith & Bowman, 2009), administrators in a day treatment facility (Fogt et al., 2008), and the nursing profession (Bigwood & Crowe, 2008; Cunningham et al., 2003; Hamers et al., 2009; Janelli et al., 2006; Lane & Harrington, 2011; Moran et al., 2009; Perkins et al., 2012; Petti et al., 2001; Sequeira & Halstead, 2004). However, no studies existed that examined the experiences and perspectives of special education teachers who perform physical restraints. The current study adds to the gap in the literature regarding the perspectives of special education teachers and their experiences with physical restraints.

Theoretical

The implications for theoretical contributions exist with self-efficacy theory (Bandura, 2000) and self-determination theory (Deci & Ryan, 2002, 2008; Ryan & Deci, 2000b, 2006). As previously noted, these theories have common denominators of autonomy and motivation. For the co-researchers in this study, autonomy existed in the form of the toolbox and the relationships or rapport they developed individually with their students. The motivation was the need to keep everyone safe and help students. These two common prongs of the theories

combined with the growth-oriented nature (Deci & Ryan, 2002) the co-researchers had adopted along with their belief in their capabilities (Bandura, 2000) to support the tenants of self-efficacy theory and self-determination theory further.

Practical

I identified several practical areas to address. Teachers need training with a significant level of ongoing practice in physical restraint techniques. However, they also need specific training in techniques and strategies beyond physical restraint. All co-researchers reported being open to more training that would help reduce or avoid the use of physical restraint. While verbal de-escalation training exists, it is a small portion of the overall training the co-researchers received. Additionally, training that would raise the awareness of educators regarding early warning signs before the need for verbal de-escalation would be helpful in limiting the need for restraints proactively.

One area of concern addressed by two co-researchers was the lack of support for self-contained behavior classes in the general education setting. Districts should address having enough trained staff on the premises and in proximity to these self-contained classes to provide for the care, safety, and welfare of all (CPI, 2005).

Delimitations and Limitations

The researcher, to clarify the boundaries of the study (Bloomberg & Volpe, 2012), established delimitations. These included areas of the study related to location and sample. Limitations were areas the researcher had less control over, and that could have weakened the study (Bloomberg & Volpe, 2012). This establishment of boundaries required acknowledgment of limitations as part of the research process to reduce or minimize the impact on the study.

This study placed delimitations primarily on the co-researchers. The use of transcendental phenomenology required thick, descriptive data and non-random purposeful sampling of a specific population of co-researchers (Patton, 2002). Because the study focused on special educators' shared experiences involving the specific behavioral intervention of physical restraints of students with disabilities, the co-researchers had to be certified in the use of these restraints, worked with students who were physically restrained at times, and participated in these restraints. These special educators had a minimum of five years teaching experience due to the need for rich descriptive data that came from experience over time. The need for a minimum of five years of experience came from a study (Bigwood & Crowe, 2008) where novices to a profession who performed physical restraints followed the lead of veteran professionals regarding the physical restraints without really knowing or understanding why. This need applied to neophyte teachers following the lead of veteran teachers during restraints without the understanding, or the experience to translate these events into rich descriptive data.

Limitations for this study included difficulty in transferability from one setting to another due to the limited nature of focusing on one school system and including only special educators who worked in classes dealing with emotional or behavioral issues exhibited by students with disabilities. Physical restraints also occur in other public schools in the U.S. that may not operate under the same laws or guidelines as the district chosen for this study. Additionally, students with disabilities encompass a wide variety of challenges that are not all behavioral; however, the focus of this study related only to those behaviors that may result in physical restraint.

Recommendations for Future Research

While this study addressed a gap in the research surrounding special education teachers and the physical restraint of students with disabilities, there is more to learn. Studies addressing the topic in public schools and the field of special education are limited. Both further qualitative and quantitative methods are needed to effect change in the use of physical restraints. Additional transcendental phenomenological studies could be conducted to discern perspectives from populations such as special education teachers of students with other disabilities (intellectual disability, speech and language impairments, learning disability, and so on), the students themselves, administrators, general education teachers, paraprofessionals or education support staff, and parents. Instruments such as Myers Briggs personality inventory could be used to identify further traits of special education teachers who perform physical restraints on students and remain in the profession and possible correlations between them for quantitative research. Future research could also address what districts with low incidences of physical restraints are doing to keep those numbers down or what districts with high incidences of physical restraints could do to reduce those numbers.

Summary

In this study, I explored the experiences of special education teachers who perform restraints on students with disabilities. Ten teachers certified in the field of special education with a minimum of five years of experience participated as co-researchers. Data was collected through individual interviews, debriefing interviews, and a focus group. It was analyzed using Atlas.ti software and three themes emerged: (a) keep everyone safe, (b) build your toolbox, and (c) it is what it is. These themes were situated in the theoretical constructs of both self-efficacy theory and self-determination theory.

This study found that these co-researchers believed that while physical restraint was sometimes necessary, it was a last resort to keep everyone safe. This finding addressed an empirical gap in the literature regarding special educators and their perspective of physical restraints. Implications exist for additional training and practice of physical restraints along with training for proactive strategies to reduce the use of physical restraints and a need for districts to expand this training beyond those few who serve students with emotional and behavioral challenges.

The literature review showed that attrition in the field of special education is significant. However, it is important to note that the co-researchers in the current study, with 140 years of combined physical restraint experience, felt called to use the tools they had gained in service to students who may become dangerous to themselves or others.

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APPENDICES

Appendix A: Institutional Review Board Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

8/11/2016

Stephanie Laymon
IRB Approval 2592.081116: Experiences of Special Education Teachers Performing Physical Restraints Involving Students with Disabilities: A Transcendental Phenomenological Study

Dear Stephanie Laymon,

We are pleased to inform you that your study has been approved by the Liberty IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

[redacted]

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School

LIBERTY
UNIVERSITY.
Liberty University | Training Champions for Christ since 1971

Appendix B: Email Invitation from the Director of Exceptional Education

Email Invitation from the Director of Exceptional Education for research study

You have been recommended to participate in a voluntary dissertation research study regarding special educators and the physical restraint of students with disabilities. You were chosen based on your certification as a special educator, years of experience, and the situations you encounter necessitating physical restraint of students with disabilities. Please read the attached letter for further information. Thank you for your time and we hope you will be able to participate in this research.

Appendix C: Recruitment Letter to Co-Researchers

Date:

[Recipient]

[Address 1]

[Address 2]

[Address 3]

Dear [Recipient]:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for an Educational Doctorate degree. The purpose of this research is to study the experiences of special education teachers involved in the physical restraint of students, identify the stressors caused from being involved in restraints, discover how special educators cope with those stressors, and why they remain in the profession. Additionally, the study will also gather special educators' thoughts regarding learning techniques that could be helpful in reducing the use of restraints. I am writing to invite you to participate in this research study.

If you are a licensed special education teacher with a minimum of five years of teaching experience and training in restraint procedures and are willing to participate, you will be asked to complete a demographic survey providing this information, and participate in an individual interview, focus group, and a debriefing interview following a restraint you perform. It should take approximately 2-3 hours for you to complete the procedures listed. Your participation will be completely anonymous, and no personal, identifying information will be required.

To participate, please reply to this email with your contact information, the completed Informed Consent Form for the demographic questionnaire, and the demographic questionnaire form. If you have any questions, please do not hesitate to contact me at the previously listed email address or at the number listed above.

I will select a purposeful sample of participants to continue in this study as a co-researcher. If you are selected as a co-researcher, a second informed consent document will be emailed to you upon receipt of your initial Informed Consent and the completed Demographic Questionnaire. This second informed consent must be completed and returned in order to schedule your individual interview. Once you receive it, please sign the second informed consent document and return it to me via scan and email, The Pony, or fax to 423-209-7741.

Sincerely,

Stephanie Laymon

Liberty University Doctoral Candidate

Appendix D: Informed Consent Form for Demographic Questionnaire

The Liberty University Institutional
Review Board has approved
this document for use from
8/11/2016 to 8/10/2017
Protocol # 2592.081116

INFORMED CONSENT FORM FOR DEMOGRAPHICS QUESTIONNAIRE

EXPERIENCES OF SPECIAL EDUCATION TEACHERS PERFORMING PHYSICAL RESTRAINTS INVOLVING STUDENTS WITH DISABILITIES: A TRANSCENDENTAL PHENOMENOLOGICAL STUDY

Stephanie Laymon
Liberty University
School of Education

You are invited to complete a demographic questionnaire for a research study of special educators who perform restraints on students with disabilities. You were selected to complete the demographic questionnaire to help identify possible participants who hold a state license in special education, are trained in the use of physical restraints, work in an environment where restraints are used, and have a minimum of 5 years of experience. Please read this form and ask any questions you may have before agreeing to complete the demographic questionnaire.

Stephanie Laymon, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information:

The purpose of the upcoming study is to discover the shared experiences of special education teachers involved in the physical restraint of students, identify the stressors caused from being involved in restraints, discover how special educators cope with those stressors, and understand why they remain in the profession. Additionally, the study will also present special educators' thoughts regarding learning techniques that could be helpful in reducing the use of restraints. I am writing to invite you to complete the demographic questionnaire as part of identifying those who meet the criteria to participate in this research study.

Procedures:

If you think you would be a qualified candidate for this study and would like to participate, I would ask you to do the following things:

1. Complete this informed consent form.
2. Complete the demographic questionnaire form – 15-20 minutes.
3. Return the completed informed consent and demographics questionnaire to Stephanie Laymon via scan and email or the Pony.

Risks and Benefits of being in the Study:

The risks involved in this study are no more than the participant would encounter in everyday life. However, if the research provides information that triggers the mandatory reporting requirements for child abuse/neglect, this will have to be followed according to legal and ethical principles.

Although there are no direct benefits to you as a participant in this study, the information gained from this study could broaden the knowledge base regarding special educators and the use of physical restraints and/or reduction in the use of restraints. As successful practices are learned and shared with others, students have the potential of benefit.

Compensation:

There will be no compensation for participating in this study.

Confidentiality:

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

Data stored electronically (including recordings) will be saved under password-protected files, will only be accessible to me, and will be subject to disposal by deletion after 3 years.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or you school district. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study:

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Contacts and Questions:

The researcher conducting this study is Stephanie Laymon. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at laymon_stephanie[redacted]or 423-580-7657. You may also contact the researcher's faculty advisor, Dr. Gail Collins, at glcollins2@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd, Green Hall Suite 1887, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information to keep for your records.

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to complete the demographic questionnaire as a possible participant in the study.

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

Appendix E: Demographic Questionnaire

Demographic Questionnaire

Please complete the following questions and return this document to Stephanie Laymon at one of the following: Scan and email to laymon_stephanie@[redacted]or return via the Pony.

Name: _____

Highest level of education completed: _____

Current educational certification(s): _____

Years of experience in special education: _____

Years of experience performing physical restraint: _____

Date of most recent restraint training (month/year): _____

Type of restraint training (choose all that apply): CPI _____ HWC_____

Current Estimated Use of Physical Restraint in the Classroom

Please place a check mark in only one choice that represents the best estimate for you:

	1 – 2 times	3 - 4 times	5 or more times
Daily			
Weekly			
Monthly			

.

If selected to continue in this study are you willing to participate as a co-researcher in the following:

- an individual interview,
- a focus group with other special education teachers who have participated in physical restraint,
- a complete debriefing interview each time that you are involved in a physical restraint over the course of the next 1 -2 semesters while this study is being conducted?

Yes ☐ No ☐

Appendix F: Informed Consent Form for Study Participation

INFORMED CONSENT FORM FOR CO-RESEARCHER

EXPERIENCES OF SPECIAL EDUCATION TEACHERS PERFORMING PHYSICAL RESTRAINTS INVOLVING STUDENTS WITH DISABILITIES: A TRANSCENDENTAL PHENOMENOLOGICAL STUDY

Stephanie Laymon
Liberty University
School of Education

You are invited to be in a research study of special educators who perform restraints on students with disabilities. You were selected as a possible participant because you hold a state license in special education, are trained in the use of physical restraints, work in an environment where restraints are used, and have a minimum of 5 years of experience. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

Stephanie Laymon, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information:

The purpose of this study is to discover the shared experiences of special education teachers involved in the physical restraint of students, identify the stressors caused from being involved in restraints, discover how special educators cope with those stressors, and why they remain in the profession. Additionally, the study will also present special educators' thoughts regarding learning techniques that could be helpful in reducing the use of restraints. I am writing to invite you to participate in this research study.

Procedures:

If you agree to be in this study, I would ask you to do the following things:

1. Participate in an individual interview which should take approximately 1 hour.
2. Participate in a focus group which should take approximately 1 – 1 ½ hours
3. Participate in a debriefing interview following a restraint you performed which should take approximately 30 minutes.

Your participation in this study will be completely confidential, and no personal identifying information will be used in the findings of the study.

All interviews, the focus group, and debriefings will be audio recorded.

Risks and Benefits of being in the Study:

The risks involved in this study are no more than the participant would encounter in everyday life. However, if the research provides information that triggers the mandatory reporting requirements for child abuse/neglect, this will have to be followed according to legal and ethical principles.

The benefits to participation includes being able to interact with other special educators who have performed physical restraints through a collaborative focus group discussion and possibly use the information gained to aide others in this same situation.

Compensation:

There will be no compensation for participating in this study.

Confidentiality:

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely and only the researcher will have access to the records.

Data stored electronically (including recordings) will be saved under password protected files, will only be accessible to me, and will be subject to disposal by deletion after 3 years. Recordings, once transcribed, will not be used for any additional purposes. Any paper copies of the data will be stored in a locked file cabinet in my home.

While confidentiality is a key aspect of the study, the use of a focus group to gather information means that I cannot ensure that participants/members of the group will maintain confidentiality and privacy.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or your school district. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study:

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Contacts and Questions:

The researcher conducting this study is Stephanie Laymon. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at laymon_stephanie@[redacted] or 423-580-7657. You may also contact the research's faculty advisor, Dr. Gail Collins at glcollins2@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Carter 134, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information to keep for your records.
Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

Appendix G: Permission to Adapt Two Interview Questions

Copy of Email Permission to Adapt Two Interview Questions

Re: Physical restraint study with S. Bigwood

Sunday, November 2, 2014
1:16 PM
Re: Physical restraint study with S. Bigwood
DELETE REPLY REPLY ALL FORWARD
CONTINUE EDITING DISCARD
Mark as unread
Marie Crowe <[redacted]
Mon 10/27/2014 7:56 PM
To:
Laymon, Stephanie Renee;
...
You replied on 10/29/2014 5:59 PM.
Hi Stephanie
That should be fine to use questions. Stu's email is stu.bigwood@cdhb.govt.nz
Nice to hear from you.
Marie
From: <Laymon>, Stephanie Renee <srlaymon@liberty.edu>
Date: Tuesday, 28 October 2014 12:44 PM
To: Marie Crowe <[redacted]
Subject: Physical restraint study with S. Bigwood

My name is Stephanie Laymon and I am a doctoral candidate at Liberty University, USA. I read your study, It's part of the job, but it spoils the job: A phenomenological study of physical restraint, published in 2008. I am doing a similar study involving special education teachers and would like permission to use 2 of your research questions from your study: My questions would be modified as follows:

Please describe your most recent physical restraint experience.

Please describe your worst physical restraint experience.

I am also attempting to contact the other author, Stuart Bigwood. I have been unsuccessful in locating an email address for him. Do you have an email address or other contact information for him? Thank you in advance for your assistance in this matter.

Inserted from
<https://pod51042.outlook.com/owa/#viewmodel=ReadMessageItem&ItemID=AAMkADExZTZiYmYxLTg4NzktNDQ4YS04NTFiLTM3MWRkMThiZjIwNABGAAAAAADw6VHEEsGFS5KtjiFvj3QxBwCD%2B%2FUj55VYQ6Ae22MuOc3EAAWm%2FXxuAACMkp47aHW4TaWquj1bp%2FeDAAEZ3%2BSwAAA%3D&ViewFilter=All&wid=68&ispopout=1>

RE: physical restraint study

Sunday, November 2, 2014
1:18 PM

RE: physical restraint study
DELETE REPLY REPLY ALL FORWARD
CONTINUE EDITING DISCARD
Mark as unread
Stu Bigwood <[redacted]>
Wed 10/29/2014 8:46 PM
To:
Laymon, Stephanie Renee;
...
You replied on 10/30/2014 2:57 PM.

Hi Stephanie,
Happy for you to use anything that might be useful.
Can you please share your findings with me if possible
Thanks
stu

Stu Bigwood
Director of Nursing
Specialist Mental Health Service
Canterbury district Health Board
Avon Admin Building 6
Hillmorton Hospital
P O Box 800 Christchurch
(03) 3377969 ext 33987
Mobile (027) 2765546

From: Laymon, Stephanie Renee [mailto:srlaymon@liberty.edu]
Sent: Thursday, 30 October 2014 11:09 a.m.
To: Stu Bigwood
Subject: physical restraint study

My name is Stephanie Laymon and I am a doctoral candidate at Liberty University, USA. I read your study, It's part of the job, but it spoils the job: A phenomenological study of physical restraint, published in 2008. I am doing a similar study involving special education teachers and would like permission to use 2 of your research questions from your study: My questions would be modified as follows:

Please describe your most recent physical restraint experience.

Please describe your worst physical restraint experience.

I emailed Dr. Crowe and received her permission along with your email address. If you would like a copy of her email I would be happy to forward it to you. Best wishes and thank you for any assistance you can provide in this matter.

Stephanie Laymon, Ed.S.

Inserted from
<https://pod51042.outlook.com/owa/#viewmodel=ReadMessageItem&ItemID=AAMkADExZTZiYmYxLTg4NzktNDQ4YS04NTFiLTM3MWRkMThiZjIwNABGAAAAAADw6VHEEsGFS5KtjiFvj3QxBwCD%2B%2FUj55VYQ6Ae22MuOc3EAAWm%2FXxuAACMkp47aHW4TaWquj1bp%2FeDAAEbdnzmAAA%3D&ViewFilter=All&wid=89&ispopout=1>

Appendix H: Permission to Use Figure 1

Copy of Email Permission to use Figure 1

RE: Copyright permission

Saturday, June 13, 2015
2:27 PM

Subject	**RE: Copyright permission**
From	LAYMON STEPHANIE
To	Deci, Edward
Sent	Wednesday, May 6, 2015 1:16 PM

It lists the two of you as copyright holders. Thank you so very much!

Sent via the Samsung GALAXY S®4, an AT&T 4G LTE smartphone

-------- Original message --------
From: "Deci, Edward"
Date:05/03/2015 4:36 PM (GMT-05:00)
To: LAYMON STEPHANIE
Cc: Richard Ryan
Subject: Re: Copyright permission

You certainly can have our permission. However, I don't think we hold the copyright. I think it is held by the University of Rochester Press. It should say on the back of the title page who owns the copyright. If it says we do, then you have our permission. If I† says it is held by the University of Rochester Press, or Boydell and Brewer, which owns U. of R. Press, then you could write to the U of R Press. I am pretty sure they would grant permission.
Ed Deci
From: LAYMON STEPHANIE <LAYMON_STEPHANIE@[redacted]>
Date: Sunday, May 3, 2015 at 4:19 PM
To: "Ryan, Richard" <richard.ryan@rochester.edu>, Edward Deci <deci@psych.rochester.edu>
Subject: Copyright permission

I hope that my requests to the two of you are not inconvenient. I would like to include your Self-Determination Continuum (Figure 1.1, page 16) in the Handbook of Self Determination Research in my dissertation. I am asking for your permission as the copyright holders to reprint this figure. Is there a process I need to complete in order to obtain permission? Thank you for your time and attention to this matter. I see self-determination theory in everything I do as a classroom teacher and its importance to my dissertation is undeniable.

Note – The copy right page for Deci, E. L., & Ryan, R. M. (2002). Handbook of self-determination research. Rochester, NY: The University of Rochester Press states:

Appendix I: Permission to Use CPI Pictures/Diagrams and Definitions

cpi

Permissions Letter

July 27, 2015

The following letter shall be evidence that Stephanie Laymon, as part of her dissertation *Experiences of Special Education Teachers Performing Physical Restraints Involving Students with Disabilities: A Transcendental Phenomenological Study,* from the Liberty University Education Doctorate in Educational Leadership, has been granted permission from the Crisis Prevention Institute, Inc. ("CPI") to use and reprint certain content owned by CPI. Specifically, the content to be used by Ms. Laymon shall include the following *Nonviolent Crisis Intervention*® program models and information including:

1. Crisis Development Model;
2. Verbal Escalation Continuum;
3. Supportive Stance;
4. Nonverbal/Paraverbal Communication;
5. Precipitating Factors, Rational Detachment, Integrated Experience;
6. Personal Safety/Disengagement;
7. Nonviolent Physical Crisis Intervention/Holding Skills;
8. Staff Fear and Anxiety; and
9. Postvention;

defined herein as (the "Material") and attached hereto.

Ms. Laymon may copy, and publicly display the Material as part of her published dissertation: *Experiences of Special Education Teachers Performing Physical Restraints Involving Students with Disabilities: A Transcendental Phenomenological Study* (the "Purpose). The Purpose shall extend only to academic publications. At no time shall the Material be offered to the public by sale, lease or lending.

The permission granted herein shall be a non-exclusive and extend only to the Purpose. All right, title and interest in and to the Material not explicitly granted as part of this permission shall remain with CPI including the right in any derivative work developed using the Material.

The parties agree to the terms of this permission of the date written above.

[redacted]

Stephanie Laymon, Student

Daniel Gugala, CPI General Counsel

The "Material" full list:

Diagrams/pictures:
Child control
Team control
Transport
Supportive stance

Definitions/responses:
Anxiety
Defensive
Directive
Acting-out person
Tension reduction
Nonverbal behavior
Proxemics
Kinesics
Supportive stance
Paraverbal communication
Verbal intervention/verbal escalation continuum
Questioning
Refusal
Release
Intimidation
Limit setting
Empathic listening
Precipitating factors
Rational detachment
Integrated experience
Unproductive fear and anxiety
Freezing
Overreacting
Responding inappropriately
Productive reactions of fear and anxiety
Speed/strength increase
Sensory acuity increase
Decreased reaction time
Defensive strike
Grab

Appendix J: Individual Interview Questions

1. What is your perspective regarding the use of physical restraint in your position as a special education teacher?
2. What behaviors typically lead to a physical restraint?
3. Please describe your most recent physical restraint experience.
4. Please describe your worst physical restraint experience.
5. What stressors do you experience related to physical restraints both physical and emotional?
6. What coping skills do you utilize to deal with these stressors?
7. What techniques or strategies do you employ to attempt to avoid or reduce the use of physical restraint?
8. What is your perspective regarding the physical restraint training you receive?
9. What interest would you have in learning techniques to reduce the use of physical restraints?
10. What motivates you to remain in the special education profession given the student behaviors that lead to restraints?

Appendix K: Focus Group Open-ended Questions

1. What role(s) do you find yourself fulfilling before a restraint?
2. What role(s) do you find yourself fulfilling during a restraint?
3. What role(s) do you find yourself fulfilling after a restraint?
4. What impact does physical restraint have on the day-to-day operations of the classroom/school?

Appendix L: Debriefing Open-ended Interview Questions

1. Please describe what you experienced before the restraint began.
2. Please describe what you experienced during the restraint.
3. Please describe what you experienced after the restraint.

Appendix M: Reflexive Journal/Memoing

DB 1

Joy has such a difficult job. Her students come in to her classroom and spend several weeks almost 1:1 with her and the classroom assistant. They build a relationship and begin to help the student acclimate to a very different situation from what he is used to: limits that are explained and enforced, but also practiced repeatedly until the student has shown they understand and can comply with classroom expectations. Then the student is transitioned slowly into other classes with other teachers (for example the student may begin by going out to the math classroom for a week). During this time, the student is beginning to practice the new skills learned in Joy's class and generalize them to other areas of the school. This can be difficult especially for younger students and especially for those students with high levels of need for attention. Then Joy has to work to change her relationship with the student so that she becomes a positive reinforcer and not a full time babysitter because the student is trying to get back to the comfort of her classroom where he knows all the expectations and can meet them.

DB 10

Dan has developed scanning and processing skills related to the physical areas he serves. If he had not been aware of his students and the physical locations, he could have been confronted with some very dangerous situations. He also goes beyond working with his students and works with parents/guardians to help develop home/school connections where are invaluable in working with children.

DB 2

I learned from Mark that the restraint itself can be used to plan for future situations. While he is in the restraint, he is learning how the child behaves in the situation and uses it to plan for the next time the student may become a danger to self or others. I have also experienced the "closing my eyes" and thinking about going home when a restraint is going on for longer than a couple of minutes. It can seem like ages when you are standing there holding a struggling child, and this co-researcher's situation, where this often no back up, would be difficult to deal with.

DB 3

Ken seemed to be driving the intervention as they had dealt with the student for quite a while that day. I have concerns that the "business as usual" attitude is masking a deeper frustration or burn out.

DB 4

Mary has many years of experience and she didn't let this restraint phase her very much other than her concern for co-workers. This restraint was one that was totally avoidable in my opinion and I had previously been in the room attempting to de-escalate the situation. The other teacher was being more confrontational than the situation required. Number 4 and I were just the unlucky bystanders who had to complete the restraint to protect a teacher who could not restraint, but who was escalating the situation.

DB 5

Austin is involved in quite a few restraints in the work environment. He was more disenchanted with the situation than frustrated, upset, or hurt. He knew the parent was on the way and that he just had to be there with the student for safety reasons until the parent arrived. I have been in this place as well, and it is almost a sense of boredom with the situation itself as you feel there are other move valuable things you could be spending your time on. However, if there is any chance in a situation like this to build rapport, it is something that can be salvaged from the negativity.

Co-researcher #5 was involved in 2 restraints during the course of this study. His second one, he was more of an observer and helper rather than a full participant. We discussed some of the roles that a person may play during a restraint and that extra person to mind the head or the feet is often a key role in keeping everyone safe.

DB 6

Michael was not allowed to do restraints at the time of this occurrence due to recovering from a surgery. He was frustrated when another co-worker and myself took the child away from him as he was attempting to restraint. I felt that this was an avoidable restraint and I had been in the room once attempting to de-escalate the situation. Number 6 was being very confrontational with the student rather than our usual practice of giving a directive and then stepping back to give the student time to process. It is very easy to get caught up in the power struggle with a student when they do not respond exactly as you tell them to. Learning to accept approximations of the behavior can forestall a lot of negative consequences. The student was quiet and that should have been acceptable. There was no need to further badger him to sit up.

DB 7

Dorothy has great concern for her team members and for the students who may not be able to get out of the room before a restraint begins. She reported in her previous interview that she is often the observer and not always involved in the restraint. She takes this role very serious and scans the environment wary for anything that could cause a problem as the situation escalates. This is an important role to play as those involved in the restraint cannot

always scan for every eventuality. Being able to move chairs or furniture out of the way or a group of children to the other side of the room can be pivotal in staving off injuries or further issues that could cause more escalation.

DB 8

Frank speaks about knowing he will have a student next year and thinking of this restraint as an opportunity to establish expectations for this student. Unlike encounters with the police where once you are restrained and taken to jail you may only ever encounter that officer in the courtroom, teachers in special education know that a student may very well be their responsibility for several years (Elem k-5, Middle 6-8, High 9-12) and that every interaction is an opportunity to build that relationship and develop rapport.

DB 9

Judi is very frustrated by what she experiences. I agree that it is very sad and frustrating when there is no support at home. Sometimes it is because the parents themselves don't have the skills, or a grandparent has found themself in a situation where they are raising a grandchild and they are struggling, but at times there are parents who just do not have a sense of how important it is to set limits and consequences with their child. These are the children we struggle with the most because they have no reason to comply with any requests or expectations. Physical restraints cannot be imposed for non-compliance and are only used as a last resort when safety is in question. This means that until the child is trying to hurt someone (self or others) there are no means of dealing with gamey behavior (behavior designed to elicit a response, e.g., pushing books off a shelf, pushing a table or chairs across the room, rolling in the hallway). Also, many students know what behavior will and will not result in a restraint so they know just how far to push the gamey behavior.

IndInt1

Joy is very vested in her craft. She looks for opportunities to practice restraints with her team and uses debriefing and self-reflection to build de-escalation techniques. I also use debriefing and self-reflection and feel that they work to reduce restraints. She is also in the work for the long haul. She understands that the changes to behavior can take months of intensive intervention before results can be seen. I believe this as well. It is a necessary mind-set for special education teachers to recognize that a lot of work and effort can result in only the smallest of gains, but the gains must be celebrated and then the work has to continue. Her students' successes are her successes.

IndInt10

Dan and I share a lot of similarities. We believe in having a Plan B just in case things don't work out. We also believe in developing those relationships with students so that we can help them through their crisis situation or avoid a crisis all together.

IndInt2

Mark reminds me that often our awareness of our surroundings are very important. Areas in the classroom that could be dangerous, items that could be weapons, playing out scenarios in your head before they happent to avoid a restraint or know how you are going to proceed if the need for a restraint occurs. These are all important things to keep in mind as you work with challenging students. Is there such a thing as too much experience? Have #2's experiences made him jaded, burnt out? Clarify his statement - "hit up to 21 kids", means he had a class of 21, not that he actually physically hit 21 kids. A significant lack of training and lack of support were noted by #2 during his time in Nashville. I can relate to this as my first year in special education I was placed in a high school class of students who could become very violent in August of the school year and didn't receive my restraint training until October. Unlike #2 the staff around me was highly trained and were able to step in if an incident required a restraint. However, it was still very scary to feel unable to protect myself should the need arise.

IndInt3

Ken was very difficult to interview. He appears to be suffering from burnout and was leaving the program at the end of the school year for a different position. His answers regarding coping skills were somewhat short. He also was very terse and had difficulty giving more than just the briefest of answers to the questions. My attempts to draw him out were unsuccessful. I am glad he found another position, I hope this will bring him some peace of mind so that he can be less stressed as he is a good teacher. It is difficult to interview someone you have known for a long time and see how much they are struggling to maintain their composure when they are clearly frustrated, overwhelmed, burnt out. Number 3 was correct in that sometimes you do have to let students "blow off steam" and property damage does occur during this, but it is better than damage to staff or students.

IndInt4

Mary reminded me of how psychologically impactful a student's restraint can be. When they relive a trauma during a restraint it is painful to witness and your heart and mind are never the same again. The reflective side of me knows that once this happens I then have greater insight into the student and what may or may not lead to behaviors requiring a restraint. I also have had an opportunity given to me to work to develop a rapport with the student and more awareness of what may trigger unexpected behaviors in the student. I also felt her use of the word "reassess" was more appropriate than what we often use, which is reflect. Reflect, to means, means to think about it, but reassess means to think about it and look at how you can change it, in my personal opinion.

IndInt5

Austin has the second least amount of experience, although 9 years is a significant amount of time. He is very much aware of his students and his strengths he can use to help them. This is very important when dealing with children who have emotional/behavioral challenges. I find my patience and my ability to wait them out are strengths for me and often unexpected by the students as many of them are used to their behavior causing immediate reactions from adults. I have found that by not reacting, the students then began to question the effectiveness of their behavior. Once they are questioning themselves, they begin to make changes. Sometimes this means the behavior will get worse before it gets better as they begin to test the limits of what they have previously done to get their way. Each child has a menu of behaviors they run through when they are frustrated or angry. When their first go to behavior doesn't work, they have another one ready to try. For example, a student sits under a table when he is frustrated. In the past this has garnered him a response from a teacher or adult and they have attempted to cajole, negotiate, or physically remove the student from under the table. This either gives the student what he wants or provides him with another reason to continue his behavior, or move to a more intensive behavior. By not responding to the student, I remove the power of his behavior. This may make him move to another behavior and "up the ante" such as trying to turn the table over. Again, as long as the area is clear of other students, I will ignore the behavior and not respond. Usually after 1 or 2 behaviors that have been ignored the student will start to try and engage verbally. My response is, "I cannot speak to you while you are acting out. Once you return the table and have a seat, we can have a conversation." The student may try another behavior on their menu at this point in which case I will continue to be non-responsive as long as there is no danger to the student or others, but many students will comply because in the end, what they were really after was attention.

IndInt6

Michael reminds me that our childhood years shape us in many ways. As a child with behavior issues, he grew up to want to give back to children who also struggle with behavior. I haven't found the link between my childhood and what I do now. I was a fairly well behaved child with parents who believed in limit setting, consistency, and were good parents. Perhaps that is my link, to share what I had that so many of these children do not. Definitely more to dwell on here. This participant is also aware of his strengths and has made it a point, as his health has become more prohibitive in performing restraints, to find other ways to help children de-escalate. This is actually a good thing in my book because the best restraint is no restraint. I much prefer to de-escalate rather than restrain.

IndInt7

I am concerned about Dorothy. Her age and physical abilities limit her during dangerous situations with students. Additionally, she never spoke about building a rapport or relationships with students. She also seems to feel she is not "part of the team", however "the

team" is her favorite thing about the job. At times, when I have been injured or unable to restrain for some reason, I have felt overwhelming emotional stress due to the fact that I might not be able to stop a student from harming themselves or others. I have never felt that I was a hindrance because if I am not able to do a restraint, I stay out of the way.

IndInt8

Frank has some great philosophies. He isn't an enforcer, he is there to help. His many years of experience and his desire to actually help students leads him to reflect on his own actions and work to reduce the need for restraints. This is very similar to my own philosophies and I hope to learn more from this co-researcher.

IndInt9

Judi believes in rules, structure, and being up front with her students so that they quickly understand the limits in her classroom. She focuses on the systemic issues of court and legal implications for students as one of her concerns. She is also concerned about students' homelife and how it impacts their behavior. I take home life and culture into my practice with students and try to reach them through all of the "noise" surrounding them. It isn't easy and that's where structure and routine, as well as clear expectations can help. Once students begin to realize they are safe and they know what is expected, it is easier to develop the rapport and relationship you need to have with them to enact positive change.

Appendix N: Enumeration Table

Enumeration Table

Final Themes	Code Groups	Code appearances	Open-Code
Keep Everyone Safe	Safety	23	Antecedents Assault w/ weapon Avoid restraint Broader impact Child Control Elopement Escort hitting Injury of co-researcher kicking Medical Treatment Physical Injury Physical stressors Property Damage Safety of others Safety of Self Safety of Student Self-injury Simulation vs. real life Team Control

			Training Transport Weapons
Keep Everyone Safe Build Your Toolbox	Debrief	3	Debriefing Lack of support Self-Reflection
Keep Everyone Safe Build Your Toolbox	ReducePR	7	Debriefing Ignoring Lack of support Rapport Relationship Building Self-Reflection Training

	Training	12	Debriefing Escort Ignoring Lack of support Physical Injury Rapport Relationship Building Safety of others Safety of Self Safety of Student Simulation vs. real life Training
Build Your Toolbox	Self-Efficacy (SE)	4	Ignoring SE forestall negative results SE positive results Self-Reflection
Build Your Toolbox	Self-Determination (SDT)	2	SDT propogate sense of self Self-Reflection
It is what it is	Attrition	3	Burnout Lack of support Physical Injury

Build your Toolbox	Stressors	19	Assault w/ weapon Burnout Child Control Elopement Emotional Stressors hitting Injury of co-researcher kicking Lack of support Medical Treatment Physical Injury Physical stressors Property Damage Safety of others Safety of Self Safety of Student Team Control Training Weapons
Keep Everyone Safe	Physical Aggression	4	Antecedents Assault w/ weapon hitting kicking

Build your Toolbox	Relationships	5	Rapport Relationship Building Safety of others Safety of Self Safety of Student
Build your Toolbox	Experience - have to have	25	Avoid restraint Broader impact Burnout Coping Skills Debriefing Emotional Stressors Injury of co-researcher Lack of support Medical Treatment Observer Physical Injury Physical stressors Property Damage Rapport Relationship Building Restraint perspective Safety of others Safety of Self Safety of Student

			SDT propogate sense of self SE forestall negative results SE positive results Self-Reflection Simulation vs. real life Training
Build your Toolbox	Tool box	9	Ignoring Limit setting Observer Offensive Coordinator Protector Rapid Response Rapport Relationship Building Tells

Keep Everyone Safe Build Your Toolbox	Roles	12	Confront Behavior De-escalator Innocent Bystander law enforcement Limit setting Observer Offensive Coordinator Protector Rapid Response Teachable Moment Team Player Traffic Director

Appendix O: Audit Trail Log

Date	Task
2/1/2016	Obtained district approval to conduct study
8/11/2016	IRB approval received
3/9/16-4/30/16	Peer review of interview questions, focus group questions, and debriefing interview questions
8/25/2016	Met with the Director of Exceptional Education, began pilot study and requested recruitment list
9/12/2016	Received recruitment list
10/6/2016	Distributed recruitment letter/consent forms
10/7/16-04/28/17	Consent forms received, began scheduling interviews, debriefing interviews, and focus group
3/8/17-2/16/18	Completed Individual Interviews, Debriefing Interviews, and Focus Group
3/9/17 - 2/20/18	Transcribed Individual Interviews, Debriefing Interviews, and Focus Group
3/9/17-2/28/18	Member checks for accuracy
03/10/18-05/26/18	Atlas.ti© document upload, code and analyze
6/7/2018	Peer debriefing with review of data analysis and findings