From Coercive to Strength-Based Intervention: Responding to the Needs of Children in Pain

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Executive Summary

For two centuries, there have been attempts to eliminate coercive discipline practices in education and treatment. Now, a new positive psychology of youth development has identified the strengths and supports which lead to resilient outcomes. But if children's needs are not met, they can show a range of emotional and behavioral problems.

Recent clinical and brain studies indicate that troubled children and youth are reacting to distressing life circumstances with "pain-based behavior." Those who deal with such behavior often lack the necessary skills to prevent and manage crisis situations. Instead, pain-based behavior is met with coercive interventions. Among the most controversial behavior management practices are restraint and seclusion. Debates about these methods reflect three different viewpoints: humanistic values, research findings, and practice reality. Effective interventions should be consistent with all three perspectives.

An Inventory of Behavioral Interventions with troubled children and youth is presented. This shows a polarization between coercive and strength-based philosophies. In spite of research on the ineffectiveness of coercion, such practices persist and are believed by many to be essential for maintaining order and discipline. The antidote to coercion is training in strength-based restorative methods. Such training must provide the specific positive skills necessary to transform adversarial relationships and climates. Since treatment philosophies cascade down from leadership levels through staff to the youth being served, training should orient all stakeholders to strength-based approaches. The key components of such a training curriculum are presented.

Children and youth in conflict need positive guidance and support from concerned and competent individuals. This requires the creation of respectful relationships and group climates. Among the most crucial skills are strategies to prevent and de-escalate conflict. Yet research suggests that up to 90% of youth professionals do not consider themselves adequately prepared to handle serious crisis situations (Dawson, 2003). Those who feel threatened by difficult behavior either react with hostility or retreat from relationships. In particular, when children become defiant or physically aggressive, conflict cycles can easily escalate into volatile confrontations.

At the core of all emotional and behavioral problems are unmet needs (Sternberg, 1999). Yet it is often difficult to recognize or respond to these needs because disruptive behavior seems to call for "extreme interventions." To maintain safety, order, and discipline, a variety of coercive interventions are widely employed in settings serving troubled youth. This article examines the routine use of coercive methods with particular attention to physical restraint and seclusion. Specific strength-based alternatives are proposed to meet the needs of our most challenging youth.

Historical Perspectives

Concerns about punitive treatment of troubled persons are not new. Attempts to eliminate such practices were hallmarks of the mental health movement of the mid-nineteenth century (Bockhoven, 1956). Under the banner of "moral treatment," idealistic young physicians rejected authoritarian models and founded the first mental hospitals. Treating patients as partners, doctors worked on the front lines to create positive living and learning communities. They saw their primary mission as forging a close interpersonal alliance that would eliminate the need for depersonalized and punitive methods. Similar progressive philosophies marked the *Wandervogel* youth movement in early twentieth century Europe. Wayward youth were seen as having positive potentials, and restorative relationships replaced punishment. A prominent leader of this movement was Karl Wilker, who transformed Germany's most oppressive youth institution. In 1920 he wrote:

> What we want to achieve in our work with young people is to find and strengthen the positive and healthy elements, no matter how deeply they are hidden. We enthusiastically believe in the existence of those elements even in the seemingly worst of our adolescents. (p. 69)

Strength-building reformers apparently were successful in eliminating coercive methods. Moral treatment virtually ended restraint and locked isolation in mental hospitals. It created a climate of hope where most patients were able to heal and return to the community (Menninger, 1959). Similar progress was documented in programs for troubled youth world-wide as punitive models gave way to systems of self-governance (Liepmann, 1928). However, such reforms were short-lived, only to be followed by the return to repressive climates. Three factors sabotaged progressive ideas:

- Traditionally authoritarian cultures resisted alternative methods.
- There was limited research on positive youth development.
- There were no programs to train professionals in positive methods.

A noted historian of mental health chronicled how the positive spirit of the "moral treatment" movement had vanished by the mid-twentieth century

(Bockhoven, 1956). Pessimism replaced optimism, and the prevailing opinion was that troubled persons could not be trusted but needed to be kept under strict control. Staff maintained a high pitch of alertness to spot any sign of impending violence. This mindset was like vigilance against an attacking enemy and sparked distrust between helpers and clients. Similar adversarial climates are common in many current programs for youth.

Controversies about Coercion

Although coercive methods are widely used, they continue to be controversial. A debate has been raging since the *Hartford Courant* in Connecticut published a 1998 exposé documenting 150 restraint-related deaths of both children and adults in care-giving agencies (Mullen, 2000). This prompted professional organizations to re-examine practices of restraint and seclusion. For example, the American Academy of Child and Adolescent Psychiatry (AACAP, 2002) published a special journal issue on management of aggressive behavior focusing on the topic of restraint. In 2003, the Child Welfare League of America and the Substance Abuse and Mental Health Services Administration sponsored a conference on eliminating physical restraint and seclusion in treatment programs for children and youth. Many other policy and practice statements have been developed from accrediting and licensing bodies, and organizations that conduct training in this field. However, the enduring challenge is how to change entrenched coercive practices of behavior management.

Restraint and seclusion usually occur outside of the view of the public, who ordinarily have little knowledge or investment in such issues. For example, some years ago, a study at the University of Illinois documented a century of maltreatment of children at the Chicago State Hospital (Saettler, 1967). Every several years there was some exposé of abusive practices. After a brief public outcry, staff would return to the underground use of sundry coercive methods.

Punitive climates seem to be self-sustaining. When specific coercive methods of discipline are outlawed, other forms of coercion are substituted. Thus, when spanking was banned in schools, educators switched to suspension. Similarly, many residential facilities traded physical punishment for physical restraint. One might predict that if treatment programs were prohibited from using restraint or seclusion, lacking other alternatives, problematic youth would simply be turned over to law enforcement or correctional systems where coercion and confinement are routine.

At times the public has seemed to support coercive treatment of problem youth. In the nineties, schools adopted zero-tolerance policies to exclude disruptive students. Youth in the juvenile justice system were sent to boot camps, ostensibly to learn discipline and respect. But absolute obedience can

deteriorate into verbal and physical abuse, group harassment, disorientation, deprivation of basic physical needs, and forced exertion to the point of injury (CBS, 2001). In fact, these same extreme interventions were concocted three centuries ago by the Prussian Army and used widely with delinquents until the advent of democracy (Konopka, 1971). These methods continue to be used in some corrections facilities and private "treatment" centers which have been described as "gulags" (Parks, 2002). Such abuse led to this lawsuit in a federal court:

> The family of a teenage boy was suing state authorities for physical abuse in a correctional boot camp. The boy took the stand, readily admitting he had been a "troublemaker" who defied drill instructors. He recounted in vivid detail many incidents of being strapped face down on what was called the "surf board." He was forced to stay in this position for hours until he was lying in his urine-soaked clothes. The staff laughed at him as he cried and pleaded to be released. He had to eat oatmeal spooned onto the surfboard, and he acquired a serious infection from consuming this polluted food. Next, the "colonel" in charge of the boot camp took the stand. He responded to most queries by reading excerpts from a "policy manual." He dismissed the youth's allegations, contending that restraints were used only to manage disruptive youth and keep them from hurting themselves or others. Finally, in instructions to the jury, the federal judge noted that it was not illegal for correctional authorities to administer pain for purposes of discipline. The "jury of peers" sided with the boot camp administration.[1]

In contrast to this extreme example, restraint and seclusion are typically described in the professional literature as therapeutic or protective rather than punitive. It has been suggested that sensitive handling of restraint can teach limits, help children feel safe, and stop any payoff for aggression (Bath, 1994). But, countering these benign rationales for restraint is a troubling reality. As psychologist Nicholas Long (1995) notes, those locked in conflict cycles may not be responding in the best interests of the child, but rather reacting out of their own anger, fear, helplessness, or frustration.

Intrusive interventions can have negative effects with particular children. Coercion motivates rebellion in oppositional youth rather than teaching autonomy and responsible self-control (Rotherem-Borus & Duan, 2003). Children with histories of abuse at the hands of adults often construe discipline as hostility (Dodge & Somberg, 1987). Children from certain cultural backgrounds experience obedience training of discipline as threats to their cultural safety (Fulcher, 2001). Coercive discipline with children of color exacerbates "historic distrust" related to racism. It also contributes to

the disproportionate representation of minority groups in disciplinary sanctions (Newkirk & Rutstein, 2000; Cunningham, 2003).

Physical restraint by peers was once a staple of early peer group treatment programs, but later manuals warn against peer abuse of power (Vorrath & Brendtro, 1974, 1985). While many state and professional regulatory bodies specifically have prohibited using youth to discipline peers (e.g., American Correctional Association, 1994), the practice persists. According to the *Omaha World Herald*, a Nebraska juvenile facility used peer physical restraint an average of 3.7 times per day (Tysver, 2002). The youth called these takedowns "slammings." One citizen observed: "Wait until the first accidental death occurs, and the taxpayers of Nebraska will be ripe for a huge lawsuit."

Among the treatment theories which have been invoked to justify restraint or seclusion are behavior modification, attachment theory, and psychodynamic catharsis (Day, 2002). Provocative therapy programs use restraint to "burst the client's narcissistic smugness" (Rich, 1997, p. 5). Proponents of "holding therapy" provoke rage and in an attempt to bond to children with attachment disorders. In one variation, a child is forcibly wrapped in blankets for "rebirthing." The scientific evidence to support such so-called treatment is underwhelming.

Some children seem to seek restraint to gain intimate contact with adults. Decades ago, Albert Trieschman described how a child being held during a temper tantrum finally is all cried out, gives up fighting the adult, and may submit and cuddle in the adult's arms (Trieschman, Whittaker, & Brendtro, 1969). Although restraint can end with a positive tone, this is not sufficient rationale to instigate holds for treatment effect. Even if data were to show that provocative restraint modifies behavior, this seems to be the ethical equivalent of strapping kids to restraint boards until they become subservient to authority.

Ultimately, any tidy philosophy justifying restraint should be tested against the perspectives of children and youth who have been at the receiving end of such interventions. As one youth in a treatment setting told Raychaba:

> The last thing a person needs coming out of their home is to be faced with a violent situation. That's why I don't agree with this restraining thing, it's violent. (1992, p. ix)

Pain-Based Behavior

Traditional research on troubled youth focuses on observable problem behavior that bothers others, but largely ignores the perspective of the "inside kid" (Brendtro & Shahbazian, 2004). In his book *Pain, Lots of Pain,*

Brian Raychaba (1993) shines a light into the little known inner world of troubled young persons. He interviewed Canadian youth who had been removed from their families and sent to alternative settings. Raychaba himself came from such a background, so most quickly opened up to him. They recounted the powerlessness of being at the mercy of traumatic life events. The most enduring theme was that they believed *their pain was seldom understood*, even by trained professionals (Raychaba, 1993).

Recent research, including brain studies of emotional distress, has led to a new understanding of what is commonly called "disruptive" or "disturbed" behavior. These terms describe how the observer frames the behavior, but mask what is actually happening with the troubled youth. Emotional and behavioral problems of youth should be called "pain-based behavior" contends James Anglin (2003) of the University of Victoria.

Anglin extensively studied the cultures of ten residential treatment programs. He concluded that *every young person without exception* was experiencing deep and pervasive emotional pain (Anglin, 2003, p. 111). Similar findings have been reported in a variety of studies of troubled students and of residents in juvenile justice settings (Brendtro & Shahbazian, 2004). But few who worked with such children were trained to recognize or address the pain concealed beneath self-defeating or acting-out behavior. Instead, the typical intervention was a sharp verbal reprimand or threat of consequences. Anglin concluded that many who deal with troubled behavior lack the training to *respond to the pain and needs of the youth.*

Describing troubled emotions as "pain" is more than a metaphor of physical pain. The phrase "hurt feelings" is literally true. Researchers at UCLA found that physical and social pain operate in similar ways in the human brain (Eisenberger, Lieberman, & Williams, 2003). Psychologists used brain scans to study the reactions of individuals excluded by peers from a computer simulated game. Even this contrived social rejection aroused precisely the same pain centers of the brain that are activated by physical pain.[2]

Troubled behavior of children and youth is closely related to brain states of emotional distress (Bradley, 2000). Many stressors can disrupt well-being:

- *Physical stressors* produce physiological distress. Examples are abuse, as well as neglect of basic needs for food, sleep, shelter, and safety.
- *Emotional stressors* produce psychological distress as experienced in feelings of fear, anger, shame, guilt, and worthlessness.
- *Social stressors* frustrate normal growth needs by interfering with the development of attachment, achievement, autonomy, and altruism.

Children in conflict experience internal or external distress that triggers pain-based emotions and behavior. Ironically, coercive behavior management intensifies this distress. In fact, the word *punishment* comes from the Latin word *poèna,* which means *pain*. No responsible parent would punish a small child for crying out in pain, but would try to address the unmet needs. No medical professional would try to administer more pain to a patient in pain. But coercive behavior management practices involve fighting pain with pain.

Blending Values, Research, and Practice

Philosophers of science propose that a problem is best understood when examined from multiple perspectives (Wilson, 1998).[3] But debates about behavior management often embody narrow viewpoints and assumptions. Effective treatment interventions should reflect democratic values, research evidence, and practice realities. But these can be in conflict. For example:

- Democratic values suggest restraint interferes with rights of freedom.
- Research evidence shows physical and psychological risks of restraint.
- Current practice uses restraint to ensure safety, compliance, and order.

Only by wrestling with the tensions in these views can we create more valid and defensible policy and practice. We begin this process by sampling concepts expressed from these three diverse viewpoints.

Values

Children should be treated consistent with principles of democratic society, as individuals of dignity and worth. Discipline should respect the child's potential for positive development and preclude acts of superiority and dehumanization (Seita, Mitchell, & Tobin, 1995). To ensure the rights of children, the principles of *least restrictive* interventions and *best interests* of the child should apply (Freud, Goldstein, & Solnit, 1996*).*

Common law treated children as property and deprived them of many protections afforded adults. This status has been dramatically changed under the United Nations Convention on the Rights of the Child (Castelle, 1990). Children are guaranteed specific rights to be treated in ways that meet their needs. Children cannot be subjected to abuse, and specific protections apply to children removed from their families. Although the United States is the world's only democracy that has not ratified the U.N. treaty on the rights of the child, these standards have the status of international law.

Under ordinary circumstances it is a felony to strike, hold, or confine a person without consent. But adults also have a legal duty to protect children which might involve forcible physical contact, depending on the age, maturity, and

status of the child. Physical intervention to protect property is sometimes seen as a legal response to a breach of the peace and at other times is precluded by policies or rules.

Youth-serving organizations bear the moral responsibility for insuring safety and serving the best interests of young persons in their care. Values of respect for children must be intentionally taught. This requires training in the ethics of practice, rather than just in techniques for behavior control. Formal policies are not sufficient to protect children. Unless an organization is transparent and all persons have a voice, there is a high risk of maltreatment in covert negative subcultures of youth and staff (Schubert, 2002).

The fact that a coercive method "works" cannot legitimize its use. If the end justified the means, each individual would become a law unto oneself. In his treatise, *On Liberty*, John Stuart Mill (1859) wrote, "The sole end for which mankind are warranted, individually or collectively, in interfering with the liberty of any of their number is self-protection." With the added qualification that adults are also responsible for protecting children from their own self-destructive acts, this can serve as a core value in work with youth.

Research

A new positive psychology is emerging which views children as having self-righting potentials and innate strengths for resilient outcomes (Laursen, 2003; Benard, 2004). Problems are seen as resulting from obstruction of basic physical, social, and growth needs. Maslow (1970) described "deficit needs" for physiological well-being and "growth needs" for achieving one's potential. For children to thrive, basic physical needs must be met as well as needs for attachment, achievement, autonomy, and altruism. This is the "resilience code" for positive youth development (Brendtro & Larson, 2004). When growth needs are met, children develop strengths (Wolin, 2003). If these needs are frustrated, children display a host of problems (Mitchell, 2003).

Problems present potential learning opportunities. The successful resolution of difficult life challenges provides a foundation for the development of positive strengths and resilience (Sternberg, 2003). If conflict cannot be positively resolved, cycles of acting out and self-defeating behavior are perpetuated. Those in direct contact with youth in crisis, including peers, can use problems as occasions to help an individual gain insight and develop effective coping behavior (Toch & Adams, 2002).

Studies of the biology of violence show that coercive treatment produces powerful stress reactions (Niehoff, 1999). Specific triggers include a) restraint, b) prolonged isolation, c) forced subordination, and d) angry conflict. The immediate brain effects of stress can endure for many hours, keeping the individual hyper-reactive to provocation. Episodes of extreme or

chronic stress are chemically burned into long-term memory causing persons to develop reactive patterns of defensiveness or aggression.

The human brain is endowed with a "Tit for Tat" program that motivates us to respond in kind to either friendliness or hostility (Rapaport, 1960). Angry aggression involves reciprocal hostility (Zillman, 1993). Both parties in an angry conflict experience hostile thinking, feelings, and behavior. They fuel each other's feelings in a series of hostile exchanges which can escalate into crisis or violence (Long, 1995).

Those in emotionally volatile conflicts are not being governed by their problem-solving brain. In any challenging situation, the *amygdala* in the emotional brain gathers cues to detect possible threat and then activates emotions that motivate fight or flight (Aggleton, 2000). Children with histories of abuse are particularly hypervigilant for danger and react with fear or aggression to subtle cues of possible hostile intent. Most fears are learned, but some are preprogrammed in the brain, such as fear of forcible restraint.

In crisis situations, however benign the adult's intention, the critical issue is how the encounter is perceived, for this is the psychological reality of the child. Threat need not be physical; the perception of rancor or disrespect triggers extreme emotional reactions at being violated (Beck, 1999). This pattern of private logic provides justification and reinforcement for counter-aggression. One youth in care described his emotional reaction to restraint:

> If you put your hands on me I'm breaking your neck, you know what I mean? A few people grabbed me and tried to put me in my room and I just smashed them…. I've been grabbed all my life. You know what I mean? It just turns me right off when someone touches me. (Raychaba, 1992, p. 94)

Environments that insure physical and emotional well-being prevent aggression and foster learning and resilient coping with stress (Bluestein, 2001). If an individual's sense of psychological or physical safety is violated, this produces opposition, aggression, and hopelessness (Hyman & Snook, 2001). Since a key developmental task of young persons is to gain autonomy (Benson, 1997), coercive behavior management frustrates this need and leads to reciprocal coercive interactions (Reid, Patterson, & Snyder, 2002).

Coercive behavior control poses serious physical and psychological risks. Adults who model punitive management are imitated by youth who then scapegoat and mistreat their peers (Lewin, Lippit, & White, 1939). Physical encounters with a distressed youth can trigger physical aggression, placing both parties at risk for injury. Studies show that prone restraints can cause death, often by positional asphyxia (*Journal of Safe Management*, 2000).

Children do not function well in settings that lack safety, order, and well-being. Thus, ignoring aggression or allowing youth to act out angry feelings for "catharsis" is not helpful. Intervening with minor behavior may prevent major problems, said Goldstein (1999), who advised to "catch it low." Persons also need to be secure from attacks to their self-esteem. Ridicule or emotional harassment may have more lasting negative effects than physical aggression (Garbarino & deLara, 2002).

Isolation can be as destructive as direct physical restraint. Locked isolation of children produces a surge of aggressive and self-destructive thoughts and impairs therapeutic relationships (Miller, 1986). Documented trauma from extensive use of seclusion includes a host of symptoms of mental illness: sleep disturbance, anxiety, panic, rage, paranoia, hallucinations, hopelessness, self-mutilation, suicidal ideation, and a sense of impending doom (Haney, 2003).

When self-defeating and disruptive behavior continues in spite of management attempts, the purpose or function of the behavior can be assessed. This provides the basis for designing positive behavior supports and interventions (Gable, Quinn, Rutherford, Howell, & Hoffman, 2002). Since young persons are the best experts on their goals and needs, they should be involved in assessment and planning (Artz, Nicholson, Halsatt, & Larke, 2001; Seita & Brendtro, 2002).

Practice

Einstein once observed that common sense is the collection of prejudices acquired by age 18. This applies to folk theories of human behavior as well (Hunt, 1987). When dealing with young persons in pain, untrained helpers who revert to intuitive common sense reactions often deal out more pain. With greater experience and training, effective helpers can respond in ways that meet the needs of the young person. The cumulative effect of these moment-by-moment daily encounters shapes the outcome of treatment (Anglin, 2003).

The quality of services to children is largely determined by the qualifications of those who spend most contact time with them. In Western Europe and increasingly in Canada, child and youth care roles are filled by highly trained professionals who are skilled in developing positive relationships with reluctant youth (Garfat, 1995). In the United States, most direct service workers lack prior training and must learn on the job. Limited in-service training is often dominated by procedural and liability issues leaving no means for staff to acquire necessary skills. Thus, many workers do the best they can using intuitive methods.

Coercive approaches tend towards excess. In behavioral terms, exercising control over others may be a *reinforcer* for persons in power, even if this is not an effective *reducer* for the youth's behavior. Certain personality types are

more likely to embrace punitive practices. For example, adults who are most frequently injured in work with troubled youth are likely to be males who are high on aggression and low on empathy (Center & Calloway, 1999). While physical encounters are unpleasant, sometimes a youth or adult can actually get some positive reward from this aggression (Jones & Timbers, 2002). Practitioners have identified various reinforcers that can provide a positive payoff to physical encounters such as restraint. These are shown in Table 1.

Table 1

Potential Payoffs from Physical Encounters

Reinforcers for Youth	**Reinforcers for Adult**
sense of power/control	sense of power/control
excitement/emotional high	excitement/emotional high
peer/adult attention	peer/spouse recognition
reduce anxiety/restore calm	reduce anxiety/restore calm
physical/sexual stimulation	physical/sexual stimulation
reputation for "toughness"	reputation as an "intimidator"
opportunity for aggression	opportunity for retribution

Many potential payoffs from physical encounters are similar for both youth and staff. This could explain why it is so difficult to break cycles of restraint even if these encounters are unpleasant and fail to modify a youth's behavior.

Practitioners in residential programs where peers assist with restraint were polled for their viewpoints on this issue. Not surprisingly, most staff believed both that peer restraint was acceptable and, in fact, had certain advantages. They suggested that when peers help in restraint, one is never "understaffed." The immediate availability of support of peers can prevent injury to youth or staff. Programs using peer restraint do not have to hire physically powerful workers but can operate with less costly staffing and crisis back-up. Peer-assisted restraint can also reduce the potential for absconding. However, most recognized that restraint by adults is the "politically correct" norm and is widely viewed as less abusive than using peers.

Workers develop personal styles for coping with difficult behavior. Some learn to secure voluntary compliance rather than reverting to so-called tough techniques. For example, "verbal judo" procedures are used by police and other contact professionals to deflect angry aggression and secure cooperation (Thompson & Jenkins, 1994). However, in the absence of formal training to deal with challenging behavior, most adopt a management style consistent with that employed by others in the informal organizational culture.

This can include underground methods that contravene formal treatment and discipline policies (Brendtro & Shahbazian, 2004).

Not surprisingly, practitioners focus mainly on practical matters. To have broad application, treatment theories must be translated into training programs using principles of universal design. Jargon-free concepts can be understood by professionals, parents, and young persons alike. Training also should apply across a broad range of settings and cultural backgrounds. Content should be relevant to real-life practice situations and be effective with a wide range of problems presented by challenging children and youth.

An Inventory of Interventions

In spite of research and rhetoric about positive methods of discipline, coercion thrives. It may be codified in formal rules such as suspension and expulsion policies. Often coercion goes "underground" as those in power dish out punishments according to their own folk psychology of justice. Perhaps the most widespread coercion is found in moment by moment human interactions that convey emotional negativity or rancor.

Since coercion often operates in the shadows, such practices need to be brought into the open. Table 2 provides an "Inventory of Behavioral Interventions" which compares coercive and strength-based methods of discipline. These coercive methods are in common use in various settings for challenging youth. Tactics range from mild restrictions to outright abuse. This does not imply that all use of force is destructive. However, coercive discipline often sparks conflict and impedes positive growth.

Table 2 identifies three categories of intrusive interventions, namely *physical, emotional,* and *social coercion*. These are contrasted with *physical, emotional* and *social support.* Specific examples are discussed in the following section.

Table 2

An Inventory of Behavioral Interventions

Coercion	*Strength-Building*
Physical Distress	**Physical Support**
□ Physical Punishment	□ Physical Protection
□ Physical Deprivation	□ Physical Nurturance
□ Physical Restraint	□ Physical Freedom
Emotional Distress	**Emotional Support**
□ Blame	□ Empathy
□ Threat	□ Trust
□ Rejection	□ Respect
Social Distress	**Social Support**
□ Restrict Relationships	□ Restore Belonging
□ Restrict Interests	□ Restore Mastery
□ Restrict Decisions	□ Restore Independence
□ Restrict Kindness	□ Restore Generosity

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I. Physical Coercion or Physical Support
Physical coercion produces physiological distress. Interventions involve physical punishment, deprivation, and restraint. Physical support seeks to foster physical protection, nurturance, and freedom.

a. Physical Punishment versus Physical Protection

Children develop best in environments where they are free from the fear of physical distress or harm. However, many coercive methods are intended to cause bodily pain. In addition to physical or sexual abuse, "corporal punishment" inflicts pain through spanking, hitting, slamming, slapping, hair pulling, pressure points, and other painful treatment. Punishment by proxy uses peers to administer pain or forces a youth to cause pain to self by exercise drills, painful posture, or eating noxious substances (Hyman and Snook, 1999). Tools for inflicting bodily pain include paddles, straps, clubs, and stun guns, and the use of painful chemicals like mace. Physical punishment was the main enforcement tool in dominator cultures but is now considered abuse in many democracies, even in the home.

Physical attacks by peers or authority figures have been widely documented in schools and residential settings with climates of violence and victimization. School psychologists found that 60 percent of "worst school experiences" reported by students involved peers and 40 percent involved adults. These experiences were not limited to verbal put-downs but also include physically intimidating behavior (Hyman & Snook, 2001). At least half of middle school students experience physical harassment or attack by peers. Corporal punishment in schools is permitted in 23 states with three-quarters of a million incidents documented annually, although many more go unreported. In addition to the popular paddle, punishment is applied with hands, fists, straps, hoses, and bats.

Children and adolescents rely on adults for protection and are very threatened when caregivers become physically abusive or threaten bodily or sexual boundaries. A student recalled, "One of the teachers – he threw a kid up against the wall and that was scary." Another said, "Surly aides who have nasty rumors spreading about them make me feel unsafe" (cited in Garbarino & deLara, 2002, p. 77).

b. Physical Deprivation versus Physical Nurturance

For optimal development, humans need to be free from want and to feel secure that their basic physical needs will be met. They also need safe and predictable physical environments that contribute to a sense of health and well-being. Some coercive interventions seek to frustrate these basic needs.

Children become highly distressed by discipline which disrupts physiological well being. Examples include withholding food, sleep, exercise, elimination, hygiene, medical care, clothing, and shelter. In correctional settings, "shock incarceration" is designed to disrupt physiological and psychological balance by interfering with basic physical and security needs.

Physical surroundings can contribute to a sense of well-being or can be highly distressing. Many facilities are cold, barren, graffiti covered, and equipped with meager physical resources. Problems of noise, crowding, temperature, lighting, sanitation, and air quality are common. Surroundings lack normalcy, beauty, and harmony with nature. Some settings are purposely designed to be austere and uncomfortable to avoid "rewarding" youth for problem behavior or to instill "pains of imprisonment." Bruno Bettelheim (1974) once compared such conditions to those he encountered as a prisoner in a concentration camp, and he tried to create surroundings for children that would be a "home for the heart." An environment of beauty is a silent teacher conveying to youth that they are of value. Surroundings of ugliness send equally powerful messages.

Somehow interventions which would otherwise qualify as neglect or abuse have long been seen as acceptable for use with delinquents. A widely quoted early model of behavior modification was conducted at the National Training School in Washington, DC. The basic motivation system relied heavily on a "token economy" which began by depriving youth of basic needs. Boys who entered this experimental project were placed on "welfare" status in bleak surroundings. They were then forced to earn such basics as decent meals, privacy, and a place for possessions. As might be expected, most youth jumped through whatever hoops were required to earn these "privileges." The day the project closed, the students rioted and destroyed the facilities.[4]

Children connect to adults who meet their needs and resist persons who obstruct their needs. Thus, deprivation damages social bonds. Further, adults have legal obligations to provide for children, and neglecting this responsibility is evidence of maltreatment.

c. Physical Restraint versus Physical Freedom

Humans desire to maintain control over their bodies and be free from unwanted physical restraint or confinement. Thus, restraint or seclusion, whether intended as punishment or not, is likely to be experienced as such. Restraint includes physical holds applied by adults or peers. Restraint tools include cuffs, shackles, straps, jackets, or chairs. Chemical restraints employ drugs or injections. Seclusion imposes severe physical isolation and stimulus deprivation, while locked settings limit physical freedom. In various forms, physical restraint is widely used to manage troubled children and youth.

Studies of discipline in residential settings show that physical confrontations are sometimes instigated by staff who goad youth until they lose control (Raychaba, 1993). When their authority is challenged, adults take a combative stance and provoke confrontation. One girl recalled a family session where the therapist put his chair in front of the door to block her exit and commanded, "Talk! Tell your mother what happened." She said she "freaked out" and was dragged off to seclusion.

> I had never hit anybody, never hurt anybody. ...they were forcing me into this room and weren't going to let me out until I told people what I was thinking. I felt like my world was collapsing. I didn't feel safe anymore. There was no place to hide, being locked in this room. (Raychaba, 1993, p. 88)

It is difficult to distinguish physical restraint for bona fide safety needs from that provoked by mishandling of behavioral incidents. Even though formal reports are kept, these may not reflect actual details of how behavior escalated. There is a massive disparity in the frequency of restraint and seclusion in various settings serving similar populations. Once expectations are established that restraint or seclusion will be used, there seems to be an erosion of boundaries: Youth are primed to get into physical encounters and adults feel their behavioral control is dependent upon these extreme interventions. Restraint and seclusion are not limited to dangerous behavior but are widely used as sanctions for noncompliance and defiance (Barnett, dos Reis, & Riddle, 2002).

Even professionals specifically trained for work with troubled children often believe restraint and seclusion are necessary evils (Wood, 1988). If troubled youngsters do not respond to normal discipline, staff revert to highly aversive means, such as verbal confrontation and threats. If this does not work, restraint, seclusion, and exclusion often follow. While staff recognizes that coercion does not promote educational growth, they may still believe such methods are needed to maintain order and authority.

II. Emotional Coercion or Emotional Support

Emotional coercion produces psychological distress and interferes with the normal development of emotional resilience (Viscott, 1996). This includes behavior management tactics involving blame, threat, and rejection. Emotional support builds empathy, trust, and respect.

a. Blame versus Empathy

Youth need the support of adults and peers who look beneath their negative behaviors and treat them with positive regard (Benard, 2004). But fault-finding and judgmental reactions obscure strengths and exaggerate flaws. Fault-

finding assumes the worst about a person. It is conveyed in overt blame and criticism as well as more subtle nonverbal signals, such as tone of voice and signs of irritation, annoyance, and condemnation. Some in authority believe harsh confrontation is tough love while empathy is weak and ineffectual. But belittling criticism creates a sense of inadequacy that interferes with the ability to creatively solve problems.

Adults greatly overuse preaching and scolding. Reprimands are the most frequent interventions used by elementary and junior high teachers who deliver one reprimand every two minutes. Some youth just tune out such nattering, while chronically disruptive students become more defiant under a barrage of parental and teacher criticism. Research shows that positive teacher support decreases inappropriate student behavior, but such is rare in many programs for troubled students (Shores & Wehby, 1999).

Blame is an innate style of emotional logic which primes humans to identify and attack a perceived enemy. Blame is often confused with responsibility which involves owning one's behavior and being accountable to others. Blame blocks empathy and esteem and prevents one from understanding or showing concern for another. Blame and empathy are incompatible brain states. In blame, one is driven by personal negative emotions. In empathy, the emotional brain tunes in to the affective state of another person (Amini, Lannon, & Lewis, 2001). Only those who experience empathy are able to get accurate information about the needs of a troubled youth.

b. Threat versus Trust

Only those who pass the "trust test" with young persons are able to engage them in a positive alliance. An alliance is a positive connection in which parties work cooperatively towards mutually agreed goals (Kozart, 2002). But threat and intimidation create fear and lead to avoidance or adversarial contests. Examples include verbal threats, shouting, swearing, invading space, and menacing looks and gestures. Peers also use bullying and group intimidation.

Threat is sometimes used to establish authority. The display of power enforced by angry emotion presumably warns kids to be wary of this adult. Rachel, a youth who lived on the streets of Sydney, Australia, described her reaction to adults who approached her in a domineering manner:

> They don't listen. They tell you to shut up. They flaunt their authority. When people try to ram things down my throat, I want to rebel. I'll do the complete opposite of what they want. Staff can't be the dominator. When I can share with staff, there is an aura of respect.

Angry, hostile confrontation is even purported to be a "treatment" method where a therapist or group tries to break down defenses and exercise control. After the sudden death of his father, fourteen-year-old Allan displayed troubled behavior in school. He describes being ripped from his family and shipped to a residential program where peers were used to punish problem behavior.

> I hated this place and they hated me. During the general meeting, the other kids were required to "confront" the person who had problems. They would surround you and yell, scream, and swear. If this didn't work, the group would restrain you on the floor…. I hated being restrained and kept fighting them. When restraint wouldn't work, the next punishment was to place the kid in "The Ring." Staff put boxing gear on me. The other kids would surround me, joining arms. Three bigger, tougher boys took turns fighting me to teach me a lesson. (Brendtro & Shahbazian, 2004, pp.190-191)

Outside the mainstream of therapy are some who propose highly confrontational and intrusive methods. A book on family treatment advises parents of troubled youth to prepare for "atom bomb interventions" including taking clothes away, forcing youth to dress as nerds, selling their possessions, and confining them to the bathroom for as many hours as they have run away (Sells, 1998). In some group programs, youth are placed on a "hot seat" and their defenses are broken down to force disclosure to peers or adults. Intrusive discipline demands subjugation to dictatorial power.

While children need guidance and limits on behavior, recent research documents the destructive effect of *intrusive discipline* that dictates thoughts and feelings (Barber, 2002). Any disagreement is stifled by demands of absolute loyalty and obedience to those in power. Intrusive discipline often is accompanied with the threat of love withdrawal as if the youth were property owned by another. Intrusive discipline is emotional abuse and has been shown to produce serious emotional problems, including both acting out and internalizing behaviors. In contrast, developing resilience requires a sense of personal power and self-efficacy so one can exercise inner control and distance oneself from destructive influences.

While youth need to develop self-discipline, the obedience model requires subjugation to an all-powerful authority. Demands for absolute obedience easily deteriorate into abuse (CBS, 2001). Children need trusting relationships with adults and peers who can provide emotional support.

c. Rejection versus Respect

Children who are treated with love and respect come to believe they are persons of value. But those who feel unwanted and rejected neither respect themselves nor show respect to others. The most caustic methods of discipline are hostile, demeaning acts that convey dislike and rejection. Such treatment triggers the emotion of shame and feelings of worthlessness. Some rejected persons turn their shame against others in hate and hostility. Specific behaviors that convey rancor and rejection include ridicule, name-calling, scapegoating, shunning, and various verbal and nonverbal signals of indifference, contempt, and exclusion.

Under the guise of "helping", persons sometimes patronize with subtle messages that a young person is inferior. More direct rejection is seen in acts of bigotry and hate which demean individuals because of their family, friends, religion, race, culture, class, gender, age, sexual orientation, disability, or appearance. Prejudicial behavior operated on a continuum of speaking ill of others, discriminating, segregating, attacking, and destroying (Allport, 1954).

In any setting for youth, adults have legal and moral obligations to prevent climates of rejection, but such harassment is common. In many schools, popular students like male athletes use their strength to ostracize or demean peers they label as "weird." Homosexual youth are five times as likely as others to miss school because of fear of such hostility (Garbarino & deLara, 2002) and harassing interactions are common among both girls and boys. Those most at risk for peer hostility include children with disabilities, minority populations, and non-assertive, weaker, or socially different children.

Admittedly, kids who present problems can evoke great frustration for those who live and work with them. Many adults want to avoid or get rid of such young persons. A high school teacher in a training on youth at risk said, "My job is to teach the 70% who are good kids; it's not worth wasting time on the others." A principal in another school bragged that his job was to "amputate" troublesome students.

Many who "demand respect" forget that in its most basic meaning, respect requires treating others the way we wish to be treated, which of course is the Golden Rule. Actions that disrespect youth fuel disrespect and defiance.

III. Social Coercion or Social Support

Children have universal growth needs for attachment, achievement, autonomy, and altruism (Benard, 2004). Social coercion frustrates these normal developmental needs. This involves restricting relationships, interests, decisions, and kindness (Vanderven, 2000). Social support restores normal developmental growth by providing opportunities for belonging,

mastery, independence, and generosity (Brendtro, Brokenleg, & Van Bockern, 2002).

a. Restrict Relationships versus Restore Belonging

Needs for attachment are met by supportive relationships in the family, peer group, school, and community. Since children have strong motivations for social contact, restricting socialization is a high-octane means of behavior control. This entails withholding contact with friends and peers, even if they are a positive influence. In settings where youth are separated from families, it is a common practice to treat the right to family contact as if it were a privilege dependent on acceptable behavior.

Other coercive management methods that block social relations include lengthy time out, rules against physical contact, and the silent treatment. Youth also may be deprived of normal bonds by being placed in settings where they are forced to be in contact with disliked or feared persons. Ironically many programs that segregated troubled youth are impoverished of social support. A child can go through an entire day without any positive social interactions with another person (Knitzer, Steinberg, & Fleisch, 1990).

b. Restrict Interests versus Restore Mastery

Children are motivated toward challenging activities that develop creativity and problem-solving skills. Curiosity is among the most widespread of human emotions, so depriving youth of normal interests and activities can be a harsh punishment. Examples are withholding participation in desired recreation or learning activities, such as athletics, trips, cultural ceremonies, religious involvement, school activities, and even school attendance. Management by "overcorrection" seeks to modify behavior by tedious repetition of an action. This is reminiscent of long-used punishments requiring meaningless, unpleasant work.

Restricting involvement in activities can wield short-term punitive power, but interferes with long-term learning. Redl (1957) contended that young persons needed a rich menu of activities even if their behavior does not suggest they "deserve" this. Withholding participation in activities because a youth is not able to handle such stimulation is a natural consequence. Likewise, there is research rationale for sequencing activities so less desirable tasks must be performed before enjoyable activities (this Premack Principle is sometimes called "Grandma's rule"). Children are better able to manage logical or natural consequences than discipline contrived to purposely cause pain.

There is little disagreement that one can motivate behavior with token economies that deprive youth of desired activities or resources. But these

"response cost" interventions are much more likely to engender counter-resistance than strictly positive reinforcement. We have seen many examples of children in pain who keep digging themselves into an impossible hole of losing so many points they lose hope about ever participating in positive experiences. Some years ago in Texas, a law was passed making participation in sports dependent upon grades. In spite of public popularity, research by Mike Baizerman at the University of Minnesota showed that being removed from the basketball team actually served not to increase scholarly activity but gang involvement.

c. Restrict Decisions versus Restore Independence

Young persons need opportunities to make decisions and the power to exercise self-control (Wasmund & Tate, 1995). The desire for autonomy is frustrated by rigid rules and adult-imposed routines. Large, depersonalized organizations such as schools are often totally organized around long lists of prescribed rules and penalties. "But they have to learn to follow rules in life" is the common rationale of those in power. That might make sense if the rules imposed matched those in the real world. Many rules simply interfere with the youth's desire for autonomy without teaching any core values. Recurrent examples are contests about style of dress or grooming. Even when a rule is sensible it may be carried out in foolish ways that fail to respect the young person's need to learn from failure. One wealthy school district proposed fining any student who was late for class one hundred dollars. Presumably this rule won't apply to teachers.

When punishments don't stop rule breaking, more are administered. If doctors worked this way, they would double dosages of medications that create ill effects. Research on effective alternative schools (Gold & Mann, 1984; Gold, 1995) challenged the myth that "clear rules and consequences" are effective with disruptive students. Successful schools modify rules to respond to the needs of non-adjusting students. This does not mean that permissiveness is desirable since children need structure and order. Effective mentors are those who can hold youth accountable as well as respond to their needs (Gold & Osgood, 1992).

In an overreaction to fears of school violence, levels of security exceeded supervision needs and undercut the capacity of youth for self-governance. Pervasive monitoring and surveillance limits privacy. Arbitrary reward and punishment systems impose order without youth input. Rules not embraced by the governed will be flouted. A saying common among early youth work pioneers was that building walls only makes wall-climbing a sport.

d. Restrict Kindness versus Restore Generosity

Positive values develop in a climate of mutual concern where persons treat others with a spirit of generosity. Being treated as a person of value and being able to show concern for others gives life, purpose, and meaning. But without the opportunity to give and receive kindness, young persons remain self-centered and fail to develop empathy. When kindness and love are absent, caring for others is not fashionable. Students harass one another in hostile peer cultures. Adult-youth encounters are adversarial and aloof.

While love was a central concept in early educational philosophy, close bonds between adults and youth are frowned on in depersonalized schools and institutions. Yet, resilience research shows that "simple sustained kindness – a touch on the shoulder, a smile, a greeting – have powerful corrective impact" (Higgins, 1994, p. 324-325).

To avoid "pampering" youth, some environments create a tone where kindness is simply not allowed. When adult-youth contacts are severely limited to formal social roles, any strong bonds between a youth and adult are likely to be seen as suspect. Conversations of child and youth care workers on an international website decry regulations forbidding expression of warmth between caregivers and children. One setting requires staff to ask permission to give a "high five" handshake to a youth!

A group of German professionals visiting a young woman's correctional facility in the U.S. were startled at the rule that neither staff nor inmates were allowed any physical contact. "We think hugging is therapy," said the puzzled visitors. In fact, behavioral research showed that in positive settings, youth and adults frequently interact in proximity of less than three feet of distance (Solnick, et al., 1981).

Nick Long (1997) concludes that the most powerful therapeutic method is kindness. The root of the word "kindness" is "kin" and refers to treating others as if they were related (Roddick, 2003). Generosity may require giving and forgiving even when our natural reaction to difficult behavior would be to strike back in anger. The most dangerous persons are those deprived of kindness and love. Those who are unable to receive and reciprocate kindness live self-centered and purposeless lives.

In sum, a wide variety of coercive strategies are used with problem behavior, although there is little likelihood one can remedy pain-based behavior by applying negative consequences. Administering negative consequences or frustrating basic needs and desires might provide short-term coercive control but does nothing to build controls from within.

Beyond Pessimistic Mindsets

For a century, debates about problem behavior have swirled around punishment versus rehabilitation. Punishment uses coercion to control deviance while rehabilitation typically focused on deficit and disorder. Thus, punishment and rehabilitation are not really opposites since both involve pessimistic, fault-finding mindsets (Brendtro, Ness, & Mitchell, 2001).

As we have seen, coercive interventions frustrate physical, emotional, and growth needs. Strength-building methods are grounded in respectful values and the science of positive youth development. Many of these practices were part of the "natural" process of rearing responsible children practiced for centuries in cultures that respected children.

Coercive and strength-building strategies each seek to produce positive behavior but are opposite in their thrust. Coercion restricts the very opportunities that strength-based methods seek to encourage. To be specific:

Physical Coercion produces physiological distress.
Physical Support fosters physiological well-being.

Emotional Coercion produces psychological distress.
Emotional Support fosters psychological well-being.

Social Coercion frustrates normal growth needs.
Social Support fosters positive growth and development.

There is little disagreement that children need both love and limits to thrive. However, coercion relies on punishment and adult-dominated controls to instill obedience. Strength-based approaches use encouragement and guidance to enable youth to follow pathways to responsibility.

Pioneering child psychiatrist Richard Jenkins cautioned that we may not always have available enough positive methods and relationships to deal with highly challenging children without some use of coercion (Jenkins & Brown, 1988). But unless positives predominate, management efforts are likely to be futile (Patterson, Reid, & Eddy, 2002). Research at Girls and Boys Town supports a ratio of support to criticism in discipline of 9 to 1. This maintains social bonds and a climate of respect even in moments of correction.

While no coercion-free environment is possible, there is a profound polarization between punitive and empowering philosophies. Persons entrenched in coercive approaches may initially believe strength-building methods are foolish and impractical. Those embracing strength-building come to regard coercive methods as emotionally reactive and ineffectual.

Recommendations

The intent of this paper is not to prescribe arbitrary policies that apply to all settings and types of youth. Instead, we have explored the challenges of developing interventions that incorporate values, research, and practice wisdom. The following principles were generated in discussions with colleagues in the Alliance for Children for Families. They are presented in order to stimulate dialogue that can inform policy and practice:

Principle 1: Coercive tactics are educational and treatment failures.

Democratic values, science, and best practices all point towards managing behavior with the least intrusive methods. There is a growing consensus that physical restraint or seclusion should not be used for discipline, punishment, or for demonstrating authority. The only legitimate rationale for restraint may be to provide protection or safety in emergency situations. Whether restraint is used to prevent a young person from absconding or damaging property depends on the setting, the youth, and the harm that would result otherwise.

Any restraint and seclusion beyond the minimum time necessary to secure safety mutates these methods into punishment. Staff must be trained to recognize when an intervention itself is triggering continuing volatile behavior, at which point other means to de-escalate must be used (Joint Commission Resources, 2000). To further limit the use of highly intrusive interventions, these tests are proposed (Barnett, dos Reis, & Riddle, 2002):

> a) *Imminent danger of physical harm exists*. This requires that a person has the motive, means, ability, and opportunity to hurt self or others. A youth standing across the room shouting threats does not pose imminent danger. A child preparing to run in front of traffic does.
>
> b) *All less intrusive options are exhausted.* This presumes that preventive and restorative strategies have been made available. Those who are not trained in these positive methods will default to coercion.

What is the proper role of young persons in behavior management? Youth are empowered to help but have no right to harass, punish, or use coercive methods with peers. Adults knowingly accept some level of risk when working with troubled youth, but young persons bear no responsibility for putting themselves at risk. Since restraint is a physical risk, involving youth in restraint appears to violate current professional and legal standards, even though some youth could arguably handle this responsibility better than many adults. This does not preclude young persons from acting in "Good Samaritan" roles if they can do so safely in cases of emergency, as by *shielding* a peer from abuse or *separating* peers in volatile interactions.

B. F. Skinner, the founder of modern behaviorism, concluded that punishment was not an educational method. Expressing a similar view, Charles Curie (2003) of the Substance Abuse and Mental Health Services Administration contends that restraint and seclusion are not therapeutic interventions but evidence of therapeutic failure.

Principle 2: Any restraint is scrutinized as a critical sentinel event.

Most organizations already require formal reporting of physical restraints and seclusions. Unfortunately, this has not proven sufficient to lead to extinction of this method. If we are to walk our talk and make physical restraint a "last resort" intervention, we need more intensive procedures to study these problems. This involves two complementary types of sophisticated processes: *organizational sentinel event analysis* and *individual critical event analysis.*

a. Organizational sentinel event analysis. This technology, which was developed in the field of behavioral health care, puts the *system* rather than the patient on the couch (JCAHO, 1999). Serious or chronic adverse events in a program (e.g., escape or suicide attempts) are studied in order to identify the *root cause* of the problem. Most sentinel events have layers of causes and one begins by asking *why* this event happened. From the initial explanation (e.g., "We don't have enough staff on duty"), one keeps asking *why* questions until answers are exhausted and the root cause is identified. For example, a common root cause behind restraints is the lack of staff competence to deal with youth of color who present verbal defiance. A sentinel event analysis probes beneath superficial "blame the kid" explanations to identify core systemic problems and develop proactive solutions.

b. Individual critical event analysis. Crisis situations provide unique opportunities for learning and growth. A comprehensive study of critical incidents of acting-out behavior was recently published by the American Psychological Association (Toch & Adams, 2002). These researchers recommended using residents and front-line staff as the primary agents to help troubled youth understand and change their destructive behavior. Peer and adult mentors can be trained to assist a youth to reflect on "here and now" problem incidents, discover how this behavior affects self and others, and replace "recidivism cycles" with responsible behavior. Creating a positive alliance between youth and staff requires transforming destructive group climates. The researchers described the *Positive Peer Culture* as an example of such a model (Vorrath & Brendtro, 1985; Quigley, 2003).

The Life Space Crisis Intervention Institute has developed programs to train professionals to talk to youth in crisis and help them alter self-defeating behavior (Long, Wood, & Fecser, 2001). This intensive life space therapy enhances established crisis management programs such as those provided by

the Crisis Prevention Institute (CPI) and the Therapeutic Crisis Intervention (TCI) models. It provides staff the critical skills for using crisis situations as learning opportunities (Dawson, 2003).

Starr Commonwealth and Reclaiming Youth International developed the *Cultivating Respectful Environments* curriculum to build caring climates in educational and treatment settings (Berkey, Keyes, & Longhurst, 2001; Brendtro, Ness, & Mitchell, 2001). This involves training adult and youth mentors to foster responsible, resilient behavior (Brendtro & du Toit, 2004). With serious and chronic problems, a *Developmental Audit®* is used to assess the private logic behind self-defeating behavior (Brendtro & Shahbazian, 2004). Even with the most serious challenges, the focus is on strengths and solutions. As Jamie Chambers articulates this positive psychology: "Glance at problems, gaze at strengths."

Principle 3: Replacing coercion requires training in restorative methods.

The core competency of restorative intervention is to create growth-enhancing environments that minimize risks for physical or psychological harm to either children or adults. Safety cannot be guaranteed if there is bullying by either peers or staff. Program leadership must embrace and instill an ethos where no hurting behavior or misuse of power is tolerated. If youth persist in adversarial relationships with adults, this is ample evidence that they do not see adults as acting in their best interests (Anglin, 2003).

Ultimately, youth outnumber adults. As bullying research has shown, achieving a safe environment requires enlisting young persons as partners in this process (Olweus, 1993). Even antisocial youth report that they desire caring and non-violent environments (Gibbs, 2003). There are now available research-validated strategies for changing negative peer cultures in schools and youth serving organizations (Gibbs, Potter, & Goldstein, 1995; Wasmund & Tate, 1995; Lantieri & Patti, 1996; Brendtro, Ness, & Mitchell, 2001).

The Inventory of Behavioral Interventions discussed above provides the scaffolding for constructing comprehensive training initiatives which replace coercive with strength-based approaches. Providing physical support is the antidote to physical coercion. Emotional support trumps emotional coercion. Finally, social support addresses the growth needs that underlie resilient behavior. Staff and youth are trained to replace coercive climates with respectful environments where there will be no disposable kids.

Principle 4: Enduring change requires system-wide commitment.

An intensive study of ten residential settings for troubled youth identified the practical theories shaping the actions of those involved in the programs

(Anglin, 2003). Research showed that the beliefs articulated at the highest levels of leadership "cascade down" through the organization. In programs where the core theme was controlling youth, this adversarial ethos was found at all levels, from policy and leadership through supervisors to direct contact staff and among the residents. When the guiding theory was "the best interests of youth," this theme also could be tracked through the organization to the young people in care who acted as partners in their own healing. Similar research by the University of Michigan studied over 40 groups of troubled youth. Data showed that the morale and belief systems of staff teams were reflected in the behavior of the youth. This is a top-down process where staff problems produced youth problems, not the reverse (Gold & Osgood, 1992).

Since organizations differ, there are no prepackaged solutions. The first step in planning is conducting an organizational audit. Successful programs embody these essential ingredients:

- A strength-based mindset among staff and youth.
- Forming trusting connections with youth in conflict.
- Responding to needs rather than reacting to pain-based behavior.
- Enlisting youth in solving problems and restoring damaged bonds.
- Creating respect among young persons, adults, leaders, and families.

To the maximum extent, attempts to change systems should involve stakeholders at all stakeholders. At the governance level, coercive policies are supplanted by restorative policies. At the executive level, servant leadership styles of management foster a restorative environment. Those at the supervisory level seek to build strengths in direct-care professionals. Persons having most direct contact with youth are the most potent agents for change and need practical methods for building positive relationships and group climates. Ultimately, when a community is enlisted in building reclaiming environments, the restorative cascade is complete.

Conclusion

Climates of respect do not spring up spontaneously. Building positive adult and youth cultures requires a new genre of training in strength-building interventions. The antidote to coercive tactics such as restraint and seclusion is providing both adults and youth with a new generation of hands-on skills to replace rancor with respect. All stakeholders need to be involved in developing safe, restorative environments for children and youth in pain.

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[1] This case was tried in U.S. District Court in Rapid City, South Dakota, on January 19, 2003.

[2] This region is the *anterior singulate*, which is closely tied to the amygdala in assigning an emotional valence to stimuli and determining emotional reactions.

[3] This process is called "consilience" and suggests that in any field of study, the most accurate understanding comes from studying a problem from different perspectives since truth cannot contradict truth.

[4] Personal observation is by the author, who toured the program immediately after it had been closed and destroyed by the students. This outcome was never discussed in the reports documenting how the program created positive behavior change. While this program was closed in the sixties, it was cited as a model for other token economies in youth institutions.