A Response to Staller & Koerner: We Need to Talk About Restraint

Our latest work (Hollins *et al*, 2021) focused on canvassing expert practitioners as to the restraint techniques they taught, whilst in response Staller and Koerner (2021) call for attention to be drawn to the functional force that is often the messy reality of the situations that staff face. Something they argue transcends the limited nature of the technique that we focused on.

It can quite convincingly be argued that the nature and extent of the research work undertaken by health and social care researchers like ourselves is shaped, at least in part, by the widespread philosophical aversion to physical restraint (Duxbury, 2015; MIND, 2013; Millfields Charter, 2005), the public policy commitment to its reduction (RRN, 2019a; DoH, 2014) as well as claims that the research base supporting restraint use itself is weak (McDonnell *et al*; 2008; Allen, 2001). There is also no comforting overlap between researchers like ourselves and police use of force researchers such as Staller and Koerner, because Police research covers a far greater array of force methodologies, i.e., strikes, batons, Tasers and incapacitant sprays, as well there being little or no aversion to the use of pain as a means to an end. In essence 'we' don't research the efficacy or utility of any facet of the application of force for fear that it might be misconstrued as advocacy, whilst paradoxically we continue to deploy it at staggering levels. At least once every 5 minutes, 24 hours a day, 7 days a week (NHS Digital, 2020).

The nonlinear pedagogy that Körner & Staller (2018) describe centres on the ability of elements of a response "that are structurally different to perform the same function or yield the same output" (p.651) something also described as "functional equivalent solutions" (p.653). Whilst their focus is on the design of training to prepare individuals for the 'criterion environment' (p.652) [or real world application setting]. Paterson (2007) however has drawn attention to how techniques are actually spontaneously adapted in practice in order to optimise effectiveness, in the notion of "Field Modification" (p.31). Staller and Koerners (2021) draw attention to constraints [explicitly prohibited manoeuvres, those known to be risky or dangerous] as well as reflexivity [fostering personalised learning from experience] that are part of their training design. These form part of the learning cycle wherein effective responses are embedded in individual action repertoires. A logical extension of this would be the learning that takes place in the criterion/real world application environment, as opposed to the training room in which a relatively meagre number of hours are spent. It would not be too contentious to suggest that the knee to the neck seen in the run up to the deaths of both George Floyd (BBC, 2020) and Faisal Al-Ani (Inquest, 2009), were examples of field modification have been vividly captured in camera footage. Separated by the Atlantic Ocean, the power of comparable goals to generate comparable adaptations, amounting to deviations from training policy is a force to behold. It is sometimes necessary for Police Officers to restrain people. Those people being restrained can and do die, with too much frequency: Sheku Bayoh, Kevin Clarke, Thomas Orchard, Kingsley Burrell, Sean Rigg, Olaseni "Seni" Lewis, Roger Sylvester, Duncan Tomlin, Frank Ogboru, Richard O'Brien, Oluwashijibomi "Shiji" Lapite and Joy Gardener.

In defence of the Police one might say that these are the risks of dealing with dangerous people. Whilst there may be some truth to this, tragically it is not borne out by examination of the individual cases listed. A desire and physical commitment to assert control does however seem to figure in every case, with force being the means by which this goal was achieved. The recent George Floyd trial captivated restraint trainers around the world, as divergent insights were provided in court though the testimonies of expert witnesses. Techniques and positions were scrutinised, and the stark contrast between the very effective "individual solution to the (perceived) problem" chosen by Officer Chauvin, and its simultaneously deadly consequences stand as a stark and salutary warning of the inherent tensions between effectiveness and risk. We believe force decisions such as the one that was seen in Minneapolis in 2020 are only possible

This is a peer-reviewed, accepted author manuscript of the following article: Hollins, L., Seagrave, L., & Stubbs, B. (2021). A response to Staller & Koerner - we do need to talk about restraint. Journal of Psychiatric and Mental Health Nursing. https://doi.org/10.1111/jpm.12803

when the person being restrained is seen simply as an 'other' unto whom force is done in order to get a job done. We believe this is where control was, and is, so often so devastatingly lost. When the individual ceases to be a human being, all ethical obligations die too. It was never 'George' under Officer Chauvin's knee. It was a suspect, a criminal: someone to be detained and arrested. The goal on that hot May day seems to have been that simple. Restraint deserves to be framed as an inherently human and caring endeavour, rather than an ugly, unnecessary and brutal intrusion if it is to be improved.

This reply to our colleague's letter is not meant to as any denigration of Police work, but rather an explicit acknowledgement that force equates to power, and power has a tendency to run amok when unchecked, and has a tendency to be exploited. We have been enough examples of this happening within our own glass house to ensure that we don't throw any stones. To return to Staller and Koerner's contention, that "A technical orientated restraint training regime focuses on the solution – the technique – as the main reference point, whereas a functional perspective on restraint training focusses on the problem" (p.1). What we would like to see is a closer examination of the human interface with restraint applications, as well as the variance around our current technical solutions. Yes, we cling onto the certainty of techniques. As defined entities they can be prescribed and described in care plans. They can be considered and critiqued by inspectors, as well as being agreed to in advance by patients and families. Largely because they can be repeatedly and consistently applied, and reviewed. To this end, it must after all be remembered that physical interventions can be required in a much broader range of circumstances within care settings; guiding people away from high stress environments, blocking self-injury attempts and enabling medical procedures as well as mitigating harmful behaviours directed at staff or other service users. If techniques are the known, the unknown and uncharted, is the physicality required to facilitate them. Furthermore, what happens when the dynamics of the situation do compromise their use [something that would be more prevalent within the context of higher level/multi-staff member interventions]. This is something we would benefit from gaining a greater understanding of. Not only do we need to talk about restraint, we need to study it. We need to work with researchers familiar with the applied analysis of various aspects of force, and with those familiar with training and practice pedagogy. We would welcome opportunities to look at force more closely, and better understand its reality: where it goes right, as well as where it goes wrong, how and why. Here's to open minds, and open dialogues as researchers work together, across disciplinary boundaries, to increase the safety and quality of restraint.

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