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University of  
**Strathclyde**  
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# Therapeutic Containment and Holding Environments: Understanding and Reducing Physical Restraint in Residential Child Care

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**Connecting at the Crossroads**



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# Introduction


- concepts of containment and holding environments;
- an argument for their relevance in informing practice – both direct practice and indirect practice;
- application and discussion of findings in restraint study
- and implications for practice

# Containment $\neq$ Constrainment

Term is often  
(mis)used  
disparagingly to  
mean keeping a lid  
on or warehousing  
kids.



# Holding Environments ≠ Holding Therapies

Holding therapy is a  controversial treatment modality.

Holding environments is a way of conceptualising the care environment.



Photo by Peter Holden

The mentor, in the parental position, holds the adult-child as s/he would his or his own son/daughter. S/he may speak loving words of affirmation, "You are strong, powerful, and whole. I love you and accept you just as you are."



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# Containment

- Notion first introduced by Bion (1962)
- The infant projects the unmanageable feelings onto the primary care giver, who in turn reflects them back such that they become more tolerable for the infant.
- Continual process of hearing and absorbing cries of fear, anger, hunger and discomfort and responding accordingly comprises early experiences of containment.
  - Very strong parallels with processes of attachment



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# Containment



- Early, ongoing experiences of containment enable the development of thinking to manage experiences and emotion.
- When individuals' experiences of containment are inadequate or significantly interrupted, cognitive and emotional development are affected.
- Uncontainable feelings and experiences are normal and arise throughout the lifespan.



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# Emotional Holding

- Derived from Winnicott's (1965)
- Connection with child's sense of being held during infancy, both in caregivers arms and in a safe environment.
  - Makes possible emotional development.
- This whole experience of being physically and emotionally held by caregivers is referred to as the *Holding Environment*
  - Within this the child develops trust, learns to identify thoughts and feelings, and develops the capacity to think, symbolise and play.



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# Containment and Holding Environments

- Both Bion and Winnicott applied their respective models to the relationship between therapist and client, stressing the importance of metaphoric containment or holding as part of the process of healing and recovery.
- These concepts have been subsequently applied to a range of relationships and settings, including education, social work and consultancy.





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The notion of holding is central  
to effective care giving  
relationships

Holding environments:

- Create reliably safe boundaries
- Offer a protective space
- Enable children to experience themselves as valued and secure
- Is associated with a secure base



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# Containment - the role of a therapeutic milieu

A therapeutic milieu can assist the client in holding or containing her painful emotions, allowing her to express internal conflict in a way that can bring about a greater sense of personal responsibility.

Containment has been identified as **primary task** in residential child care (Ward 1995, Woodhead 1999).



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# Definition:

“Containment is thought to occur when one person receives and understands the emotional communication of another without being overwhelmed by it, processes it and then communicates understanding and recognition back to the other person. This process can restore the capacity to think in the other person” (Douglas, 2007, p.33).



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# Containment

This concept can also be applied to the more complex network of relationships amongst and between staff and children in residential child care.

- Involves directly addressing via verbal interpretation
- Also involves the use of daily activities, transitions, leisure time, and even the physical environment towards the...
- ...development of a containing atmosphere in which children feel (over time) accepted, respected and understood.

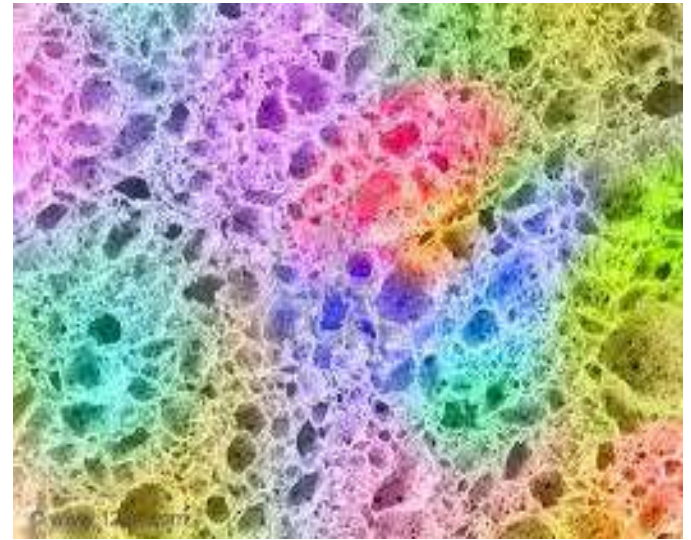


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# Containment involves:

- Caretakers ‘absorbing’ the experiences of those seeking their care to:
  - Better understand ‘careseekers’ needs and how to meet them
  - Contain parts of careseekers’ experiences, helping them to identify, verbalise, and make manageable those uncontainable feelings.

(Kahn, 2005)





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“The complexity of the task of containment is great, given the scale, range and pace of issues arising in everyday life in residential treatment” (Ward, 1995, p.29).



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# Containment

Challenges include:

- Differentiating own feelings from those absorbed from young person
- Counter-transference
  - Diminished energy, insight, increased focus on control, emotional unavailability, provoking and/or punitive interactions



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# Containment for Containers

Needed not only for the demanding and complex work of meeting children and young people's containment needs, but to enable social workers to respond to complexity, uncertainty and risk...

...particularly in the current risk-averse, increasingly bureaucratic approaches to practice.





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# Unit Managers

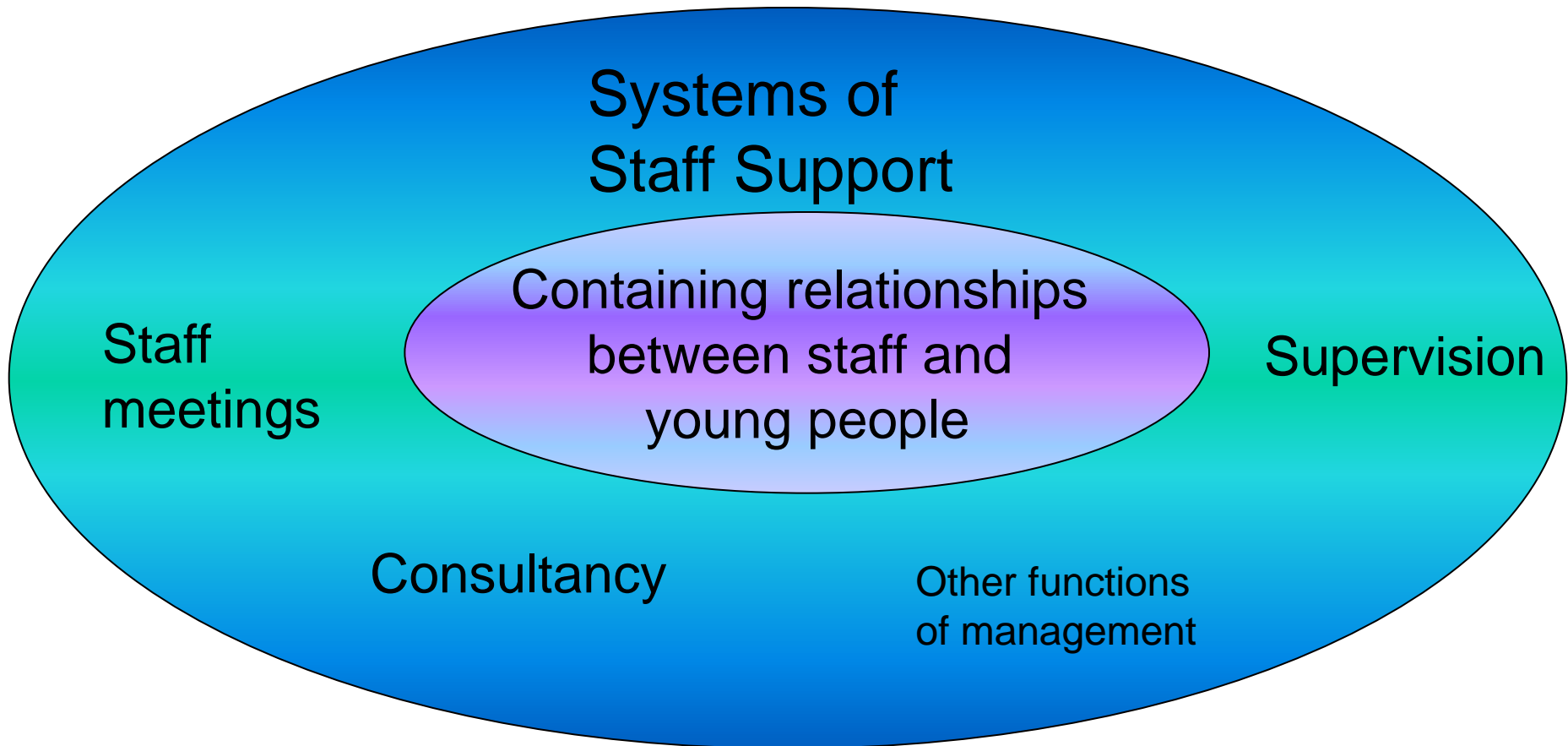
- Pivotal role in providing containment
- Increasing fragility of organisations due to continual restructuring and redeployment of staff
  - Diminishes organisational containment
  - Increases pressure on individual managers as containers



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# Containment for Containers

Necessary nesting function of containment





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# Ruch's Holistic Containment

## Holistic containment

- Emotional containment  
(**feeling containment**)
- Organisational containment  
(**doing containment**)
- Epistemological containment  
(**thinking containment**)



# The Study

- Funded by Save the Children, Scotland
- Aim to explore experiences of staff and young people in residential child care of physical restraint
- 41 Staff & 37 young people interviewed
- 20 establishments involved in study
  - Care homes, secure settings, and residential schools
  - Local authority, voluntary and privately funded organisations



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# Definition

Restraint: an intervention in which staff hold a child to restrict his or her movement and [which] should only be used to prevent harm.



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# Dominant themes and issues identified in study

- clarity in necessity of physically restraining children and young people in certain situations
- dilemmas and complexities in physical restraining
- specific concerns about physically restraining
- experiences and emotions of both children and young people and staff members
- relationships and physical restraint



# Findings related to Containment

- Control
- Touch
- Relationships
- Organisational Holding



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# Control

We have a few that recognize that they're out of control and by us holding onto them, it's just, just holding them until they calm down. They don't know how to calm down. They've never been taught. A wee guy I work with at the moment, I said to him 'it's like a baby learning to walk and talk'. He's just not learned how to control his anger yet and there's a lot of emotional stuff as well and, it's weird, I held him to control his anger. (staff)





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# Control

*So were you going to do something? (interviewer)*

I was going to punch his lights out, I was going to bloutter them.

*So did you think staff were right or wrong in holding on to you at that time?*

Holding onto me was right because I would have hit, I would have hurt that boy very badly.

*OK, so the times they've held on to you/*

Because this boy, this boy was the same age as me but he was, I don't think, he wouldn't have the same strength as me.

*Yeah, so they were protecting the boy?*

Well they were doing what was right.

*... Were they protecting you in some sort of way as well by holding on to you?*

Aye, they were protecting me from hurting another boy. I don't really like it, but if I lose my temper I can hurt somebody.  
(young person)



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# Touch

I think it's because physical aggression is the only way he knows to show how he is feeling, to get out his aggression, to get out of how he is feeling. It's like a younger child who is maybe having a temper tantrum, you hold them and this is his way of getting that physical, it's terrible but to me that's how it is. "I want this physical contact, I want you to hold me so I can get this out, get it over and done with because I don't know how else to do it." (staff)

Some kids just need to be held to comfort them. (young person)

*As a comfort thing? (interviewer)* Yeah. (young person)

*So sometimes do they get held when they haven't, when they're not putting anybody at risk, but they just need the comfort of being held? OK. (interviewer)*

Well they won't, but like you have to mad before they can do it.

*Oh, I see. So maybe a kid really just needs the comfort, but they have to kind of go into that 'putting at risk' place to be able to get the hold. Aye? That, what do you think about that? (interviewer)*

Well I've done it a few times. (young person)

*Yeah? That's really honest. If there was a way to be able to get that need met without having to go mad, would you have liked to have had a way to do that?*

Hmm [affirmative]. (young person)      *Yeah? (interviewer)*

I don't know how to for, [pause] you don't, you need to get all your anger out and then you just go mad and then you need to be held. (young person)

I think I just needed a cuddle...That's just my way of dealing with anger... most of my restraints have been my fault, and it's through drinking...(yp)

*You said early on in the interview that you felt like you got restrained, sometimes, to be able to cry. (Interviewer)*

Aye. (young person)

*Do you think sometimes you get restrained to let your anger out?*

Aye, that's what gets me angry, and I cry...When I'm restrained still, I try and fidget about... the staff will sit there as long as until I calm down... I'm that much angry with all these people around me and I can't get any control, and then I start getting angry and then, my eyes all fill up and then I cry, and once I've cried, then I'm alright again, and then I get up and maybe the staff will talk to me...and I feel better again. (young person)

Some kids just need to be held to comfort them. (young person)

*As a comfort thing? (interviewer)*

Yeah. (young person)

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Hmm [affirmative].

*Yeah?*

I don't know how to for, [pause] you don't, you need to get all your anger out and then you just go mad and then you need to be held. (young person)



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# Touch and Catharsis

There's some boys in here... there's boys that speak to each other and like say, 'Aye, I feel like I like getting restrained to take my anger out away.' (young person)

*Some boys say they like getting restrained to get their anger out? (interviewer)*

Aye, aye, some boys feel that's the way to take their anger away from them. (young person)



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# Defusing effect of good relationships

Like if it's my key worker, I'll calm down quickly because we, me and him, have an understanding between each other...

*Do you have a good relationship with your key worker?*  
(interviewer)

Aye...Just that sometimes you feel like calming down because it's your key worker and you don't, you don't want to put them, because I mean when you're, when you're being held on to, and you're doing that, you're putting the staff in pain too. Because a lot of them, it takes a lot out of them too to hold onto you. (young person)



# Safety in the Relationship

*Were you ever restrained by a member of staff who you had a good relationship with? (interviewer)*

Just the one lad who I used to play, I used to play pool with him. And also I think, I don't understand, the pressure from court cases and losing mobility because I was fighting with staff. And I think it was in the pressure. I took it out on him because I liked him ...

*Did that restraint feel different? (interviewer)*

Aye. I didn't even, I didn't even go crazy in this restraint. He didn't even hurt me after that. (young person)





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# Impact on relationships

Some of them I get on even better with because of it.

*Yes? Any idea why that might be? (interviewer)*

Because I have been through it, because I have been angry, because of certain things I have been through to the end...so I can relate to them now. (young person)



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# Relationships

A lot of the work we do is based on building positive relationships. I mean without that I don't think any other intervention would be particularly effective... we're trying to relate to people, um, relate to people that have been through significant disruptions in their lives: rejections, loss, transitions, whatever, um, abuse, um, mistreatment, neglect. So we've got to be able to communicate with them on, really the different levels, and, and be kind of sensitive and empathetic to their needs and how they're feeling. So the relationship is key. If you can't have a relationship with someone, you wouldn't be able to work with them. Um, from those relationships come, how, develop how we, you know, work with young people. (staff)



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# Relationships

He didn't trust adult males...He had to test me to see, and push all the boundaries and treat me really badly to see how I'd respond...We had a great relationship before, but it's better now...

*How did you account for it being better after him breaking your nose? (interviewer)*

Because I think he expected me to, possibly to hit him when he was on the ground. Which I could have done easily, I could've just kicked him...he'd been physically abused by adult males. And I forgave him, if you like.

*Yeah?*

Because I could have had him put out the school. I could've pushed it, 'no, this is not acceptable. I've had my nose broken, I don't feel safe,' all that stuff... But I went through it with him. (staff)



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“Internal controls are acquired in the best possible way when behavioural restrictions are provided in the context of a nurturing relationship...relatedness does promote control, but only when consistent discipline and limits are provided by the adults who have a specific and warm connection to a young person.”

(Mann, 2003)



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# Evidence of Organisational Holding

Emotional Containment (Ruch's (2005) Model)

- Peer support
- Support from Unit Manager
- Post Incident Debriefing
- Supervision



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I think we're quite lucky that way cos we do have quite a united staff group. Um, we can talk to each other, rely on each other, support each other. (staff)



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Staff should be debriefed to make sure they're okay.

*Does that happen? (interviewer)*

Yeah, that does happen. It's much better...It's kind of a funny question though. It's just like, it's almost perfunctory. It's like, "You OK?" "Yeah, I'm fine. Thanks for asking." "Do you feel able to rejoin the group?" "Yeah." I suppose some people would say, "No, I need to go home." *Yeah?* But, I mean, I wouldn't do that...I couldn't really care less if anybody debriefs me or not. I'm not interested. It doesn't matter. It's done and I'll deal with it myself. (staff)



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...when you've had the history of managers we've had previously, we basically just didn't even acknowledge something had happened...too many people think it's part of your job and dismiss it as such. "It's ok for you to be hurt cos that's what you're paid for." Well it's not, actually. (staff)





# Evidence of Organisational Holding

## Organisational Containment (Ruch's (2005) Model)

- Agency Policy Generally
- Training
- Staffing Procedures
- Care Planning



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# Evidence of Organisational Holding

## Epistemological Containment (Ruch's (2005) Model)

- Very little evidence
  - Supervision
  - Team Meetings
  - Debriefing
  - Consultancy

...as far as the kind of general culture in here, it's not really the kind of thing to reflect...I think that with senior members of staff probably reflect, you know, informally a lot...I would say individually reflecting...

*How do you think developing into a reflective culture about restraint, or just in general about practice, would impact restraints at [establishment]? Or do you think it wouldn't have an impact?... (interviewer)*

Yep, I think there would be definitely be an impact on the restraint process and on the number of restraints.

*So how would the number maybe be affected, in your mind?* Because I think if people were to think about it, from what I've witnessed in here, in a kind of formal way with either, when I'm saying formal I'm kind of meaning in a kind of debriefing session with like either the line manager or another colleague who's, you know, allocated to that kind of job. *Okay.* I think if we were being honest with themselves then a lot of the restraints that happen, that I've witnessed, wouldn't have happened. (staff)



# Conclusions and Implications for Practice

- Basic yet significant work between staff and young people that can be described as therapeutically containing
- Not at a level of tuning into absorbed emotions and experiential states that are less obvious or clear—in a way that aids better understanding and assessment of need
- Likely links to the basic and patchy level of organisational holding of staff



# Conclusions and Implications for Practice

- Dark side of mutual support amongst team members in absence of epistemological containment
  - Particular complexity faced by Unit Managers
- There is evidence that restraint (and likely other practice issues) are still seen only at the individual level of either the pathology of the child or the inadequacy of the staff involved, rather than in a more ecological, organisational way.

# Conclusions and Implications for Practice

- If organisations are to adequately ‘hold’ their staff so that staff can ‘hold’ young people, more robust levels of emotional and epistemological containment is needed
- Reconsideration of how debriefing, supervision and staff meetings are understood and used in relation to containment
  - Use of outside consultancy (tension between support and accountability functions of supervision and staff meetings)



# Conclusions and Implications for Practice

- Understanding and addressing need for **catharsis**
- Distinction between emotion as distress and emotion as discharge
- Verbal recall is neither necessary nor sufficient for catharsis
- Catharsis and non-cathartic discharges of emotions are very likely to be happening regularly in residential child care and other settings that work with kids who are in pain.
- Consideration is warranted about how expressions of emotion are thought about and responded to in practice, such that we are not unnecessarily adding to repressed, accumulated emotions.



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‘In organisational contexts in which a shared understanding of the complexity of the primary task and dilemmas is in place, it is possible for work to be ‘on task’... In such instances, it is possible for the full complexity of the task to be considered and for different interpretations of the task to be responded to thoughtfully’ (Ruch, 2011, p.9).





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This presentation has  
been heavily drawn  
from two papers:

- Steckley, L. (2009). Therapeutic containment and physical restraint in residential child care. *The Goodenoughcaring Journal*, 6, n.p.
- Steckley, L. (2010). Containment and holding environments: Understanding and reducing physical restraint in residential child care. *Children and Youth Services Review*, 32(1), 120-128.

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# Subsequent work from this study

Deeper analysis related to:

- **Touch** → Steckley, L. (2012). Touch, physical restraint and therapeutic containment in residential child care. *British Journal of Social Work*, 42(3), 537-555.
- **Ethics** → Steckley, L. (2012). *Physical restraint in residential child care: Using care ethics and containment towards addressing ethical dilemmas in care and control*. Paper presented at the Critical Care: Advancing an Ethic of Care in Theory and Practice [conference]. Copy available on request.
- **Catharsis** → forthcoming

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