A CHILD'S VIEW OF THE "SECLUSION ROOM"

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ABSTRACT: The use of seclusion or exclusionary timeout is still practiced extensively within children's residential facilities and some day treatment or special education classrooms as a means of managing an out-of-control child. Here, the seclusion room and seclusion as a treatment intervention is considered from a child's perspective.

The use of seclusion, otherwise referred to as "timeout," "isolation," "quiet room," "control," and a form of restraint is practiced extensively within children's residential facilities and some special education classrooms as a means for controlling a disruptive, out-of-control child. Definitions of seclusion range from asking a child to go to his room, or sit along the sidelines during a recreational activity, to physically placing a child, by force, in isolation (usually a locked room). Several authors report its success in working with a variety of client populations including institutionalized children, with Gast and Nelsen (1977) summarizing that timeout procedures have been successfully applied across a variety of behavior problems, situations, and populations including noncompliance, out-of-control behaviors, non-attending and incorrect responding in classroom, inappropriate mealtime behaviors, and certain classes of behavior exhibited by severely handicapped children.

Seclusion practices, however, have also been the cause of concern for many practitioners and administrators who recognize that it can be easily abused and that the effects are, at best, uncertain. For example, seclusion is used in residential programs and classrooms for behaviorally handicapped children primarily to control "out-of-control behavior": behavior which threatens the safety of others or the children themselves. Yet, while the intent is to control in a safe manner, this process is often characterized as being fraught with verbal abuse, excessive demands and threats, excessive force, flaring adult tempers, and prolonged isolation. Hence, what starts as a positive attempt to discipline, often ends up as a form of institutional abuse (O.A.C.C.A., 1980).

Mansdorf (1977) reports that in spite of its effectiveness, the use of isolation as a timeout technique has several detrimental effects including stimulation of strong emotional behavior such as crying and banging. Some studies have shown that use of isolation may have paradoxical effects, usually serving as a positive reinforcer instead of a punishing stimulus for some individuals (Mansdorf, 1977). Although a very widely accepted behavior strategy for controlling or suppressing problematic behaviors, Caraffa, Truckey, and Golden (1974) point out that clinical observation of children placed in timeout appears to indicate that anxiety is one likely result of a frustration inherent in the timeout situation which may manifest itself in running away behavior, active resistance (failure to do schoolwork, refusal to speak) as well as the various abusive and destructive behaviors which take place while in timeout (kicking, screaming, etc.).

Hobbs and Forehand (1977) maintain that, despite the abundance of data suggesting the effectiveness of timeout, relatively few investigations have reported detailed information on the exact procedures used to describe it. In addition, relatively few, if any, have considered the impact such an intervention has upon the child, but have

limited its measure of success to whether or not the frequency of the problem behavior is reduced.

After several years of experience in residential treatment and child care fields, both in direct service and subsequently supervision, this author conducted a study to further explore the phenomenon of seclusion. This study took place in a coeducational residential treatment facility for children ages 5-13. In the study, all 40 children in residence were requested to draw a picture of the seclusion room at that setting. The intermediate-aged children were also requested to write two, three, or more sentences about what they thought seclusion or timeout meant.

Fully complying with standards and guidelines specified by the Joint Commission on Accreditation for Hospitals (J.C.A.H.), this four-walled, rectangular-shaped room measured approximately 70 square feet and was constructed of cinder block walls which were painted light beige. The room had a ceiling light protected by a metal screen, an observation window in both door and front wall, and a ventilation vent on the lower front wall. The door and frame consisted of metal with two dead bolt locks mounted on the exterior of the door.

The drawings and written comments were shared with staff as a part of a major study including stimulation activities to assist staff in gaining sensitivity to a child's perception about the seclusion experience. The results which follow baffled residential staff, since staff perceptions of seclusion treatment intervention greatly differed from what was shared by children through their drawings and written accounts.

Of the 43 total pictures, only 14 contained people, with the remaining 29 void of any human figure within the drawing. Only in one of the 14 pictures with human figures is a staff member pictured, even though procedural guidelines mandate continued supervision of a secluded child. Here, the staff member is on the outside of the room talking through the observation window to the child. Of the 14 pictures containing people, the figures portrayed do not seem to be gaining control even though procedural guidelines define its purpose as facilitating the child in gaining control. In explaining the pictures to this author, several children described their person portrayed as "saying help," "sad and mad," "mad," "making nasty things," "kid crying on floor," and "kid crying."

Further observations of the drawings revealed an emphasis upon locks and security with 15 of the 43 drawings clearly depicting the dead bolt locks on each door as illustrated in Figure 1 and Figure 2 below. Several pictures contained aggressive themes emphasized in comments such as "kid saying 'ha ha' to another kid," "kids making nasty things," "kids mad," "broken window . . . marking on doors," as illustrated in Figure 3. Punitiveness and a lack of warmth is conveyed by several descriptions of drawings such as "little windows like cells . . . bars," "chains to attach person to wall" (Figure 2), "doghouse, pigpen, slammer." The concept of punitiveness seems further promoted by the person dressed in prison garb (Figure 3) in one child's drawings as well as the three walls of only brick mortar in another (Figure 5). One child even stated ". . . reminds me of dead people . . . I get scared . . . I think of dead people . . . sometimes I imagine a head cut off" in describing his picture. Of further interest in the analysis of the pictures was the emphasis on the room's structural details of block and mortar, windows, vents, sprinkler heads, light switches, hinges, clipboard on door, lights, protective screens, and observation windows. Twenty-nine pictures portray or emphasize physical structure of the room, appearing to indicate that children think about things other than their behavior while in the room. While one picture portrayed a minute-sized person in an over-sized seclusion room (Figure 6), another one allotted the size of the seclusion room to be equivalent to the living unit although, in actuality, the room is probably one-twentieth in size as compared to a living

unit.

A total of twenty written descriptions of seclusion were written by older children with two of these assisted by a teacher since the child was incapable of writing his own comments. Although several of the comments address the need to calm down and the usefulness of the room, this is inconsistent with the pictures, which do not seem to express similar feelings. By cross referencing comments to seclusion reports, it was found that many children making comments about the usefulness of the seclusion room were those who were never or very infrequently secluded by staff.

Several of the same themes from the pictures were also revealed in the written comments with a heavy emphasis upon the punitiveness of the room with phrases such as "it was like jail," "we got locked up in heat, and it gets scary," "they lock you up," and "seclusion is a room where staff lock you up like an animal..." The emphasis upon structural details rather than behavior seems to be revealed in phrases such as "timeout is a small room that kids ... has two windows ...," "timeout is a plain wall room with 3 doors, 5 windows...," "seclusion is a small, lonely isolated room ..."

If seclusion is perceived as punishment, then we must be concerned about serious dangers associated with it as summarized by Krumboltz and Krumboltz (1972:85) who suggest that the child will tend to resist punishment by fighting back, escaping, or withdrawing into passive apathy. The child will tend to avoid the punisher whenever he can, thereby precluding the staff member's accessibility to him as a client. If this is how seclusion is perceived by the child being placed in a seclusion room or threatened that he will need to be "timed-out," his behavior does not change.

Concomitantly, seclusion as perceived by these children, seems contradictory to the general treatment process which is necessary in staff and child involvement of re-educational and prosocial experiences. Quite simply, learning and social relationships can't evolve if the child perceives the adult and the act as punitive and the act itself keeps the child removed from more productive involvement.

It would appear from these findings that the use of seclusion does not enhance building that relationship necessary for assisting the child in his treatment process and that treatment facilities need to take a second look at this intervention as an appropriate treatment strategy. Fortunately, the residential center participating in this research project has taken several steps to eliminate seclusion as an acceptable strategy for managing an out-of-control child. Not only did the child's perception of seclusion disturb administrators of the program, but they questioned the complacency among staff for accepting its use as effective when the same children would be secluded repeatedly. If seclusion was working, why did the same child continue to be secluded? In addition, one of the first things a newly admitted child learned from his peers was about the seclusion room rather than other aspects of the treatment program felt to be significantly more important. A perusal of seclusion reports reflected significant numbers of incidents that should have been handled in a different manner by staff, thus causing administrators to question whether the use of seclusion perhaps stifled the creativeness of staff and provided an intervention that had become generally accepted — perhaps institutionalized. Although a very difficult change to implement in a facility that utilized seclusion extensively, both seclusion rooms were remodeled and now accommodate clinical and administrative staff offices.
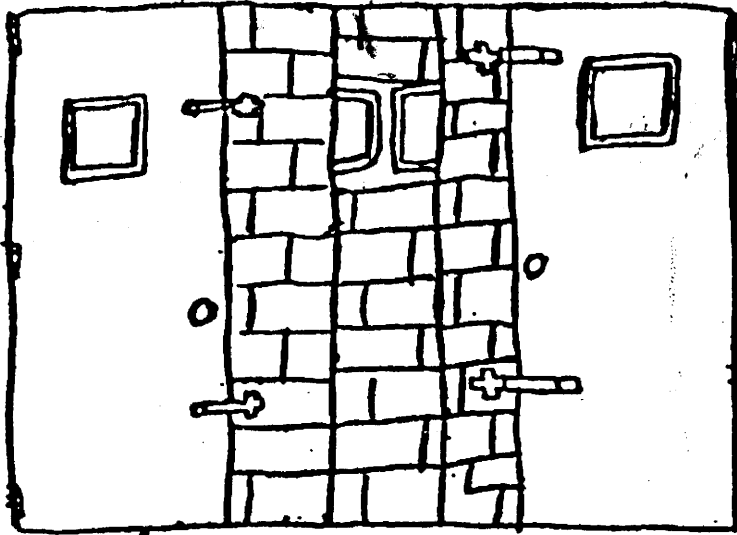
Fig. 1
(Male: 10 yrs.-11 mos.)
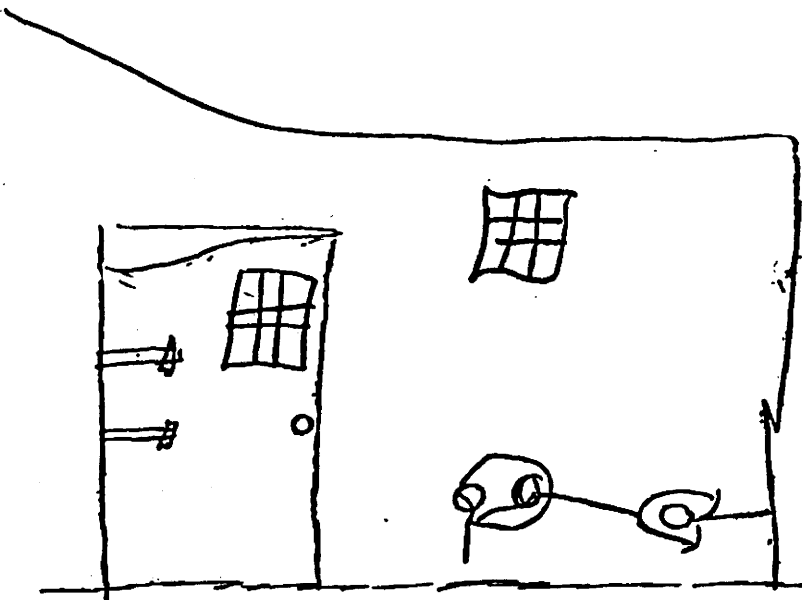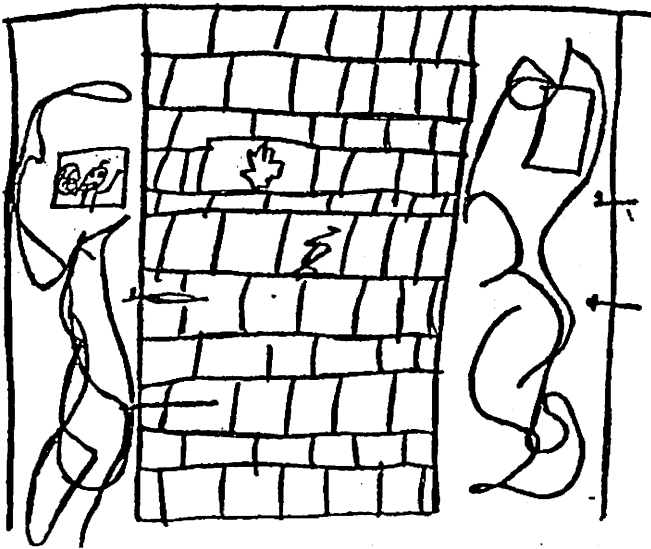

Fig. 2
(Male: 10 yrs.-9 mos.)

Fig. 3
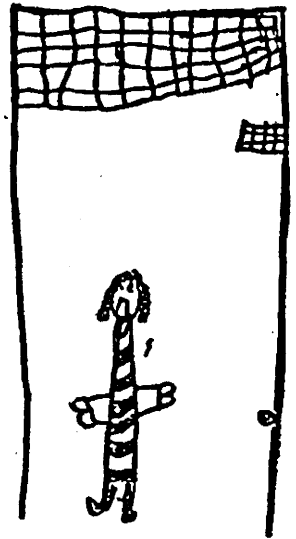(Male: 12 yrs.-10 mos.)

Fig. 4
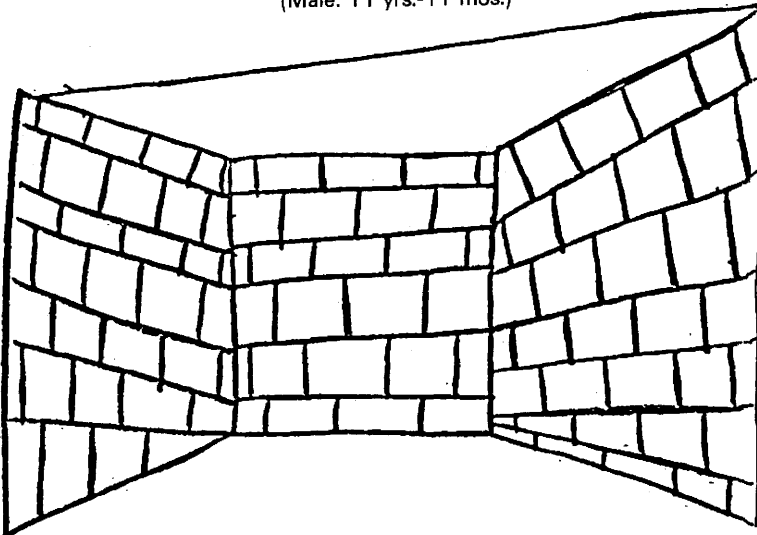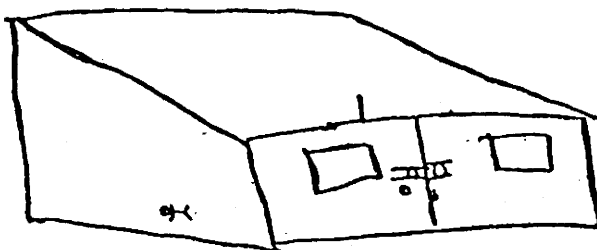(Male: 7 yrs.-7 mos.)

Fig. 5
(Male: 11 yrs.-11 mos.)

Fig. 6
(Male: 12 yrs.-11 mos.)

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