



Restraint & Seclusion in Schools

In Michigan, a 15 year old boy with autism became the second child in the state to die from the use of restraint after four school employees pinned him face down on the floor. After 45 minutes, he became non-responsive, but the restraint continued and he eventually stopped breathing. In Wisconsin, a seven year old girl was restrained as punishment for blowing bubbles in her milk and not following the time out rules regarding movement. She died from suffocation when several adult staff pinned her on the floor. In Georgia, a 13 year old hanged himself in a small, concrete, locked seclusion room using a cord provided by a teacher to hold up his pants. He had pleaded with his teachers that he could not stand being locked in the room for hours at a time; he had threatened suicide in school only a few weeks before.

In addition to shocking cases of death like these, children are injured and traumatized by the use of restraint, seclusion and aversive interventions in school every day.

Currently, there are no federal standards for the use of restraint and seclusion in schools.

What do these techniques involve?

Restraint can be of three types:

- Physical: using various “holds” for grabbing and immobilizing a child or bringing a child to the floor. The child is kept in the restraint position by one or more staff person’s arms, legs or body weight.
- Chemical: using medication to stop behavior by dulling a child’s ability to move and/or think.
- Mechanical: use of straps, tape, cuffs, mat/blanket wraps, helmets, and other devices to prevent movement and or sense perception, often by pinning the child’s limbs to a splint, wall, bed, chair or floor.

Seclusion: Forced isolation in a room or space from which the child cannot escape.

Aversives: Deliberate infliction of physical and emotional pain and suffering for the purpose of changing or controlling a child’s behavior, including electric shock, force feeding, direct physical and corporal punishment, and sensory deprivation (blindfolds, white noise helmets).

The Problem

Restraint and seclusion are often implemented by untrained personnel, resulting in injury, trauma and even death. In January 2009, the National Disability Rights Network issued a report (see resources below) detailing the harmful use of these interventions in over two-thirds of states, involving children as young as three years old in both public and private school settings. Following that report, the Government Accountability Office conducted an investigation finding no federal laws regulating the use of these interventions in schools, and that state laws vary widely if they exist at all. In fact, many states have no laws regulating restraint and seclusion in schools. A

majority of professionals agree that these techniques are not therapeutic or evidence-based. They are used disproportionately on children with disabilities, often for non-dangerous behaviors to force compliance or for convenience. These interventions are traumatizing and dangerous not only for the child, but also for the personnel who implement them and other students who witness them. They frequently escalate a child's fight/flight response, deepening negative behavior patterns and undermining the child's trust and capacity for learning. There are numerous alternatives to restraint and seclusion, including positive behavioral interventions and supports and other de-escalation techniques, which are much more effective at guiding behavior.

The Solution

Representative George Miller (D-CA) and Senator Tom Harkin (D-IA) have introduced companion bills, the Keeping All Students Safe Act (H.R. 1381, S. 2020), which would establish federal minimum standards to limit the use of restraint and seclusion in schools and promote the use of school-wide positive behavioral interventions that have been shown to improve school climate and safety.

Among other improvements, these federal standards would prohibit the most dangerous types of restraint and limit the use of restraint and seclusion to emergency circumstances when there is a risk of harm to the student or others. They would also require training of school personnel in the safe use of restraint and seclusion, as well as positive behavioral interventions, de-escalation techniques and conflict management. The bills would require that students be monitored during restraint and seclusion, and that parents be notified when these techniques are used on their child.

Conclusion

The harmful use of restraint and seclusion is a pervasive nationwide problem. Federal legislation is essential to providing children in all states equal protection from these dangerous techniques and creating a cultural shift toward preventive, positive intervention strategies. Teachers need access to the knowledge and tools that will allow them to protect themselves and their students by preventing problem behaviors and maintaining a positive and healthy educational environment. Some states have laid the groundwork, but federal legislation establishing minimum standards is necessary to achieve these goals and assure parents that their children are safe in our nation's schools.

For more information on this issue, please contact Ellen Jensby at ejensby@aucd.org.

Resources:

National Disability Rights Network, *School is Not Supposed to Hurt* (2009), <http://www.napas.org/sr/SR-Report.pdf>

National Disability Rights Network, *School is Not Supposed to Hurt*, Update (2010), <http://ndrn.org/sr/srjan10/School-Not-Supposed-to-Hurt-%28NDRN%29.pdf>

Council of Parent Attorneys and Advocates, Inc., *Unsafe in the SchoolHouse: Abuse of Children with Disabilities* (2009), http://www.copaa.org/pdf/UnsafeCOPAAMay_27_2009.pdf

Government Accountability Office testimony before the Committee on Education and Labor, *Seclusions and Restraints: Selected Cases of Death and Abuse at Public and Private Schools and Treatment Centers* (2009), <http://www.gao.gov/new.items/d09719t.pdf>

Alliance to Prevent Restraint, Aversive Interventions and Seclusion <http://aprais.tash.org>