



## Preventing the Use of Restraint and Seclusion in Schools: Addressing a National Epidemic

### INTRODUCTION

The Alliance to Prevent Restraint, Aversive Interventions and Seclusion (APRAIS) was established in 2004 by leading education, research and advocacy organizations to protect children with significant disabilities who exhibit challenging behaviors from abuse in schools, treatment programs and residential facilities “in the name of treatment.” Currently, twenty-one national organizations are members of APRAIS. In an effort to eliminate the use of aversive interventions, restraints and seclusion, APRAIS members have united to protect children with disabilities and encourage positive outcomes through the following initiatives:

- Encourage the immediate passage of Federal Law and Regulations to prohibit the use of seclusion and limit the use of restraint to situations that pose imminent danger of serious bodily injury in all schools and educational programs.
- Require the Secretary of Education to assure that States use positive behavior supports to support students with the most complex and intensive behavioral needs. Positive behavior support is a systematic approach of evidence-based practices and data-driven decision that improves school climate and culture. It includes a range of systemic and individualized strategies to reinforce desired behaviors and diminish reoccurrence of problem behaviors, and results in improved academic and social outcomes for all students.
- Require school-based monitoring, reporting and investigation into illegal and dangerous aversive interventions, restraint and seclusion practices and provide support for enforcement through the federally-mandated Protection & Advocacy Systems.
- Raise awareness of the dangers of ARS among parents, educators, health care providers, policymakers and the public through education, research and advocacy.
- Educate families of children with disabilities about Positive Behavior Support and help them to understand their rights and the steps they can take to protect their children from abusive practices.

### RESTRAINT

- **Physical** – use of various “holds” to grab and immobilize a child or bring a child to the floor. The child is restrained by one or more staff person’s arms, legs or body.
- **Chemical** -- use of medication to dull a child’s ability to move or think.
- **Mechanical** -- use of straps, tape, cuffs, mat or blanket wraps, helmets, and other devices to prevent movement or sense perception, often by restraining 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

- **The deliberate infliction of physical or emotional pain and suffering intended to change or control a child’s behavior, including electric shock, force feeding, corporal punishment, and sensory deprivation using blindfolds, white noise helmets, etc.**

## **POLICY CONCERNS**

Despite the fact that restraint and seclusion are strictly limited in nursing homes and mental health facilities nationally because of their potential for harm and the absence of ANY evidence of benefit, they are used as methods of first resort in many of our nation's schools and on the most vulnerable children. There are currently no federal standards limiting the use of these techniques in educational settings. These dangerous techniques are often implemented for non-dangerous behaviors by untrained personnel and staff. The overuse and misuse of restraint and seclusion in schools has resulted in injury, trauma and death. In January 2009, the National Disability Rights Network issued a report detailing the harmful use of these interventions in more than two-thirds of states, involving public and private school children as young as three years old. In response, the Government Accountability Office (GAO) conducted an investigation finding that federal law does not currently exist that regulates 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.

Several examples of the use of restraint that led to the death of a minor in an educational setting were highlighted in both the NDRN report and GAO's investigation, including but not limited to the following:

- 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 for over an hour. He became non-responsive after 45 minutes, but the restraint continued and he eventually stopped breathing.
- In Wisconsin, a 7-year-old girl, restrained as punishment for blowing bubbles in her milk and not following the time out rules regarding movement, died from suffocation when several adult staff pinned her on the floor.
- In Georgia, a 13-year-old hanged himself in a small, concrete, 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, and he had threatened suicide in school only a few weeks before.

In addition to shocking deaths like these, children are injured and traumatized by restraint, seclusion and aversive interventions every day in schools across the United States. Twenty-two states currently have no laws, policies, or regulatory guidance whatsoever on the use of restraint or seclusion on children in schools. 90% of all states and territories still allow the use of prone restraints, and less than 50% of the States require schools to notify parents and guardians when seclusion or restraint is used. Furthermore, there are no requirements for schools to report when, why and how often seclusion and restraint is used. This lack of transparency and monitoring results in thousands of students being repeatedly abused through these archaic techniques. Rarely do we as the American public find out about it until it is too late and the child is irreparably harmed or even killed.

There currently exists no literature that supports the use of seclusion and restraint practices on children. Restraint and seclusion practices are used disproportionately on children with disabilities, often for non-dangerous behaviors to force compliance or for the convenience of staff. They frequently escalate a child's fight-or-flight response, deepen negative behavior patterns and undermine the child's trust and capacity for learning. Additionally, seclusion and restraint techniques are traumatizing and dangerous not only for the child, but also for the personnel who implement them and other students who witness them. The vast majority of education and mental health professionals and literature agree that restraint and seclusion are not therapeutic, evidence-based practices and that their use should be extremely limited. There are numerous evidence-based alternatives to restraint and seclusion, including positive behavioral interventions and supports and other de-escalation techniques, which are much more effective at improving behavior.

## **HISTORY OF LEGISLATIVE ATTEMPTS TO ESTABLISH FEDERAL RESTRICTIONS ON THE USE OF RESTRAINT AND SECLUSION IN SCHOOLS**

U.S. Representatives George Miller (D-CA) and Cathy McMorris-Rodgers (R-WA) introduced the Preventing Harmful Restraint and Seclusion in Schools Act (H.R. 4247) in the 111<sup>th</sup> Congress. This legislation was renamed the Keeping All Students Safe Act and passed the House of Representatives on March 3<sup>rd</sup> by a vote of 228-184. The bill established federal minimum safety standards to limit the use of restraint and seclusion in schools by:

- Banning the use of mechanical and chemical restraints, physical restraints that restrict breathing and aversive interventions that compromise health and safety;
- Prohibiting physical restraint and seclusion being used as planned interventions; they should only be used as a last resort in emergency circumstances where a student's behavior poses an imminent danger of physical injury and less restrictive interventions would be ineffective;
- Requiring school personnel who implement the techniques to be trained and certified, and require that they continuously monitor students during interventions;
- Requiring schools to establish procedures to be followed after restraint or seclusion are used, including parental notification;
- Requiring states to report the yearly number of restraint and seclusion incidents; and
- Creating a discretionary grant program to assist states, districts and schools to establish, implement and enforce the minimum standards; support data collection and analysis; support staff training; and improve school climate and culture through the implementation of school-wide positive behavior supports.

U.S. Senator Christopher Dodd (D-CT) introduced a companion bill (S. 2860) to the House, but later introduced a revised version of the legislation in late 2010 (S. 3895). This version allowed the use of seclusion and restraint practices to be written into the Individualized Education Plan (IEP) of a student with disabilities, which deeply divided the disability community in its response to the legislation. Negotiations among Senate leadership, disability policy stakeholders, and national education organizations intended to forge a consensus took place in the fall of 2010, but no legislation moved in the U.S. Senate before the end of the 111<sup>th</sup> Congress.

#### **ACTION REQUESTED**

The harmful use of restraint and seclusion is a pervasive, nationwide problem. Federal legislation is essential to provide children in all states equal protection from these dangerous techniques and create a cultural shift toward preventive, positive intervention strategies. Teachers need the knowledge, training, tools and support to protect themselves and their students by preventing problem behaviors and maintaining a positive and healthy educational environment. Federal legislation restricting the use of restraint and seclusion is critical to assure the safety of all children in our nation's schools. For more information, please contact Barb Trader, Executive Director, TASH, [btrader@tash.org](mailto:btrader@tash.org), 202-540-9013.

#### **ADDITIONAL RESOURCES:**

- Alliance to Prevent Restraint, Aversive Interventions and Seclusion <http://aprais.tash.org>
- Congressional Research Service. *The Use of Seclusion and Restraint in Public Schools: The Legal Issues* (2009), <http://openocrs.com/document/R40522>
- 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](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>
- 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/Schoo-%20is-Not-Supposed-to-Hurt-%28NDRN%29.pdf>