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Daniel E. Zaccaro
University of Northern Iowa

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UNREGULATED, UNTRAINED, AND UNAWARE: RESTRAINT AND SECLUSION PRACTICES IN EDUCATIONAL SETTINGS

An Abstract of a Thesis

Submitted

In Partial Fulfillment

Of the Requirements for the Degree

Specialist in Education

Daniel E. Zaccaro

University of Northern Iowa

May, 2014

ABSTRACT

Current and historical trends of restraint and timeout use, particularly in school environments, were examined through a review of relevant literature. The use of these techniques has changed over time, and resulting injuries have increased the public's awareness of their dangers. While some believe that these techniques provide a therapeutic benefit to individuals or are necessary to defuse crisis situations, others argue that the risk of physical and psychological harm usually outweighs any potential benefit. A lack of regulation and training standards has likely led to inconsistent procedures between states, districts, and school buildings. This variability has limited the ability of researchers to investigate nationwide trends or offer consistent recommendations for how to minimize risk. However, research has demonstrated the effectiveness of certain strategies such as proactive positive behavioral approaches and focused training. Court cases have also provided some guidelines for restraint, favoring parties that have demonstrated forethought and standard procedures. Since a number of significant injuries, including psychological trauma and death, have occurred as a result of physical interventions, providing guidelines for their use will be essential in promoting a safe and productive learning environment.

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This Study by:

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Entitled:

Unregulated, Untrained, and Unaware: Restraint and Seclusion Practices in Educational Settings

has been approved as meeting the thesis requirement for the

Degree of Specialist in Education.

_____	_____
Date	Dr. Robert Boody, Chair, Thesis Committee
_____	_____
Date	Dr. Susan Etscheidt, Thesis Committee Member
_____	_____
Date	Dr. Stephanie Schmitz, Thesis Committee Member
_____	_____
Date	Dr. Michael J. Licari, Dean, Graduate College

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CHAPTER 1

INTRODUCTION: A BROKEN SYSTEM

In 2002, a 14 year old boy diagnosed with post traumatic stress disorder died after a 230 pound special education teacher laid on him as punishment for leaving his seat (Kutz, 2009). In another instance, a child was placed in multiple timeouts over several days until he tried to hang himself after a 4-hour timeout. The National Disability Rights Network (NDRN, 2012) detailed this incident and others in a report investigating the use of restraint and timeout throughout schools in the United States.

The documented use of restraint techniques dates back to 18th century France, when Phillippe Pinel developed them for use in psychiatric hospitals (Weiner, 1992). At times, restraint and timeout techniques have been controversial and investigations into deaths and injuries have recently increased public awareness (Appelbaum, 1999). Basic recommendations for their use have emerged, such as avoiding restraints that place a student on his or her stomach or back, put pressure on vulnerable areas (e.g. neck, chest), or obstruct the airway (The Council for Children with Behavioral Disorders [CCBD], 2009). Despite being designed for psychiatric hospitals, parents report that school staff members have used seclusionary timeout or restraint with their children, many diagnosed with disorders such as autism or emotional disturbance (Westling, Trader, Smith, & Marshall, 2010). However, issues of restraint and seclusion

affect more than just students with special needs, as those in general education environments have also received these consequences (Peterson, 2010). While the terms “punishment” and “consequence” are often used interchangeably, this paper will refer to consequences as a response to behavior with an instructional focus. On the other hand, punishment will refer to strictly punitive measures that are not intended to teach appropriate behaviors.

Although restraint and seclusionary timeout are separate techniques, many studies have investigated them together (Amos, 2004; Appelbaum, 1999; Busch & Shore, 2000). Authors do not always differentiate between the two consequences, so establishing specific trends can be difficult. This paper will provide an overview on the types of timeout and restraint as well as the arguments against their use. The physical and psychological dangers will be considered as well as how to minimize them. Next, the implications of legislation and court case decisions will be reviewed. Finally, inconsistencies between states, districts, and school buildings will be discussed, as well as which approaches have been shown to be more effective at reducing the frequency of restraints or timeouts.

CHAPTER 2

TIMEOUT

Variations of Timeout

Timeout, often defined as the removal of reinforcement from an individual, remains prevalent throughout schools in America (Readdick & Chapman, 2000; Ryan, Sanders, Katsiyannis, & Yell, 2007). Of the many types of behavioral techniques available (such as differential reinforcement or environmental modification), timeout can become more intrusive for the child (Costenbader & Reading-Brown, 1995). Despite being initially designed to change deviant behavior in clinical settings, timeout has been used to punish noncompliance in school environments (Readdick & Chapman, 2000). Despite its straightforward definition, timeouts range from planned ignoring to complete removal from a classroom environment (Wolf, McLaughlin & Williams, 2006).

Inclusionary timeout, a less restrictive variety, involves temporarily barring students from participation in classroom activities while allowing them to remain in the room (e.g. facing the corner or putting their heads down). Exclusionary timeouts restrict that student from not only participating, but also from observing the class, such as when a student is sent from a classroom to the hallway or principal's office. The most restrictive variation, seclusionary timeout, occurs when a student is sent to an isolated location away from both peers and adults. Although empty rooms are more common, students have also been placed in

environments such as large cardboard boxes or specially designed “timeout booths” (Ryan, Peterson, Tetreault, & Vander Hagen, 2007b). Authors do not always make a distinction between timeout and seclusion. Timeout is generally used as part of a behavior plan to instruct students about appropriate behaviors and includes assumptions about environments and intentions of the consequence. On the other hand, seclusion is generally more punitive and isolates students without an instructional component or specific environmental changes. Identifying when a consequence can be defined as timeout or seclusion can be subjective, making it difficult to isolate the two when establishing trends. When discussing research results, this paper will often not make the distinction between seclusion and timeout, as deviations from the definitions set forth by the authors could change their intended conclusions.

While all states allow seclusionary timeout, the procedures concerning parental notification, training, and documentation requirements remain inconsistent between them. This can make between-state analyses difficult, especially since definitions do not always align. For example, while the Arkansas Department of Education defines timeout as the removal of reinforcement opportunities, the Maine Department of Education guidelines only apply when students are sent to specific timeout rooms. In addition to inconsistent definitions and procedures, several states, such as Louisiana and Idaho, have no statutes or regulations concerning seclusion and restraint (U.S. Department of Education

[DE], 2010). Missing regulations in some states or inconsistent guidelines may cause staff members to be uncertain about when and how to use these procedures. Also, one would expect that states with more exclusive definitions would document fewer timeouts compared to those with broader classifications. The next section will detail some of the negative consequences of timeout as suggested by recent literature.

Consequences of Timeout

Removing students from the classroom reduces the amount of instruction they receive and may reinforce negative behaviors if the function of the behavior is to escape academic demands (Grskovic et al., 2004). Besides missed instruction, potential negative psychological side effects from timeout have also been documented. Readdick and Chapman (2000) interviewed 42 preschool students in 11 childcare centers and found that those with frequent timeouts (defined as removing students from an activity and sending them to an isolated area) indicated feeling more afraid, sad, and less liked by their peers. Additionally, the majority of these students could not correctly state the reason for their timeout or refused to explain their behavior. This suggests that young children may sometimes be unaware of why they receive timeouts and are therefore unable to correct future behaviors. However, the failure of the students in this study to explain why they received a timeout may be influenced by their early developmental level. It is reasonable to assume that students of this age

would have difficulty both understanding the reason for a consequence and articulating this reason to researchers. Someone working from a cognitive perspective would want students to understand the reason for a consequence and may see this study as evidence for the ineffectiveness of timeout. However, someone with a behavioral approach would find this reasoning unnecessary, as consequences alone would be expected to influence behavior. The authors of this study suggest that frequent timeouts lead to feelings such as fear or sadness. However, the evidence is correlational, meaning that only a relationship (and not a causal link) between timeout and negative emotions has been demonstrated. While timeouts may influence a child's emotional state, another possibility is that children feeling sad or afraid tend to demonstrate more negative behaviors that in turn lead to timeout.

Kutz (2009) found that timeout has been used excessively and inappropriately, possibly resulting in psychological damage. For example, an 11 year old child was held in a room with limited food for prolonged amounts of time and later diagnosed with post traumatic stress disorder. While the author suggested that the diagnosis was a direct result of these timeouts, he did not provide any evidence for this causality. In their study of 156 students with emotional disturbance at a special education facility, Costenbader and Reading-Brown (1995) found that, based on the high number of timeouts used, this consequence alone did not teach alternative behaviors and additional behavioral

management programs may be needed. Since timeout reduces the amount of academic instruction and can have negative psychological side effects, educators should be cautious when using it as their primary response to behavior problems. Fortunately, research provides some guidance on how the number of timeouts can be reduced by preventing the inappropriate behaviors that precipitate them.

Timeout Prevention

Researchers have made recommendations for reducing the amount of timeouts used in educational settings. Sutherland, Wehby, and Copeland (2000) found that increasing the amount of praise given by teachers by a factor of five increased the on-task behavior rate from 56% to 85% for nine elementary students diagnosed with emotional and behavioral disorders. Increasing the frequency of a teacher's praise may make the classroom more reinforcing, which makes leaving that environment a greater consequence for the student. Ryan, Sanders et al. (2007) gave the hypothetical example of a child being temporarily removed from a game at recess for inappropriate behavior. If the child enjoys the game, a reasonable person would expect him or her to decrease this behavior, as this consequence removes the reinforcement.

Preventative measures such as school-wide Positive Behavioral Interventions and Supports (PBIS) have also been shown to effectively reduce inappropriate behaviors (Renshaw, Christensen, Marchant, & Anderson, 2008). For example, after putting a school-wide behavior intervention plan in place, a

day school (grades K-12) reduced seclusionary timeouts by 65.6%, an average of 1.68 fewer each day. This plan involved promoting inclusion timeouts over seclusion, developing specific behavior plans, and trying simple strategies first, such as talking though problems with students. Based on the average time spent on each incident, the researchers calculated that a total of 245 school hours were saved as a result of this plan (Ryan, Peterson, Tetreault, & Vander Hagen, 2007a). However, the results of this study may not generalize to public education settings, as the population of this school consisted of students who had previously demonstrated inappropriate behaviors.

A different school implemented a system that made expectations clear, gave points for good behavior, and actively taught conflict resolution skills. The first year of this program resulted in 69% fewer physical restraints and a total of 77% fewer timeout minutes despite an 8% increase in enrollment (Fogt & Piripavel, 2002). As in the previous study, these results may not fully generalize, as all participants were diagnosed with Emotional and Behavior Disorder (EBD), Pervasive Developmental Disorder (PDD), or Autism. Finally, a separate study used a brief timeout method that involved moving beads on a string and counting to ten, along with other strategies such as praise and social reinforcement. This plan also significantly reduced the number of timeouts given as well as the amount of behavior escalations among a group of 12 students with emotional or behavior disorders (Grskovic et al., 2004).

These studies demonstrate that implementing school-wide systems that encourage proactive behavior management may reduce timeouts. However, a significant problem exists with the limited variability of participants. Researchers rarely investigate the use of timeout in public education settings and instead focus primarily on students with emotional or behavior disorders. This decreases how confidently one can generalize these results to make assumptions about typical school environments. Researchers also commonly investigate the use of timeout and restraint together, which makes isolating specific trends between them more difficult. The next chapter will use existing literature to discuss the regulations, trends, and consequences of restraint.

CHAPTER 3

RESTRAINT

A Lack of Guidelines

According to the CCBD (2009), restraint can be categorized as mechanical (using straps, ropes, or weights), chemical (using medication to control behavior and movement), or physical (holding an individual to control behavior). Guidelines vary between environments such as psychiatric hospitals, schools, or law enforcement situations, which may influence the type and severity of restraints used (Ryan & Peterson, 2004). Although originally designed for clinical settings, restraint has been used in schools as a response to minor disruptions such as noncompliance, which moves beyond the standard of extreme or dangerous situations (Peterson, 2010; Ryan et al., 2007b).

Unfortunately, few researchers have investigated the prevalence of restraint in school settings (Ryan & Peterson, 2004). This may be partially due to inconsistent guidelines, definitions, and documentation procedures, which make state comparisons and national trends hard to establish. For example, while placing a child in a locked room could be classified as physical restraint in Louisiana, Colorado specifically excludes this scenario from its definitions (DE, 2010). The limited public understanding of the dangers of restraint may contribute to the lack of standard definitions and guidelines. Insufficient public knowledge may have influenced Mohr and Nunno (2011) to promote education on the

dangers of restraint and argue that informed consent documents for restraint should clearly warn against possible injuries such as death or trauma. The lack of specific guidelines surrounding restraint may contribute to its broad use. Although the exact prevalence of restraint in the schools remains uncertain, research has demonstrated several emerging trends, which will be discussed in the next section.

Trends for Restraint

In 2012, the Office for Civil Rights (OCR) released statistics, as reported by each school district, concerning disciplinary actions of public schools during 2009-2010. These data showed that, despite representing only 12% of the overall sample, students with disabilities received 69% of all physical restraints. This suggests that students with disabilities receive a disproportionate amount of restraints as compared to more typical student populations. The OCR data also suggests that gender influenced the use of seclusion and restraint. Among students *without* disabilities that were restrained or secluded (separate figures were not provided), 70% were male, despite them representing around 50% of these students. Finally, among students *with* disabilities, African Americans represented 44% of those given mechanical restraints, despite representing only 21% of that sample. These findings suggest that the use of restraint or seclusion in public school settings may be influenced by gender, race, or the diagnosis of a disability. However, as with all correlational data, these results should be

interpreted carefully and do not provide any evidence for a causal link between a student's gender, race, or disability and how often that student receives a consequence of seclusion or restraint.

Ryan et al. (2007b) found that, in a special day school, 80.9% of documented restraints involved students from elementary schools, compared to 14.7% from middle schools and 4.4% from high schools. This suggests that age may influence the use of restraint, although other factors such as different behavioral expectations, maturity levels, or physical size could partially explain this trend. A study investigating the consistency of restraints in hospital, residential, and day treatment school classrooms found their use to vary considerably across and within environments even when controlling for age, gender, problem intensity. Based on this, Persi and Pasquali (1999) found that patterns of restraint were difficult to establish and that other variables such as coping skills or previous traumas should be analyzed in future research. Recently, Villani, Parsons, Church, and Beetar (2012) investigated six years of crisis management data from a special education day school and found that elementary and middle school students were restrained significantly more often than those in high school.

While some trends have emerged, more research is needed to confirm or disconfirm preliminary studies and investigate the consistency between different environments such as hospitals and public or alternative school settings. Due to

the limited amount of scientific literature studying restraint in educational settings, less is known about its prevalence in schools or the reasons for which it occurs. In her study of how restraint and seclusion can negatively impact relationships, Amos (2004) argued that future research should incorporate multiple sources of data, including observations, documentation reviews, and interviews with the children directly affected (when age-appropriate). The additional insight of these sources of information may help further identify existing trends as well as any negative side effects associated with restraint. Although the scientific community has much to learn about the issue, especially as related to public school settings, the misuse and negative consequences of restraint have been consistently demonstrated and will be discussed in the following sections.

Misuse of Restraint

Researchers such as Weiss (1998) argue that physical interventions are used too often and the lack of standards and training make them dangerous. Petti, Mohr, Somers, and Sims (2001) have shown that the use of restraint can go beyond preventing harm to oneself or others. In their study of a hospital setting for emotionally disturbed adolescents, they found that although 65% of seclusion and restraint incidents occurred for safety reasons, 25% were for less severe behaviors such as noncompliance or anger. Reports from agencies such as the U.S. Government Accountability Office (GAO), previously named the U.S. General Accounting Office, and the NDRN have also detailed the misuse of

restraint. For example, a Tennessee public school teacher strapped a six year old student to a cot to prevent him from wandering (GAO, 1999). In another case, a teacher in Arizona restrained a child to a chair as punishment for disrupting class (NDRN, 2012).

A survey by Westling et al. (2010) provides evidence for how frequently restraint and timeout has been used. Out of 1,293 parents or guardians of children with disabilities questioned, 64.7% indicated that procedures such as restraint or seclusion were used with their child, although distinctions between the two were not specified. Almost half of the participants reported their children as having an autism spectrum disorder diagnosis, which reduces how confidently these results can be generalized to other student populations. Similarly, Ryan et al. (2007b) surveyed staff members in a public day school for students diagnosed with emotional and behavior disorders and found that 73.3% reported using restraint on children, with 26.7% of them reporting weekly use. Restraint can also negatively reinforce a staff member when it leads to the child's removal from the environment, which may partially explain its prevalence (Dunlap, Ostryn, & Fox, 2011).

Rather than working proactively to improve behavior problems before they occur, relying on restraint forces staff members to instead react to extreme situations (Peterson, 2010). Implementing strategies to prevent inappropriate behavior may help reduce the misuse of restraint. Limiting the use of restraint

becomes especially important when considering the physical and psychological dangers that have occurred.

Dangers and Unintended Consequences

Reports have provided evidence for the potential physical consequences associated with restraint. However, due to the varying regulations concerning the documentation and reports of restraint, the number of related injuries can only be estimated. The Hartford Courant described 142 restraint-related deaths in settings such as group homes and psychiatric facilities over a period of ten years. Among these fatalities, 26% were children, approximately two times their representative proportion in mental health settings (Weiss, 1998). In addition, a report from the GAO (1999) identified 24 fatalities that occurred in residential treatment or inpatient facilities as a result of restraint or seclusion (distinctions between the two were not made) during 1998. However, this report also emphasized that actual numbers were likely higher due to incomplete documentation and reporting procedures. Based on a review of restraint fatalities in hospitals and long term care facilities, the Joint Commission on Accreditation of Healthcare Organization (JCAHO) found that a common cause of death involved positional asphyxiation, which can be caused by weight on the back or the blocking of airways (1998). Strangulation and heart problems have also lead to fatalities during physical interventions (Weiss, 1998). More recently, Kutz (2009) found other causes of death to include a lack of oxygen, chest pressure,

and suffocation. In addition to fatalities, he reported other injuries such as broken bones, bloody noses, scratches, and bruises. While restraint has led to serious injuries or death, psychological side effects have also been demonstrated.

In addition to physical trauma, psychological trauma or anxiety may occur as a result of restraint practices. Dunlap et al. (2011) argue that restraint can lead some children to associate classrooms and schools with fearful or scary situations, negatively affecting their relationship with adults. Restraint and seclusion have also been associated with psychological injury in children, and traumatic events may harm individuals even if no physical damage occurs (Kutz, 2009). Restraint techniques can also limit the trust between school staff and parents. Although public awareness for restraint has increased, some parents have reported facing coercion and threats of suspension or loss of placement for their child if they did not provide consent for these procedures (Amos, 2004). Ryan, Robbins, Peterson, and Rozalski (2009) believe that better training on safety guidelines and preventative measures can help staff better understand less restrictive options when dealing with escalating behavior. The following section will investigate the inconsistent regulations of and training for restraint techniques, both of which may contribute to their frequent use.

Inconsistent Training and Regulations

Many classroom teachers have reported feeling unprepared to deal with challenging student behaviors (Westling, 2010). For example, they may be

unaware of positive supports, such as praising appropriate behavior or scheduling attention, and as a result use more restrictive responses such as physical restraint. The JCAHO (1998) report found that inadequate training may at least partially contribute to deaths during restraint procedures. Ryan and Peterson (2004) argue that training should focus on managing and preventing crises, knowing how and when to use physical restraint, and being prepared for life threatening complications with cardiopulmonary resuscitation (CPR) certifications. This broad training would include preventative strategies but would also prepare staff to deal with behavior escalations should they occur. Despite this suggestion of incorporating CPR into training, a review of the DE (2010) report on state guidelines for restraint found that only the U.S. Virgin Islands requires this. However, the report also found that several states, such as Colorado, Connecticut, and Louisiana, require adults to monitor the health and safety of children placed in restraint. As of 2009, only 31 states had guidelines in place for using restraint in public schools, and 16 states explicitly describe physical restraint as an appropriate response to property destruction (Ryan et al., 2009).

The CCBD has called for mandatory conflict reduction training in school settings, creating a focus on preventing escalated behaviors (2009). Nation-wide training programs from the Crisis Prevention Institute (CPI) advertise large reductions in assaults, challenging behavior, and restraints following their

completion (n.d.). This CPI training focuses on intervening early and preventing conflicts from escalating to the point where physical interventions are needed. Although no research for the effectiveness of training programs could be found for public education settings, Ryan et al. (2007b) found that training, including the CPI Nonviolent Crisis Intervention, effectively reduced the number of restraints that occurred in a day school program.

School settings remain without standard training guidelines or accreditation requirements (Ryan & Peterson, 2004). This lack of standards makes claims difficult to empirically validate since varying definitions or documentation rules can influence results. The limited training guidelines for restraint in school settings may be the result of few federal regulations. Although fields of medicine and psychiatry have federal regulations, accreditation requirements, and professional guidelines for restraint, these do not apply to public school settings (Ryan et al., 2009). For example, while the Children's Health Act established national standards for physical restraint, its scope did not go beyond psychiatric facilities (Children's Health Act, 2000). Additional government oversight may motivate school systems to establish training programs or standardize the documentation of physical interventions.

Fortunately, minimal guidance does exist, such as the United States Food and Drug Administration (FDA) regulating mechanical restraint devices. However, many states do not specifically prohibit the use of these mechanical restraints

(DE, 2010). The Individuals with Disabilities Education Act (IDEA), originally passed in 1975 and updated most recently in 2004, represented a turning point in the educational equality of children. While this act requires that discipline procedures be the same for children with and without disabilities, it does not specifically prohibit or guide any restraint practices (IDEA, 2004). Despite this, developers of future regulations may look to several principals outlined in IDEA for guidance, including least restrictive environment, staff qualifications, and the risk of harm (McAfee, Schwilk, & Mitruski, 2006).

Recently, the Keeping All Students Safe Act (2009) has been reintroduced as is currently being legislated. This bill is designed to protect against the abuse of restraint and seclusion in school settings. It would establish minimal standards that prohibit mechanical and chemical restraints or dangerous physical restraint practices. It would also establish crisis intervention training requirements for school personnel and mandate parental notification procedures. Finally, this bill would prohibit staff members from including physical restraint in a behavior plan or otherwise planning on its use. Although inconsistent training, guidelines, and documentation have made studying restraint techniques difficult, researchers have used empirical data to outline suggestions for their use.

Improving Restraint Practices

Before school districts can operate with a common focus, standard definitions should be agreed upon. For example, many states have different

definitions for restraint and allow school staff to use “reasonable force” when dealing with dangerous behavior (DE, 2010). Terms such as this should be clearly defined so staff members do not make decisions based on their personal interpretations. Also, proper guidance and training programs can help reinforce the appropriate level of response when dealing with crisis situations (Bickel, 2010). McAfee et al. (2006) have proposed recommendations such as defining restraint and other key terms, specifying limitations, and establishing school procedures even if state polices do not exist. They also recommend establishing methods of emergency communication in high-risk environments so additional staff members can respond quickly. As well as decreasing the chance of injury to students and staff, additional adults increase the number of witnesses and may allow for better documentation (McAfee et al., 2006). Finally, the NDRN (2012) encourages school restraint policies to include the following:

- Train on the proper use of restraints and school-wide prevention strategies.
- Limit the use of restraint and seclusion in non-emergency situations.
- Document and inform parents of all incidents of restraint.
- Prohibit dangerous techniques, such as those that restrict breathing.

School administrators do not need to wait for state or federal regulations to become established before creating their own standards. Until national or statewide guidelines are agreed upon, implementing some of the suggestions listed above may reduce the number of restraints used or the negative

consequences resulting from them. Inconsistent guidelines between states often leave courts with a powerful influence on public policy. The next chapter will provide a brief overview of prominent legal cases concerning restraint and discuss their implications.

CHAPTER 4

LEGAL HISTORY AND IMPLICATIONS

According to Ryan et al. (2009), 16 states explicitly describe physical restraint as an appropriate response to property destruction. A review of the DE (2010) guidelines confirmed this, but also revealed the different standards between these states, such as some requiring property destruction to be severe or imminent. However, the words “severe” and “imminent” are not always clearly defined and could be interpreted differently between staff members. Although the NDRN (2012) recommends against using restraint as a form of punishment, several states do not specifically prohibit this (DE, 2010). This suggests that restraint could have different legal implications in certain states depending on the reason for its use. Inconsistencies between states may lead to a staff member’s inaction due to uncertainty about the law (Ryan et al., 2009). Without a monitoring system in place, school administrators may have little incentive to follow guidelines and may not be held accountable for their mistakes.

Limited accountability and inadequate training can make using restraint a risky practice for school officials in many states. Although comprehensive training programs or PBIS may decrease the prevalence of restraint or the number of injuries it causes, few states mandate these procedures (DE, 2010). Considering the high potential for lawsuits, career destruction, and student injury or death, one would expect more states to adopt or strengthen their training and other

official policies concerning restraint (McAfee et al., 2006). Instead, the inaction of some state governments suggests that they do not view this as a problem serious enough to regulate, or incorrectly assume that federal oversight covers the issue. As a result of limited legislation, court rulings for relevant cases may provide guidelines for restraint. Out of the many available court cases, this section will focus on Ingraham v. Wright and Converse v. Nelson, which represent significant rulings with far-reaching implications for the use of restraint.

In 1977, the Ingraham v. Wright Supreme Court decision found that restrictions on restraint do not apply to public schools. This court did not see a need to extend the regulations to the school system because unreasonable acts conducted by teachers and administrators could still be punishable under civil and criminal law (Ingraham v. Wright, 1977). The OCR often rules on cases dealing with the Americans with Disabilities Act (ADA) and Section 504 when they concern public schools. Federal and state courts, as well as the OCR, have previously ruled that restraint techniques did not violate rights when used as part of a behavior modification plan or to prevent harm by controlling violent behavior (Ryan & Peterson, 2004). However, in Converse v. Nelson (1995), the Massachusetts Superior Court ruled against a school that implemented an inappropriate behavior plan that used punishment as a form of treatment. This suggests that plans, while encouraged, should be appropriately designed. Appropriate behavior plans would include less intrusive behavioral modification

techniques, individualized responses based on student behavior, and consistency with state and federal policies.

Although the judicial branch cannot write legislation, it can influence policies. For example, courts have ruled in favor of schools that have established procedures and guidelines for restraint practices (McAfee et al., 2006). Having school-wide policies not only demonstrates forethought, but can also increase the consistency of documentation. As well as rewarding official school policies, courts have consistently ruled against the use of mechanical restraints such as rope, duct tape, and handcuffs, while permitting less severe forms such as blanket wrapping or tray chairs (Ryan & Peterson, 2004). However, several states, such as Illinois and Maryland, specifically prohibit all forms of mechanical restraint (DE, 2010). Court decisions seem to distinguish between the purposes of restraint, favoring those used to prevent harm over those used as punishments or for therapeutic benefit (McAfee et al., 2006).

Since rules for documenting incidents of restraint vary between states and school districts, injuries and accidents may go unnoticed by the general public. Fortunately, court documents provide some record of these cases. For example, the GAO investigated 10 incidents of restraint that resulted in the death or serious injury of children with disabilities, the majority of which occurred in public school settings. These cases involved problems such as staff members blocking air to a student's lungs or failing to receive parental consent or relevant training.

Surprisingly, half of the teachers and staff involved in these cases continue to be employed as educators (Kutz, 2009). The reason for their continued employment was not elaborated, which may be a result of confidentiality issues surrounding litigation. This investigation revealed serious flaws with the current practices of restraint and seclusion in public school settings. Along with limited accountability and training, parents may be unaware of the restrictive physical interventions used on their children. In order to rectify these problems, consistent legislation should be established so ethical and safety standards can be followed and enforced. In order to maximize their effectiveness, regulations, guidelines, and training programs should be based on evidence as demonstrated by professional research, which will be discussed in the final chapter.

CHAPTER 5

DISCUSSION AND RECOMMENDATIONS

Current Seclusion and Restraint Research

This chapter will review important findings from research on restraint and seclusion as well as provide recommendations for their use. Despite the large number of studies that have been conducted on the use of restraint and seclusion, many have investigated clinical settings instead of public schools. As a result, the number of restraints that occur in these environments can only be estimated. In addition, research may underestimate these rates, as restraint can go unnoticed or unreported (Weiss, 1998). As previously stated, the varying definitions and reporting practices between states also makes accurate estimates difficult to obtain. A recent Council of Parent Attorneys and Advocates summary by Butler (2009) documents 185 children who were subjected to seclusion or restraint interventions. Of these, 71% did not have behavioral intervention plans in place, which are designed to provide guidance to staff members such as using positive behavioral supports for students. While 185 children may not seem significant compared to the entire student population, it is reasonable to assume that if 185 cases were severe enough to lead to court mediation, more incidents occurred that either went unreported or did not escalate to this level of severity.

To counteract this frequent use of restraint, Butler (2009) recommends creating and enforcing laws such as mandatory PBIS implementation and limiting

the instances where restraint and seclusion can be used. However, staff members may resist the mandate of a program such as PBIS, which may not be appropriate in all settings. Instead of a mandating a specific program, the core ideas of PBIS, such as consistent rules and a focus on proactivity could be effective ways to address inappropriate behaviors. Since restraint can occur in response to severe behavior, plans should be in place for students with known behavioral difficulties. However, these plans are not always kept up to date or remain unwritten. This lack of forethought suggests that staff members may react to behavior problems instead of proactively working to prevent them (Butler, 2009). Unfortunately, one survey by Westling et al. (2010) suggests that schools do not always obtain parental permission prior to using restraint and seclusion or notify parents after they occur. As a result, these procedures could potentially be abused for an unknown period of time before parents are informed. In addition to a lack of standardized documentation procedures, the wide variety of restraint techniques makes it difficult to create meaningful comparisons between them. Types of restraint include using sedatives, physical force, or clothing and ropes to restrict movement (Busch & Shore, 2000). Disagreement about which types to include in a study could influence the results of a meta-analysis designed to investigate larger trends.

Studies have generally demonstrated that comprehensive school-wide interventions can be used to limit the number of situations involving seclusion

and restraint. One study by Ryan et al. (2007b) analyzed the effect that ongoing crisis management and de-escalation training had on seclusion timeout and restraint use in a public day school for students with emotional and behavioral disorders. The researchers found this training to reduce the number of restraints used over the entire school year by 17.6%. Although a significant reduction, students in this study do not represent those in typical public schools, and results may or may not generalize to other settings. In addition to understanding the prevalence of restraint, analyzing common antecedents may also help reduce its use.

Self-reports from the staff at a psychiatric hospital indicated that 65% of restraints occurred following a safety threat, with 25% being used due to noncompliance. However, when patients were asked to describe why they were restrained, they often disagreed with staff members, claiming that 41% of restraints were for safety reasons, with 19% for noncompliance (Petti et al., 2001). This suggests that, while safety issues were the most common cause of restraint, noncompliance may also be a significant antecedent. However, these conclusions are based on self-reports, which could be less accurate than relying on documentation reviews or observations. A different study in a day school setting for students with emotional or behavior disorders analyzed the reasons for seclusion and restraint by comparing staff surveys to actual observations. Although “physical aggression toward staff” was indicated as the antecedent 90%

of the time, independent observers found that noncompliance or leaving the area accounted for nearly 66% of the cases (Ryan et al., 2007b). This suggests that personnel may not always be honest or aware of the reasons for the consequences they administer. Therefore, future studies investigating the antecedents of restraint should include reviews of incident reports and observational data instead of relying exclusively on staff reports.

Inappropriate behaviors of students with special needs may sometimes be triggered by unexpected causes, such as with loud noises or changes in routine (Bickel, 2010). Staff members should be aware of these circumstances and researchers should take them into account when analyzing trends. By focusing primarily on student-staff interactions, they may overlook environmental influences that could weigh heavily into restraint efficacy and prevalence analyses, possibly limiting the validity of such studies. Future research should investigate what types of restraint occur in school settings and how often, incorporating multiple sources of information to better triangulated the data. As this section has shown, the literature provides some information on the inconsistencies of restraint definitions, antecedents, and documentation requirements. The next section will investigate a proactive approach, which focuses on resolving situations before they escalate to severe behavior problems.

Proactive Approaches

Prevention programs are generally less intrusive than relying on consequences such as physical interventions. Some research has shown that school-wide prevention programs, including PBIS, can be used to at least moderately reduce inappropriate behaviors in some settings (Renshaw et al., 2008). These systems often involve techniques such as conflict resolution or de-escalation strategies in order to prevent crisis situations instead of reacting to them (Ryan et al., 2007b). In addition, formative data collection and analysis can help programs adapt to changes, such as updating behavior reinforcement systems if they become ineffective (Curtis, Van Horne, Robertson, & Karvonen, 2010). While effective, proactive measures cannot prevent all incidents from occurring. As such, school administrators should ensure that policies for responding to serious behaviors are not only in place but are also well understood among their staff. Peterson (2010) suggests reviewing these policies annually, allowing educators to adapt to any changes needed for their particular school building. As the most important time to act during any crisis situation is usually within first minute, established guidelines can minimize both inaction and over-reaction (Bickel, 2010). Well established documentation procedures could also be used to correct errors, reveal patterns, and protect schools from liability during potential lawsuits (McAfee et al., 2006). In addition, providing staff with direction during crisis situations may help them appear in control and act both

quickly and appropriately. Followed regularly, these recommendations could reduce the number and severity of restraints administered in school settings.

Any intervention used should pose less risk than the behavior it is trying to eliminate (Mohr & Nunno, 2011). As such, physical interventions could be justifiable in certain situations involving weapons, self-injury, or serious fights (Bickel, 2010). When restraining a student, Ryan and Peterson (2004) recommend using minimal force, paying close attention to his or her physical response (such as a change in breathing habits or skin color), and never blocking an individual's ability to breathe or speak. Due to their high potential for harmful side effects, mechanical and chemical restraints should never be used in school settings to control behavior. In addition, restraint positions that place weight on vulnerable parts of a student's body (e.g. chest, neck, back) are also dangerous and should be avoided (CCBD, 2009). While avoiding mechanical restraints and dangerous positions may seem like common sense, school staff members have used these techniques in the past. For example, in one school with no formal policy for physical interventions, the principal used rope and duct tape to restrain an aggressive student for two hours (McAfee et al., 2006). Physical restraints of any kind can be dangerous and should never be used as a punishment or in response to noncompliance (CCBD, 2009). If a restraint does occur, the staff should inform parents immediately (International Society of Psychiatric and Mental Health Nurses [ISPN], 1999). This promotes the exchange of information

and may allow them to learn from previous mistakes by receiving input from parents.

Recommendations

Organizations speaking out against physical interventions and recent media attention have increased public awareness of their dangers. While highlighting these risks will help inform educators of the negative consequences surrounding restraint and seclusion, more regulation and guidelines will be necessary to ensure the safety of all students. Established procedures help staff members react quickly and appropriately during a crisis, while documentation standards can help administrators investigate trends so improvements can be made based on data. Younger children may be more vulnerable to physical and psychological trauma yet seem to receive restraint more often, making elementary schools an important focus for improvement. Fortunately, research shows that, in at least some settings, school-wide support systems such as PBIS have been successful in reducing the number of seclusions and restraints by preventing many crisis situations from occurring. However, some educators lack the training necessary to implement these strategies and may benefit from an increased focus on proactive approaches.

Significant problems were present in existing literature concerning restraint and seclusion. First, authors frequently analyzed data concerning restraint and seclusion together without investigating specific trends between them. Second,

many studies relied on correlational data, which provides evidence for a relationship but cannot determine any causal factors. Finally, samples often included only students diagnosed with an emotional or behavior disorder, which limits how confidently results can be generalized to more typical student populations. Future research should address these deficiencies and focus on promoting positive behavior in schools as well as responding appropriately to crisis situations. Reducing the number of escalated student behaviors should limit the number of timeouts and restraints used, therefore reducing the risk of harm and encouraging a positive and safe school environment. Reducing the amount of time a student is removed from the classroom will increase the amount of instructional time that child receives, thereby increasing his or her chance of educational success.

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