Priorities to Prevent Restraint and Seclusion of Young Children in Schools and Implement Responsive Inclusive Practices

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STOCKTON, Calif. (KCRA) — Earlier this year, a Stockton student was handcuffed with zip ties on his hands and feet, forced to go to the hospital for a psychiatric evaluation and was charged with battery on a police officer. That student was 5 years old.

Michael Davis is diagnosed with Attention Deficit Hyperactivity Disorder or ADHD. His mother says it has led to fights at school. But when the school district said it had a plan to change Michael's behavior, his mother says things went wrong.
Defining restraint and seclusion

**Restraint**

*Restraint* refers to physical restraint, defined per the Colorado Department of Education Rules as the use of bodily, physical force to involuntarily limit an individual's freedom of movement. Physical Restraint does not include:

- Holding of a student for less than five minutes by a staff person for the protection of the student or others;
- Brief holding of a student by one adult for the purpose of calming or comforting the student;
- Minimal physical contact for the purpose of safely escorting a student from one area to another; or
- Minimal physical contact for the purpose of assisting the student in completing a task or response.

**Seclusion**

*Seclusion* means the placement of a student alone in a room from which egress is involuntarily prevented. Seclusion does not mean:

- Placement of a student in residential services in his or her room for the night; or
- “Time-out” which is the removal of a student from potentially rewarding people or situations. A Time-out is not used primarily to confine the student, but to limit accessibility to reinforcement. In a Time-out, the individual is not physically prevented from leaving the designated Time-out area. Such a Time-out requires effective monitoring by staff.
As restraint and seclusion practices are implemented, specific groups have become disproportionately impacted, with one of the primary groups of children those with disabilities.
100,000 students restrained or secluded at school in 2013-2014

69,000 of these were served by IDEA
- Data and scope
- What works
- What is needed
Data and scope – physical restraint

16 states collect state-level data on restraint and seclusion for students (some of this is minimal data)

23 states collect state-level data on restraint and seclusion for students with disabilities

(Butler, 2015)

Students with disabilities served by IDEA represent 12% of all students, but 67% of students subject to restraint or seclusion.

(U.S. Department of Education Office for Civil Rights., 2016)
Data and scope – physical restraint

Nationally, among school districts reporting at least one physical restraint, the average rate was 6.3 per 100 students with a disability.

Districts reporting at least one instance of seclusion averaged 9.6 instances per 100 students with a disability.

(Gagnon, Mattingly, & Connelly, 2013)
Restraint and Seclusion of Students With a Disability Continue to Be Common in Some School Districts

Patterns Remain Relatively Consistent Despite Recent Policy Changes

Douglas J. Gagnon, Marybeth J. Mattingly, and Vincent J. Connelly

KEY FINDINGS


Low-poverty, low-minority districts are more likely to report high rates of restraint than are high-poverty, high-minority districts, although this trend in the most recent data is less pronounced than the trend found in the 2009–2010 data.

Restraint and seclusion are most common in cities and least common in rural places.
Data and scope – students with disabilities

Students with disabilities (served by IDEA) represent

- 12% of the student population
- 58% of those placed in seclusion or involuntary confinement
- 75% of those physically restrained at school to immobilize them or reduce their ability to move freely.
Federal data show that about 52,500 children with disabilities each year are subjected to physical restraint, with mechanical restraints such as handcuffs used on almost 4,000 of them.
Data and scope – students with disabilities

Restraint and seclusion was used more than 267,000 times nationwide in the 2012 school year

¾ had physical, emotional, or intellectual disabilities

Only about half of states have laws prohibiting schools from using restraint

Almost 1 in 5 school superintendents support seclusion or restraint to punish students for misbehavior
Data and scope - Colorado

What's Holding Our Students Down?
Restraint in Colorado Schools
September 2016

Presented by
DISABILITY LAW COLORADO™
Protecting the rights of Coloradans of all ages since 1978

(Disability Law Colorado, 2016)
Why are children with disabilities disproportionately restrained or secluded?

- Academic or social difficulties manifesting as anger, frustration, behavior challenges
- Coping with change, transition
- Difficulty following rules
- Impulsivity
- Misunderstanding of ability of student to control his/her behavior
- Previous incidences of discipline may influence future incidences
- Teachers’ ability and support in consistent implementation of behavior support plans
- Teachers not trained in proper protocols
What can work?

- Widespread acceptance and availability of preventative strategies that caregivers can learn and practice (e.g. Incredible Years, the Pyramid Model, Carescapes)

- Intervention strategies that teach, not punish

- Program and state policies that reflect principles of positive behavior support, inclusion, and limiting exclusionary discipline

- Early childhood mental health consultation
### Preventative strategies

| Positive behavior support and intervention | 90% of school superintendents/administrators surveyed across the country indicated their school district would benefit from funding to implement school-wide positive behavioral support and intervention systems and nonviolent crisis interventions |

American Association of School Administrators (2012)
Preventative strategies

- Curricula and frameworks that build relationships, enhance environments, and teach self-regulation
- A general understanding of child development, child behavior, and the importance of social and emotional development
- Healthy caregivers and teachers
Prevention and intervention

- Simple **behavioral strategies** might be able to help diffuse a situation
- Teachers’ successful use of strategies and support to prevent and reduce problem classroom behaviors requires the use of **research-based classroom and behavior management strategies**
- Teachers’ can be supported through **reflective practice** in recognizing and addressing their own needs and challenges
- Practices that provide **positive behavioral interventions and supports** can be effective in reducing challenging behavior
- Principles of **least restrictive interventions** and **best interests of the child** should apply
- Use of **mental health consultation** in classrooms can help to build the capacity of teachers to prevent and address challenging situations
- **Mental Health First Aid** principles and practices
Non-punitive intervention strategies

Punitive strategies, exclusion, timeout and negative consequences alone can’t solve behavioral difficulties.
Program and state policies

- State level policies
- Legislation
- District decisions
- Program level policies
- Rules & regulations such as licensing
Mental health consultation

Infant and Early Childhood Mental Health Consultation is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families to improve their social, emotional, and behavioral health and development.

IECMHC builds the capacity of providers and families to understand the powerful influence of their relationships and interactions on young children’s development. Children’s well-being is improved and mental health problems are prevented and/or reduced as a result of the MHC’s partnership with adults in children’s lives.

IECMHC includes skilled observations, individualized strategies, and early identification of children with and at risk for mental health challenges.

SAMHSA Expert Convening on Infant and Early Childhood Mental Health Consultation, September 2014
What is needed?

1. Decisions on type, frequency & mechanism of ongoing data collection

2. More sustainable infant and early childhood mental health consultation capacity and infrastructure

3. Strong and relevant workforce preparation and professional learning

4. Best and evidence-based practices in classrooms to intentionally support inclusion and social-emotional development – not trying to control or punish behavior

5. Public policies, including rules and regulations, to support keeping kids included in public school
Data gaps

We must:

- **review** existing physical restraint and seclusion data and data use
- **identify** gaps in data collection and data use
- **encourage** meaningful collection and use of restraint and seclusion data
Resources & publications

U.S. Department of Education Office for Civil Rights, CRDC, Data Snapshot: Early Childhood Education  http://www2.ed.gov/about/offices/list/ocr/docs/crdc-early-learning-snapshot.pdf
  Full dataset can be accessed at: http://ocrdata.ed.gov/StateNationalEstimations/Projections_2011_12

U.S. Department of Education Rethinking Discipline
http://www2.ed.gov/policy/gen/guid/school-discipline/index.html#rethink-launch


Disability Law Colorado
https://disabilitylawco.org/
Working together, states, schools, communities, and families can effect change to ensure that our youngest citizens have positive educational experiences and are fully supported in their social, emotional, and behavioral development.
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