

## **Debunking the Myths of Restraint and Seclusion**

There are many myths being perpetuated about the use of restraint and seclusion. Below are the myths and the reality.

### **Myth #1: Restraint and seclusion are therapeutic and improve behavior.**

**Reality ►** No evidence-based research has demonstrated restraints or seclusion are therapeutically effective. However, research has demonstrated that restraint and seclusion can be physically and psychologically harmful. Experts generally view restraint and seclusion as a “treatment failure,” rather than a way to promote self-regulation. In fact, there is literature that points to restraint/seclusion having the opposite effect of promoting self-regulation. Restraint and seclusion actually promote more emotional and behavioral disruptions.<sup>1</sup>

### **Myth #2: Restraint and seclusion need to be included in individualized education program (IEPs), behavioral intervention plans (BIP) or safety plans so that school personnel know what to do when a student creates an imminent danger to herself or others.**

**Reality ►** The Individual with Disabilities Education Act requires public schools to develop an IEP for every student with a disability who is found to meet the federal and state requirements for special education. The IEP must be designed to provide the child with a free appropriate public education (FAPE). The IEP refers both to the educational program to be provided to a child with a disability and to the written document that describes that educational program.<sup>2</sup> Since restraint and seclusion do not constitute a program, treatment, therapy, or services and may actually deny a student FAPE, restraint and seclusion cannot be included in an IEP. However, the IEP, as well as the BIP which is part of an IEP, should include positive behavioral supports and other services, supports and assistance to prevent restraint and seclusion and to provide a student with FAPE. In addition, the IEP should

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<sup>1</sup> For more information, see, L.M. Finke, *The Use of Seclusion is Not an Evidence-Based Practice*, 14 *Journal of Child and Adolescent Psychiatric Nursing*, 186 (2001).; K.H. Millstein & N.S. Cotton, *Predictors of the Use of Seclusion on an Inpatient Child Psychiatric Unit*, 29 *Journal of the American Academy of Child & Adolescent Psychiatry* 256, 256-64 (1990); W. K. Mohr & J.A. Anderson, *Faulty Assumptions Associated With the Use of Restraints With Children*, 14 *Journal of Child and Adolescent Psychiatric Nursing* 141 (2001); D.E. Miller., *The Management of Misbehavior by Seclusion*, 4(1) *Residential Treatment for Children and Youth* 63 (1986); National Association of State Mental Health Program Directors (NASMHPD), *Seclusion and Restraint Position Statement as Revised by NASMHPD Forensic Division and Accepted by NASMHPD Membership (7/15/07)*, [http://www.nasmhpd.org/general\\_files/position\\_statement/S&R%20position%20statement.Forensic%20Div.%20prop.%20approved%20by%20NASMHPD.07.07.final.pdf](http://www.nasmhpd.org/general_files/position_statement/S&R%20position%20statement.Forensic%20Div.%20prop.%20approved%20by%20NASMHPD.07.07.final.pdf)

<sup>2</sup> Individuals with Disabilities Educ. Improvement Act of 2004, 20 U.S.C. § 1400 et. seq.

include a trauma-informed care plan, if appropriate, which describes what special needs a student may have because of prior trauma.<sup>3</sup>

**Myth #3: Decisions about restraint and seclusion use should be left to the teacher and aides in the classroom, not school administrators.**

**Reality▶** Research has shown that one of the key factors in reducing the use of restraint and seclusion in schools is leadership. Schools serving children with multiple challenges leading to emotional and behavioral issues will need to work to implement administrative systems to support staff in learning alternative strategies to prevent the need for restraint and seclusion. Any time that a student reaches the threshold of creating a danger to self or others, it should be an administrative issue where the leaders of the school are involved.<sup>4</sup>

**Myth #4: Restraint and seclusion keeps students who are out of control safe.**

**Reality▶** Restraint and seclusion can escalate a student's agitation. Physical restraint or seclusion can cause students to act more aggressively, increasing the possibility for harm to themselves, teachers, and others. Struggles during physical restraint have led to injury and even death of students by asphyxia.<sup>5</sup> Students secluded for disruptive behavior have also suffered emotional distress, and have inflicted harm on themselves while in seclusion, some cases leading to death.<sup>6</sup> This can hardly be categorized as "safe."

**Myth #5: Teachers use restraint and seclusion to protect themselves and others.**

**Reality▶** Teachers have restrained and secluded students for offenses as minor as not staying seated or blowing bubbles in milk at lunchtime. In these

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<sup>3</sup> See generally G.R. Hodas, *Responding to Childhood Trauma: The Promise and Practice of Trauma Informed*. (2006),

[http://www.nasmhpd.org/nasmhpd\\_collections/collection5/publications/ntac\\_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf](http://www.nasmhpd.org/nasmhpd_collections/collection5/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf).

<sup>4</sup> For more information, see,

National Association of State Mental Health Program Directors. *A Snapshot of Six Core Strategies for the Reduction of S/R*, (rev. 5/20/05)

[http://www.nasmhpd.org/nasmhpd\\_collections/collection5/publications/ntac\\_pubs/Core%20Strategies%20Snapshot%20with%20cover%207-05.pdf](http://www.nasmhpd.org/nasmhpd_collections/collection5/publications/ntac_pubs/Core%20Strategies%20Snapshot%20with%20cover%207-05.pdf);

National Technical Assistance Center, National Association of State Mental Health Program Directors, *Trauma Informed Care: Six Core Strategies to Reduce the Use of Restraint Planning Tool*, <http://www.nasmhpd.org/ntac.cfm>.

<sup>5</sup> The Lethal Hazard of Prone Restraint: Positional Asphyxiation, prepared by Protection and Advocacy, Inc (CA P&A)(April 2002) <http://www.disabilityrightsca.org/pubs/701801.pdf>.

<sup>6</sup> For more information, see,

National Disability Rights Network, *School is Not Supposed to Hurt*, 7 (2009), <http://www.ndrn.org/sr/SR-Report.pdf>., Council of Parent Attorneys and Advocates, Inc., *Unsafe in the SchoolHouse: Abuse of Children with Disabilities*, 4 (2009), [http://www.copaa.org/pdf/UnsafeCOPAA\\_May\\_27\\_2009.pdf](http://www.copaa.org/pdf/UnsafeCOPAA_May_27_2009.pdf)., D.E. Miller., *The Management of Misbehavior by Seclusion*, 4(1) Residential Treatment for Children and Youth 63, 63-73 (1986).

specific cases, both of these offenses have resulted in death.<sup>7</sup> In a recently released General Accountability Office (GAO) Report, nowhere does it point to teacher self-defense as a motivation for using restraint or seclusion on a student.<sup>8</sup> In fact, research has shown that teacher injuries are actually reduced when restraint or seclusion use is reduced.<sup>9</sup>

#### **Myth #6: Only large, older children are being restrained or secluded.**

**Reality►** Although there is no federal data collected on the use of restraint or seclusion in schools, reports and surveys reveal that mostly small, younger children are being restrained or secluded.<sup>10</sup>

#### **Myth #7: There are no alternatives to restraint and seclusion.**

**Reality►** There are numerous alternatives to restraint and seclusion, including positive behavioral interventions and supports and other de-escalation techniques. The Individuals with Disabilities Education Act (IDEA) recommends positive reinforcement techniques such as positive behavioral support for students with challenging behaviors. Not only has this method proven effective in reducing incidents of problem behaviors, but it has also contributed to increased classroom learning.<sup>11</sup>

#### **Myth #8: Parents think their children need to be restrained or secluded in certain scenarios.**

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<sup>7</sup> For more information, see,

National Disability Rights Network, *School is Not Supposed to Hurt*, 7 (2009), <http://www.ndrn.org/sr/SR-Report.pdf>, Council of Parent Attorneys and Advocates, Inc., *Unsafe in the SchoolHouse: Abuse of Children with Disabilities*, 4 (2009), [http://www.copaa.org/pdf/UnsafeCOPAAMay\\_27\\_2009.pdf](http://www.copaa.org/pdf/UnsafeCOPAAMay_27_2009.pdf).

<sup>8</sup> U.S. Government Accountability Office, *Seclusions and Restraints: Selected Cases of Death and Abuse at Public and Private Schools and Treatment Centers* 33 (2009).

<sup>9</sup> P.L. Foerster, C. Cavness, & M.A. Phelps. *Staff training decreases use of seclusion and restraint in an acute psychiatric hospital*, 13 Archives of Psychiatric Nursing 269 (1999).

<sup>10</sup> For more information, see,

National Disability Rights Network, *School is Not Supposed to Hurt*, 7 (2009), <http://www.ndrn.org/sr/SR-Report.pdf>, Council of Parent Attorneys and Advocates, Inc., *Unsafe in the SchoolHouse: Abuse of Children with Disabilities*, 4 (2009), [http://www.copaa.org/pdf/UnsafeCOPAAMay\\_27\\_2009.pdf](http://www.copaa.org/pdf/UnsafeCOPAAMay_27_2009.pdf), N. S. Cotton, *The Developmental-Clinical Rationale for the Use of Seclusion in the Psychiatric Treatment of Children*, 59 American Journal of Orthopsychiatry 442, 442–50 (1989).; See also K.R. Delaney & L. Fogg, *Patient Characteristics and Setting Variables Related to Use of Restraint on Four Inpatient Psychiatric Units for Youth*, 56 Psychiatric Services 186, 186-92 (2005).; K. Earle & S. Forquer, *Use of Seclusion with Children and Adolescents in Public Psychiatric Hospitals*, 65 American Journal of Orthopsychiatry 238, 238–44(1995).; D. Fassler & N. Cotton, *A National Survey on the Use of Seclusion in the Psychiatric Treatment of Children*, 43 Hospital and Community Psychiatry 370, 370–74 (1992).; M. Nunno et al., *Learning From Tragedy: A Survey of Child and Adolescent Restraint Fatalities*, 30 Child Abuse & Neglect 1333, 1333–42 (2006).; J.B. Ryan & R.L. Peterson, *Physical Restraints in Schools* (2002) (unpublished manuscript, at the Michigan Positive Behavioral Support Network-PBS), <http://www.bridges4kids.org/PBS/articles/RyanPeterson2004.htm>.

<sup>11</sup> For more information, see,

Office of Special Education Programs Technical Assistance Center on Positive Behavioral Interventions and Supports, <http://www.pbis.org/>.

**Reality▶** Most parents of children who are routinely restrained or secluded in school report that they did not consent to their children being restrained or secluded. The few who have consented to the use of restraint or seclusion report they were misled about the frequency and circumstances under which these practices were used and found they were used beyond the intended level in the child's education plan.

**Myth #9: Property damage needs to be prevented.**

**Reality▶** Restraint and seclusion are dangerous interventions that can result in injury and even death.<sup>12</sup> The protection of property is not worth compromising the safety of a child. Protection of property has led to violent restraints in response to offenses as simple as a student breaking a pencil.<sup>13</sup>

**Myth #10: There is no funding for adequate teacher training of positive behavior supports and other alternative behavioral management methods.**

**Reality▶** Many school districts already provide training on classroom management. Training on the use of positive behavioral interventions and supports and the reduction of restraint or seclusion should be included in this training. In addition, there are several other available funding resources:

- The Individuals with Disabilities Education Act (IDEA) includes funds for teacher development.<sup>14</sup>
- The Office of Special Education Programs specifically listed that teacher training in positive behavioral interventions and supports are an acceptable use of American Recovery and Reinvestment Act funding.<sup>15</sup>
- Additionally, school districts can use up to fifteen percent of their IDEA funding for early intervention services, part of which can be directed at teacher training to deliver scientifically based academic instruction and behavioral interventions.<sup>16</sup>
- The proposed federal law establishing minimum standards for restraint and seclusion use in schools authorizes the U.S. Secretary of Education to award grants from amounts appropriated by

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<sup>12</sup> For more information, see, National Disability Rights Network, *School is Not Supposed to Hurt*, 7 (2009), available at <http://www.ndrn.org/sr/SR-Report.pdf>.

<sup>13</sup> See, *Unsafe in the Schoolhouse*, published by the Council on Parent Attorneys and Advocates (May 10, 2009), Chart, Case ID C105, p. 27.

<sup>14</sup> Individuals with Disabilities Educ. Improvement Act of 2004, 20 U.S.C. § 1413(3).

<sup>15</sup> For more information, see, *Positive Behavior Supports: A Wise Investment*, published by the Southern Poverty Law Center, [http://www.pbis.org/common/pbisresources/publications/PBS\\_WiseInvestmentofEconomicStimulusFunds.pdf](http://www.pbis.org/common/pbisresources/publications/PBS_WiseInvestmentofEconomicStimulusFunds.pdf)

<sup>16</sup> Individuals with Disabilities Educ. Improvement Act of 2004, 20 U.S.C. § 1413(4)(A)(ii).

Congress to state educational agencies for activities related to restraint and seclusion reduction.

**Myth #11: Children who are out of control should not be in regular education classrooms.**

**Reality▶** Studies have shown that children with special needs learn and perform better in integrated classrooms. However, many children with disabilities are still being placed in classrooms and schools exclusively for children with disabilities.<sup>17</sup> The GAO report shows that restraint and seclusion is usually occurring in these segregated settings.<sup>18</sup>

**Myth #12: States, not the federal government, should be regulating restraint and seclusion in schools.**

**Reality▶** In May 2009, the GAO reported that 19 states had no laws or regulations related to the use of restraint or seclusion in schools and that existing state laws vary widely.<sup>19</sup> While individual states have the ability to strengthen any existing federal law, there should be an existing baseline that protects the safety of all American children.

**Myth #13: Schools, not governments, should determine behavior management policy, because they know children best.**

**Reality▶** The proposed law creates a federal baseline that protects the safety of all American children. Schools do know their children, and will have the autonomy to create best practices for behavior management under the proposed federal law.

**Myth #14: Laws should be developed for public schools but not private schools.**

**Reality▶** The Children's Health Act of 2000 regulates the use of restraint and seclusion in health care facilities, psychiatric residential treatment facilities and group homes.<sup>20</sup> All children have the right to be protected from abusive restraint and seclusion, including those in both public and private schools which receive any federal funding, directly or indirectly from the U.S. Department of Education. No school should be exempt from protecting children.

**Myth #15: Restraint is needed to stop fights.**

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<sup>17</sup> U.S. Dep't. of Ed., Off. of Special Educ. Programs, *28th Annual Report to Congress, Parts B and C 1* (2009).

<sup>18</sup> U.S. Government Accountability Office, *Seclusions and Restraints: Selected Cases of Death and Abuse at Public and Private Schools and Treatment Centers* 33 (2009).

<sup>19</sup> U.S. Government Accountability Office, *Seclusions and Restraints: Selected Cases of Death and Abuse at Public and Private Schools and Treatment Centers* 33 (2009).

<sup>20</sup> Children's Health Act of 2000, 42 U.S.C. § 290ii(a).

**Reality▶** School personnel may need to physically restrain (immobilize or reduce the ability of an individual to move his or her arms, legs or head freely) during a fight in which a student is an imminent danger to self or others. Whenever school personnel restrain students, they should comply with the proposed minimum federal standards in order to protect students and school personnel and keep parents and the administration informed about what happened.

**Myth #16: Police officers will need to use restraint to protect students and others.**

**Reality▶** School resource officers need the same training to prevent and reduce restraint and seclusion, as other school personnel do. If schools call the police to deal with a dangerous situation, then the laws covering police officers would apply.