ABOUT RESTRAINT AND SECLUSION

Restraint and seclusion are crisis management strategies that are used in many schools across the nation. Physical restraint is exactly what it sounds like, it is a personal restriction that immobilizes or reduces the ability of a student to move their torso, arms, legs, or head freely. Seclusion is the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. These interventions are dangerous and have led to serious injuries and trauma in students, teachers, and staff. Students have even died being restrained.

However, in practice, restraint and seclusion are used for discipline and compliance. They disproportionately impact children with disabilities, minorities, and boys. Often it is the youngest children that are most frequently restrained and secluded.

We can make classrooms across the nation safer for students, teachers, and staff by reducing and eliminating restraint and seclusion.

Our schools should be moving towards neurodevelopmentally informed, trauma-sensitive, biologically respectful, relationship-based ways of understanding, and supporting students.

Do the best you can until you know better. Then when you know better, do better. Maya Angelou
Based on a four-month review of over 50 sources of relevant literature and 35 interviews conducted with self-advocates, parents and caregivers, mental and trauma health experts, legislative, advocacy and educational experts, the authors of this toolkit found that restraint and seclusion appear to occur in a variety of institutional settings for the purpose of controlling perceived “behavioral challenges” presented by individuals receiving services.

The toolkit begins by reviewing the issues associated with the use of restraint and seclusion. We then share a few quotes from various stakeholders we interviewed. Next, we will present the model legislation that you can introduce to your state-level representatives. We attempt to demystify the process and help you craft your story along the way.

This toolkit provides you with model legislation that you can advocate for in your state or school district.

The development of this toolkit to create model state-level legislation was led by Guy Stephens, in collaboration with graduate interns from the Heller School for Social Policy and Management at Brandeis University.

80% Of the restraints reported to the Office of Civil Rights impacted children with disabilities.

77% Of the seclusions reported to the Office of Civil Rights impacted children with disabilities.

Restraint and seclusion are used disproportionately on students with disabilities, Black and brown students, and boys.
Elementary school students are more likely to be restrained or secluded.
Children with a trauma background are more likely to be restrained and secluded.

LIVES ARE AT STAKE

Cornelius Frederick, 16, died in a hospital two days after staff members at Lakeside Academy in Kalamazoo, which houses children in the foster care and juvenile justice systems, tackled Cornelius and restrained him for 12 minutes, allegedly for throwing a sandwich. The medical examiner ruled his death a homicide.
The use of restraint and/or seclusion can cause serious physical injuries and lifelong trauma to students, teachers, and staff. Sadly, children have even died due to the use of restraint and seclusion.

There is no evidence that using restraint or seclusion is effective in reducing the occurrence of behaviors of concern that frequently precipitate the use of such techniques.

There is a lack of consistency for definitions of seclusion and restraint from state to state. Even within schools staff are often unaware of legal definitions for these terms.

Data is unreliable. According to a 2019 Government Accountability Office report, many schools are failing to accurately report restraint and seclusion incident numbers.

There is a lack of parental/caregiver notification. Parents/caregivers are often not notified when their child is restrained and/or secluded. Children can come home from school having experienced trauma.

Training is varied and ineffective in many cases. Educator bias/subjectivity impacts whether educators embrace newer trauma-informed behavioral practices.

Many schools have cops but no counselors. According to the ACLU, 14 million students are in schools with police but no counselor, nurse, psychologist, or social worker.

The for-profit crisis management training industry benefits financially from providing training in physical interventions that are used on children in our schools.

Maine passed LD 1373 in May 2021, "An Act To Keep All Maine Students Safe by Restricting the Use of Seclusion and Restraint in Schools." The legislation was modeled after the Keeping All Students Safe Act, a federal bill that would prohibit the use of seclusion, as well as prone and supine restraint in schools that receive federal funding. Unfortunately, the proposed ban on seclusion did not pass as part of the bill.

Illinois passed HB 219 in August 2021 to amend the state school code, barring school workers from locking children alone in seclusion spaces, limiting the use of isolated_timeout, and limiting the use of physical restraint to situations with imminent danger of physical harm. The bill also prohibits the use of prone restraint and includes requirements for staff training and greater accountability, transparency, and reporting.

In Florida HB 149 was signed into law by Governor Rick DeSantis. The bill addresses the use of restraint for students with disabilities. The legislation prohibits school personnel from using seclusion, defined by the legislation as "involuntary confinement of a student in a room or area alone and preventing the student from leaving the room or area." It also introduces a pilot program where, upon the request of a parent, video cameras will be placed in certain classrooms.
White women with masters degrees torture children in this system. What is a kindergartner doing that warrants them being held face down?

Tax payers are funding what is considered torture, they should know if it’s going to the right place. Julie Weiner, Survivor & Self-Advocate

Journaling sessions, other activities that help students thrive and unpack trauma. Self care practices should be in schools for after school activities (art therapy, music therapy, yoga, meditation). Any activity to build coping skills should be a permanent alternative to seclusion and restraint. Mina Han, Survivor & Self-Advocate

Treating students with respect, trauma-informed approach instead of turning things into a power struggle, try to understand what’s going on with them. Address what is at the core of the behavior instead of focusing on whatever the behavior is itself. Kim Krejmas-Renninger, Survivor & Self-Advocate

The world I envision moves away from PBIS (Positive Behavior Intervention Plan). I would looks at ways to do more and teaching children how to understand their support needs, getting their needs met ahead of extinguishing behaviors. Oswin Latimer, Autistic Consultant
When you seclude and restrain children, you are oftentimes traumatizing and reactivating stress responses. Adults are out of control, it’s not a student issue. It’s when the adults are dysregulated that restraint and seclusion occur.

Dr. Lori Desautels

The schools I go to now, I’ve seen kids have to be removed, leading to seclusion and restraint for doing things like throwing paper. Adults escalate the situation so it then reaches a crisis where teachers feel compelled to put their hands on a child.

Anonymous

When you have the threat of isolation and you walk by that room, there’s no way you can feel safe in that environment. It’s like walking down the hall in prison, that room is scary.

Greg Santucci, Pediatric Occupational Therapist

We all want what’s best for children, move towards science and create a safe environment. You and I have the same goal to see children flourish.

Robbyn Peters Bennett LPC, CMHS

Some staff members don’t want to think innovatively, it’s easy to put “problematic child” in the closet. It takes effort to think creatively. They don’t want to deal with it.

Cyrus Huncharek, National Disability Rights Network

When you restrain a human in fight, flight or freeze mode, their cardiovascular system and many other systems are at risk. This is why we need the legislation - we’re not understanding the physiology of individuals, which means the chance for harm is high in our current system.

Dr. Mona Delahooke
DEFINITIONS

**Chemical restraint:** A drug or medication used on a student to control behavior or restrict freedom of movement that is not prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional’s authority under State law, for the standard treatment of a student’s medical or psychiatric condition; and administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional’s authority under State law.

**Corporal punishment:** Deliberate infliction of physical pain by hitting, paddling, spanking, slapping, or any other physical force used as a means of discipline or to coerce compliance.

**Mechanical restraint:** The use of devices as a means of restricting a student’s freedom of movement. Mechanical restraints include duct tape, straps, bungee cords, and ropes used to tie children to furniture or to tie body parts together; chairs and furniture that children are locked into; devices that restrain arms, legs, torsos, and other body parts; weighted materials; and similar mechanisms.

**Physical escort:** A temporary open-handed touching of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location.

**Physical restraint:** A personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term physical restraint does not include a physical escort.

**Serious physical harm:** Has a legal definition, which is the same as the definition for serious bodily injury. As defined at 18 U.S.C. 1365(h)(3) it includes:

- A substantial risk of death;
- Extreme physical pain;
- Protracted and obvious disfigurement; or
- Protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

**Seclusion:** The involuntary confinement of a student alone in a room or area from which the student is physically or verbally prevented from leaving. If a student is confined to a room or area with one or more adults who are practicing planned ignoring or using their bodies to prevent egress it is considered seclusion. A student taking a self-directed break in a room or area where they are not prevented egress is not considered seclusion.
Recommendations for Legislation

What follows are recommendations that you can take to your elected representatives to improve the restraint and seclusion legislation in your state.

**Bans and prohibition**

1. A complete **ban on the use of seclusion** in all public, nonpublic, and private schools.

2. A complete **ban on the use of mechanical, supine, and prone restraint** in all public, nonpublic, and private schools.

3. A complete **ban on the use of chokeholds** or any form of restraint hold that can impact a child’s ability to breathe freely.

4. A **complete ban on the use of corporal punishment** in all public, nonpublic, and private schools.

5. Prohibition of the use of physical restraint except when necessary in an emergency where the child’s behavior poses an imminent danger of serious physical harm to self or others and other interventions have been ineffective. The use of restraint should be discontinued as soon as imminent danger of serious physical harm to self or others has dissipated.

6. Prohibit the inclusion of restraint as an educational or therapeutic component of a student’s Individualized Education Plan (IEP) or Behavior Intervention Plan (BIP).

**When talking to lawmakers**

**Quick Tips**

- **Share your story:** Personal stories have impact
- **Request specific action:** To introduce a bill
- **Be informative:** Include data and research
- **Be concise:** Your time will be limited
- **Follow up:** Send an email or make a call
Recommendations for Legislation (Continued)

**Reporting and Notification**

1. Each public, nonpublic, and private school shall submit to the state department of education a report for the prior school year on the total number and the unduplicated number of physical restraint incidents. The data should be disaggregated by the student’s jurisdiction, disability, race, gender, age, and type of placement. The report shall indicate any steps taken to reduce the use of restraint during the reporting cycle.

2. Same day parental/caregiver notification shall be provided for any student that has been physically restrained. A detailed written report should be provided within 48 hours. The detailed report should include information related to the type and duration of restraint, the staff involved, staff training certification information, the antecedent to the event, other interventions attempted, and a post-restraint evaluation assessment that documents any physical injuries sustained during the restraint.

3. A child that is restrained shall be offered a trauma assessment by a qualified school psychologist before returning to school. A plan should be developed to help the child recover from potential trauma.

4. The State Department of Education shall develop a single authoritative online restraint reporting database system to track instances of restraint at each public, nonpublic, and private school in the state. The data from this system should be used to generate an annual report and provide data to the United States Department of Education Office of Civil Rights.

5. The State Department of Education shall create an annual report to share with the state general assembly and the public that contains disaggregated restraint data for each public, nonpublic, and private school. In the report, the state department of education shall make specific recommendations as to how to reduce the use of restraint statewide.
Recommendations for Legislation (Continued)

**Reporting and Notification**

6. The State Department of Education shall create a restraint task force composed of diverse stakeholders. The Task Force shall make recommendations to reduce and eliminate the use of restraint and compile data regarding school discipline to inform strategic planning, guide statewide and local decision making and resource allocation, and measure the effectiveness of statewide and local policies and practices.

7. The State Department of Education shall create a process by which parents, caregivers, teachers, and staff can share concerns and/or file complaints about the use of restraint in their schools. The State Department of Education shall be responsible to investigate all complaints and ensuring that school staff is complying with all applicable state laws.

8. All public, nonpublic, and private school staff are required to complete eight hours of training in crisis prevention techniques annually.

**Training**

1. Create a mandated certification process for educators in teaching programs to learn and be evaluated on the use of alternative strategies to restraint, grounded in neurodevelopmentally informed, trauma-sensitive, biologically-respectful, relationship-based ways of understanding, and supporting students.

2. Promote and encourage the use of inclusion classroom settings.

3. The State Department of Education shall consult with representatives of institutions of higher education and the Teacher Education Board with respect to the training requirements for teachers and administrators. The consultation should identify and remedy any gaps with respect to evidence-based, neuroscience-aligned interventions, strategies, and support, and trauma-informed interventions consistent with professionally accepted practices and standards for persons entering the field of education.
If you do your research on the issue, reflect on your personal experience with it, and prepare a 3-5 minute story that concludes with a clear ask, you will already be on your way to creating change.

You might find allies to join you in your efforts, or you might be the single change-maker, either is fine. When you schedule a meeting, you might meet with a staff member of the legislator’s instead of the legislator themself, this is normal. At any time, you can also try to coordinate a meeting with a legislator you have researched who is more supportive of the issue, or who has a personal tie to it. This can be quite an effective strategy.

If you feel overwhelmed or if barriers to access exist that prevent you from participating in a meeting, you can ask for accommodations before the meeting, or upon arrival. The individual with whom you meet will typically ask you to give a brief introduction and then describe the issue that brought you to their office. This is where the storytelling guide on the next page comes in handy.
As you begin by reflecting and writing about your experience, using an "and," "but," "therefore" narrative can help you structure your story in a clear and concise way. You might only have a few minutes to share it with your legislator, so be sure to focus on facts and keep your script to a minimum.

For more tips on how to build your own message, check out Opportunity Agenda. For examples of stories, visit the Alliance Against Seclusion and Restraint website.
Lives in the Balance disseminates and provides vast free resources on Collaborative & Proactive Solutions (CPS), an evidence-based model that has been shown to dramatically reduce or eliminate restraint, seclusion, discipline referrals, detentions, and suspensions.

Studio 3 is an international organisation specialising in behaviour consultancy, clinical services, training and coaching in the management of distressed behaviour. They are the originators of the Low Arousal Approach, and strong advocates for the eradication of restraint and seclusion.

Stop Spanking, a nonprofit organization, is dedicated to ending corporal punishment of children. Our mission is to raise awareness of both parents and educators that spanking is violence and harms children. Spanking violates a child’s human right to be free from violence.

Therapist Neurodiversity Collective is a therapy, education, and advocacy collaborative for licensed speech-language pathologists, occupational therapists, and physical therapists. TNDC presumres competence, champion human rights, and respect neurodivergent differences.

The U.S. Alliance is a 501(c)3 non-profit organization that brings together individuals, groups, and organizations to create a unified voice calling for, and working toward, the end of all forms of physical and emotional punishment against children, especially in schools and homes.

Ukeru® is a restraint-free crisis management system that operates under the philosophy of Comfort vs. Control®. Ukeru® provides training in trauma-informed care, de-escalation techniques and physical alternatives to restraint and seclusion.

References and More Information

To learn more about restraint and seclusion visit the Alliance Against Seclusion and Restraint website at: www.endseclusion.org.

A comprehensive list of reference is available at www.endseclusion.org/research/references/
This initiative to create model state-level legislation was led by Guy Stephens, the Executive Director and Founder of the Alliance Against Seclusion and Restraint, in collaboration with Graduate Interns Imene Bouziane Saidi and Abigail Werner from the Heller School for Social Policy and Management at Brandeis University. Together, the team researched and drafted the toolkit, the model, and other advocacy resources between September and December 2021.

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