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TASH Responds to American Association of School Administrators Position Supporting Restraint and Seclusion in Schools

The American Association of School Administrators recently issued a seriously flawed report that unwittingly provides one of the best arguments to date in support of federal legislation to provide a floor of protections against the unnecessary use of restraint and seclusion[1] in public schools. The report, *Keeping Schools Safe: How Seclusion and Restraint Protects Students and School Personnel*, uses the results of a school administrator survey to make unsubstantiated and broad statements about restraint and seclusion techniques making schools "safer," contrary to research, professional ethics and evidence-based practices on the matter.

TASH is a 37-year-old organization whose founders and members include school administrators, teachers and researchers in best practices for schools. As an organization that has been fully engaged in the advancement of baseline federal protections for our nation's students, TASH was astonished by the lack of evidence, and abundance of destructive mischaracterizations and inaccuracies contained in the AASA report. TASH abhors the complacency AASA shows for the current patchwork of state laws and regulations that have heretofore been unable to solve this problem and adequately protect our children.

Contrary to AASA, a substantial and growing number of education researchers, child trauma experts and the Government Accountability Office principally agree that restraint and seclusion techniques are dangerous and traumatic for everyone involved, including teachers, other school personnel, students and other witnesses to the incident. While AASA promotes the use of these techniques in "emergency" situations, restraint and seclusion by school personnel are most often used for convenience and punishment, not for emergencies. Such techniques are disproportionately used on the most vulnerable children: those with significant disabilities, between ages 6 and 10 and children with no verbal expression. They are used because of attitudes about children that are not based in fact, and a fundamental lack of knowledge of behavior management strategies.

The entire AASA report is based on an underlying falsehood – that students who are restrained and secluded are the problem. Curiously, the report makes no mention of the thousands of schools that never restrain or seclude its students, or why that might be, despite educating students with very serious behavioral and emotional disabilities. Research has shown the attitude of school administrators to be the driving force behind restraint and seclusion use in schools. Those who believe students need to be restrained or secluded empower staff to do so. Alternatively,

[1] *Physical restraints* involve the use of physical force by one or more individuals that reduces or restricts an individual's freedom of movement, often involving various holds designed to immobilize a person or bring them to the floor. *Seclusion*, also considered a form of restraint, involves involuntary confinement in a room, box, structure or space from which the individual cannot escape. Seclusion does not include allowing an individual to take a break from an activity, to move to a quieter or less stimulating location or to enjoy privacy.

administrators who find such practices unacceptable promote the development of skills to prevent emergencies caused by student behavioral outbursts[2].

Tragically, students die each year in public schools due to restraint and seclusion. A chilling feature of the AASA report is the emphasis on staff injury rather than any mention of the deep trauma and high injury rate experienced by students subjected to restraint and seclusion. These are incredibly dangerous practices. Even in instances in which the student is not injured, he or she typically has evidence of trauma. In a survey of 837 parents whose children had experienced restraint or seclusion in public schools, more than 93 percent reported signs of trauma[3]. What's more, there is growing evidence the developing brains of children are irreversibly damaged when they experience the "fight or flight" response brought on by a restraint or seclusion incident, particularly when it happens repeatedly[4].

Rather than use poor reasoning to justify bad practice, ethics demand school administrators find restraint and seclusion practices unacceptable. Is it ethical for those with so much power over students to choose to rely on techniques that are known to be dangerous when other options exist? Nursing homes declared these practices outdated and unsafe in the 1980s, and medical and psychiatric care facilities followed suit over the past two decades. They recognized there were no benefits to restraint and seclusion, and no amount of medical training and expertise was adequate to alleviate the risks to both patients and staff. There is no therapeutic benefit for restraint and seclusion. So why are school administrators continuing to defend such practices?

Last week, the Department of Education Office of Civil Rights issued a report on data collected from 85 percent of the nation's public schools. This unprecedented information provided insight into who is restrained in schools. First and foremost, those subjected to restraints are children. The data show 69 percent of restraint and seclusion incidents involve children under the age of 10[5]. Research also shows 70 percent of students subjected to these procedures have disabilities[6], and nearly 60 percent have limited or no speech or recognized means of communication, most typically caused by autism[7]. Many students may exhibit behavior that is challenging, which is a symptom of a problem and not the problem itself.

The AASA report would have its readers believe restraint and seclusion are reasonable and necessary practices for managing challenging behavior in school. Challenging behavior is a message that something is wrong, and teachers can become skilled at joining in the communication rather than shutting it down through punitive measures. Positive Behavior Supports, which is recognized in the Individuals with Disabilities Education Act, is a science-based practice that identifies the problem and leads to positive solutions. More than two decades of peer-reviewed studies have provided strong evidence of positive alternatives for addressing

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[2] Fogt, et. al, *Physical Restraint of Students with Behavioral Disorders in Day Treatment and Residential Settings,* Behavioral Disorders. 34(1), 2008.
[3] Westling, et. al, 2010, *Use of Restraints, Seclusion and Aversive Procedures for Students with Disabilities*, Research and Practice in Severe Disabilities. 35 (3-4#), 2010.
[4] Kennedy, S., & Mohr, W. *Prologomenon on the Restraint of Children: Implicating Constitutional Rights*. American Journal of Orthopsychiatry. 71 (1), 2001. Hodas, G., *Responding to Childhood Trauma; the Promise and Practice of Trauma Informed Care*, http://www.nasmhpd.org/general_files/publications/ntac_pubs/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf, 2006.

[5] Westling, et. al, 2010.
[6] *Civil Rights Data Collection*, U.S. Department of Education Office for Civil Rights, 6 March 2012, http://ocrdata.ed.gov/
[7] Westling, et. al, 2010.

even the most serious behavior challenges, such as self-injury, aggression and property damage. Schools that utilize Positive Behavior Supports with fidelity rarely, if ever, have a need to restrain or seclude children. The entire school benefits, as well, through higher academic scores, lower staff turnover and higher staff morale.

By relying on carefully selected anecdotes, the AASA report broadly claims the use of restraint and seclusion ensures a safer school environment for school personnel. This flies in the face of common sense. When staff members physically engage with students, someone is likely to get hurt as students and staff panic and escalation occurs. Students involved in these instances also learn from adult role models that "might makes right," and physical means of problem-solving are acceptable. The claims of AASA contradict research that shows a significant decline in workers compensation cases when restraint and seclusion were prevented by policies and practices[8]. When school personnel are more skilled and concerned with preventing behavioral outbursts, they rarely, if ever, occur, and everyone is safer as a result.

At no point in its report does AASA attempt to understand the experience of parents of children who are restrained and secluded in schools, other than presenting a single letter from a parent. The false choice described by AASA – to submit to restraint and seclusion or institutionalize your child – is no choice at all. It is, unfortunately, what is being presented to parents by school districts committed to maintaining these practices; that is, if a choice is provided. Research published in 2010 found 66 percent of parents surveyed were rarely or never notified by school personnel that their children were being restrained or secluded[9]. Another study found that lawsuits against school districts brought by parents trying to halt the use of these practices are increasing[10].

The AASA report makes an argument against the passage of federal legislation introduced by the House (HR 1381) and Senate (S 2020) that will establish a floor of protection regarding the use of restraint and seclusion in public schools. This legislation seeks to provide the same federal protections already in place for senior citizens, adults and children served in mental health facilities to students in our nation's schools. Federal laws that restrict the use of these practices in other publicly funded facilities have been especially successful at saving lives, reducing staff injury and changing the climate and culture of other human service agencies. Now advocates for our children are seeking the same protections in our schools.

Furthermore, school administrators have the authority and power to exert the leadership necessary to keep restraint and seclusion from occurring in schools. Why don't they? In one school, an administrator set the tone by establishing a philosophy that restraint and seclusion were a failure of the school to meet the needs of students. This approach drove down rates of restraint and seclusion dramatically, nearing and reaching zero within the first years. More than 10 years later, a new culture has been created in which restraint and seclusion are not an option on the menu of responses, even though the severity of student disability and behavioral challenges has not changed[11].

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[8] LeBel, J. & Goldstein, R., *The Economic Cost of Using Restraint and the Value Added by Restraint Reduction or Elimination;* Psychiatric Services. 56(9), 2005.
[9] Westling, et. al, 2010.
[10] Zirkel, P. & Lyons, C., *Restraining the Use of Restraints for Students with Disabilities: An Empirical Analysis of the Case Law*. Connecticut Public Interest Law Journal, 10(2), 2011.
[11] Miller, et.al, *Establishing and Sustaining Research-Based Practices at Centennial School; A Descriptive Case Study of Systematic Change*. Psychology in the Schools. 42(5), 2005.

Rather than demonstrating an astonishing lack of current information and expertise on this subject, AASA should empower its members with best practices and tools that have been proven safe and effective in medical facilities, psychiatric programs and facilities for children, and take notice of the many schools and school districts throughout the U.S. that successfully prevent seclusion and restraint. What amounts to a deeply flawed and highly anecdotal report from an AASA lobbyist fails to address readily available research and examine the issue of restraint and seclusion through the lens of those most adversely affected – our children. We expect a great deal more from the nation's school administrators.

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About TASH

A 501(c)(3) non-profit organization, TASH is an international grassroots leader in advancing inclusive communities through research, education and advocacy. Founded in 1975, we are a volunteer-driven organization that advocates for human rights and inclusion for people with the most significant disabilities and support needs – those most vulnerable to segregation, abuse, neglect and institutionalization. The inclusive practices we validate through research have been shown to improve outcomes for all people. More information about TASH can be found at www.tash.org.