

Seclusion and Restraint Policy and Practice: Are Students Safe in School?

Laura Strunk* and Daniel Houlihan

Minnesota State University, Mankato, USA

*Corresponding Author:

Daniel Houlihan

Minnesota State University, Mankato, USA

Email: daniel.houlihan@mnsu.edu

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Abstract

The purpose of this study was to examine the significance of the policy and practice of seclusion and restraint interventions used and implemented in the public school system in the United States. Current research casts doubt on policy appropriateness; however, these interventions continue to be used in school settings across the United States. A descriptive, cross-sectional research design was used to implement via electronic survey. The survey was developed and randomly sent to school administrators and other support staff, teachers, and paraprofessionals currently employed in school districts across the United States. Data collected in this study supports the need to have clear, consistent policies and procedures provided for all school staff in all states regarding the use of seclusion and restraint interventions. Results suggest many school staff is unaware of their state's seclusion and restraint policies and procedures. Many school staff is not trained on the proper use of these interventions, yet continue to implement them with the students in their schools.

Abbreviations: GAO: Government Accountability Office; NCLB: No Child Left Behind; EBD: Emotional or Behavioral Disorder; HELP: United States Senate Health, Education, Labor, and Pensions Committee; NDRN: National Disability Rights Network

Keywords: Seclusion, Restraint, School safety

Introduction

Despite research that showing harm associated with seclusion and restraint interventions, these interventions continue to be used in school settings across the United States. In 2009, the Government Accountability Office (GAO) reported hundreds of cases of injury and death related to the use of seclusion and restraint interventions in school buildings across the United States, but was unable to find any federal laws restricting or monitoring the use of these kinds of interventions in schools [1]. Interestingly, the GAO also found that almost all of the incidents of alleged injury and death related to seclusion and restraint interventions involved children with disabilities.

In 2011 and 2014, legislation was introduced to congress that would regulate the use of seclusion and restraint interventions in public schools, however, no action was taken and the bills were dismissed [2,3]. Although there are currently no federal laws that regulate the use of seclusion and restraint

interventions in the public school systems, some states have developed laws and policies regarding the use of seclusion and restraint in public schools. As of January, 2014, there were 26 states with laws and policies regarding the use of seclusion and restraint in public schools [4]. Of those 26 states, 14 require that restraint interventions be used in emergency situations in which there is a threat of physical danger for all students, while 18 states restrict the use of restraint interventions to emergency situations for children with disabilities (Butler).

There are currently 11 states that protect all children from the use of non-emergency seclusion interventions and 17 states that protect children with disabilities from the use of non-emergency seclusion interventions (Butler). Furthermore, there are 21 states that forbid the use of restraint interventions that impede breathing and threaten life for all children and 28 states that forbid the use of restraint interventions that impede breathing and threaten life for children with disabilities (Butler). Finally, only 20 states require public schools to notify

parents of a child if a seclusion or restraint intervention was used with their child, and there are only 32 states that require public schools to notify parents of a child with a disability if a seclusion or restraint intervention was used with their child. While federal laws regarding the use of seclusion and restraint in public schools would limit the control that the states have, the belief that children may be safer in the school with consistent, well-written laws and policies persists.

Significance of the Problem

Although the lack of federal laws and the inconsistency of state laws and policies regarding the use of seclusion and restraint in public school systems are at the core of the problem, there are also underlying concerns with the use of seclusion and restraint interventions with children and adolescents in public schools. These include injuries, death, and trauma related to seclusion and restraint interventions, the lack of appropriate training for school staff, and the inappropriate use and overuse of seclusion and restraint interventions. In addition, it is concerning that children and adolescents with disabilities are at the greatest risk of being injured from the use of seclusion and restraint interventions. Furthermore, there are legal and financial implications that must be considered with the use of seclusion and restraint interventions in schools.

Injuries, Death, and Trauma

In 1998, the Hartford Courant released an investigative report that identified concerns regarding seclusion and restraint interventions used with children, adolescents, and adults in mental health and disabilities facilities, and group homes across the United States [5]. The investigative report concluded that 142 children, adolescents, and adults died as a result of seclusion or restraint interventions in the ten years prior to the Courant's investigation being completed. According to Weiss and colleagues, more than 26 percent of the deaths reported were those of children [6]. Although seclusion and restraint interventions have been used throughout history, the Hartford Courant's investigative report was the catalyst for raising awareness of the dangers and concerns that seclusion and restraint interventions cause.

In 2009, the GAO reported that they discovered hundreds of allegations of abuse and death of children related to seclusion and restraint interventions in school systems across the United States [7]. Of the cases reviewed, the GAO selected 10 to examine more closely, looking for evidence as to why the seclusion and restraint interventions occurred and if there were any common themes among the 10 cases. Students in four of the 10 cases had died due to restraint interventions. Four of the students in the 10 cases were restrained by objects such as leather straps, bed sheets, masking tape, and duct tape and received significant physical injuries. One student was physically restrained by the teacher sitting on her, and one of the students was secluded in a time-out room 75 times over six months - the student had severe blisters on his hands from trying to escape the seclusion room. The students who lived through the situations listed above were emotionally traumatized by the interventions used [8].

Lack of Appropriate Training for Staff

Residential facilities, mental health hospitals, and educational systems that implement seclusion and restraint interventions employ individuals who are hired to fulfill the role of direct care providers or paraprofessionals. These positions, although they have different names based on the type of employment agency, are filled with the expectancy that the individuals in the positions have the most direct interaction with clients and students. Direct care providers and paraprofessionals are most often the employees who assess client or student behaviors and intervene in situations in which the client or student is not doing what is expected of them [9]. These low pay positions are typically filled by the staff with the least amount of training [10].

Paraprofessionals who work in educational settings may be asked to fulfill many roles. These may include instructional assistants, Title I paraprofessionals, pupil support assistants, special education paraprofessionals, job coaches, lunchroom and playground assistants, hall monitors, media center assistants [11]. Supervision provided to paraprofessionals varies between school districts. No Child Left Behind (NCLB) distinguished education requirements that all paraprofessionals must meet. However, the federal NCLB paraprofessional education requirements are vague, giving each state the right to interpret and determine how they are going to meet the federal standards of paraprofessional education requirements. NCLB provides three different options for paraprofessionals to meet the job education requirements.

The options include

1. completing two years of study at an institution of higher education
2. having an Associate's Degree, or
3. being able to demonstrate the knowledge of and ability to assist in the instruction of reading, writing, and math through a formal state or local academic assessment [12].

As noted above, direct care providers and paraprofessionals are often expected to fulfill roles that they are not qualified for. The lack of training in these positions is a recipe for disaster. Employees fulfilling these roles are often unsure of how to handle behavioral issues with clients or students. Often times, when simple behavioral management strategies could be used to de-escalate situations, direct care staff find themselves engaging in power struggles with clients or students, which leads to the situation escalating and a seclusion or restraint intervention being implemented un-necessarily [13]. The research conducted by the GAO in 2009 found that the majority of the staff involved in the 10 cases reviewed did not have appropriate training on the use of seclusion or restraint interventions and did not know school and state policies on the use of seclusion and restraint interventions [14].

Inappropriate Use or Over Use of Seclusion and Restraint Interventions

Seclusion and restraint interventions should only be used in emergency situations in which harm is imminent, and the

intervention should end when the emergency ends [15]. In 2009, the GAO reported that seclusion and restraint interventions were used when a student would not remain seated, when a student had disruptive behavior in a vehicle, when a student had a seizure and lost control of his extremities and bladder and became uncooperative, when a student was simply being uncooperative, to keep a student from wandering, and when a student refused to work and was wiggling a loose tooth [16]. None of the situations reported by the GAO in 2009 meet the criteria established for being an emergency situation in which individuals may be physically harmed [17,18]. Children in public schools across the nation have been restrained or secluded at least 267,000 times in the 2011-2012 academic year.

Used Most Often with Students Who Have Disabilities

Children who have disabilities are found to be at a higher risk of being the victims of unwarranted seclusion and restraint interventions [19]. Found that seclusion and restraint interventions are mostly used with students with disabilities, including students with an Autism Spectrum Disorder or those who are labeled with an emotional or behavioral disorder (EBD) [20]. In order to have a better understanding of the use of seclusion and restraint interventions used with students, the United States Senate Health, Education, Labor, and Pensions Committee (HELP) undertook an investigation regarding the use of seclusion and restraint interventions in school across the United States. The HELP Committee reviewed 10 reported cases of seclusion and restraint interventions that lead to injury or death; all 10 cases were brought into the court system and occurred in Connecticut, Florida, Georgia, Iowa, Louisiana, Minnesota, New York, North Carolina, Pennsylvania, and Tennessee. All of the children in the cases that were reviewed had documented disabilities [21].

Between the years of 2009-2012, The National Disability Rights Network (NDRN) continued its research on the use of seclusion and restraint in schools across the nation. NDRN found that seclusion and restraint interventions continue to be used with children with disabilities across the United States. The NDRN found that students with disabilities, including physical disabilities, communication disorders, Autism Spectrum Disorders, epilepsy, Tourette's Syndrome, respiratory problems, cerebral palsy, intellectual disabilities, Fetal Alcohol Syndrome, Attention Deficit Hyperactivity Disorder, Downs Syndrome, and hearing disabilities, were significantly injured in seclusion and restraint interventions in 17 different states [22,23]. In addition, the GAO's 2009 investigation of the use of seclusion and restraint interventions discovered hundreds of allegations of injury and death occurring to children in schools across the nation as a result of seclusion and restraint interventions. Sadly, "almost all of the allegations we identified involved children with disabilities" [24].

Lack of Notification to Parents and Higher Authorities

Currently, only 20 states have laws mandating that schools

need to report to parents of all children when a seclusion or restraint intervention is used with their child. Currently, 32 states specify that parents of students with disabilities must be notified if a seclusion or restraint intervention is used with their child [25]. Of those states, only 12 of them require that parental notification occur within one day of the intervention being implemented [26]. The Senate HELP Committee found that families were often not told that seclusion and restraint interventions were used with their child and when they found out, the parents had a difficult time obtaining more specific information regarding the use of seclusion and restraint interventions with their child [27]. Unfortunately, the students involved in seclusion and restraint interventions are often unable to effectively communicate with their parents about what is happening at school – thus, if the schools don't share the information and the students can't share the information, the parents do not have access to important information about their child [28].

In addition, the overall use of seclusion and restraint interventions has gone unreported to higher authorities [29]. Less than one-third of the nation's school districts reported using restraints or seclusions even once during the school year (p. 1). Interestingly, the schools that do report using seclusion and restraint interventions, report that they use these types of interventions with children about 18 times per academic year (Vogell). This contradicts data that reports that children in public schools across the nation have been restrained or secluded at least 267,000 times in the 2011-2012 academic year [30]. The Department of Education currently requires schools to collect data on the use of seclusion and restraint interventions for all students in each district, however, that data is rarely reliable and available.

Legal and Financial Implications for Parents and Schools

Parents have the right to pursue civil suits against school districts when their child is harmed in a seclusion or restraint intervention. Parents can do so by alleging the denial for free appropriate public education (FAPE), discrimination of a disability under the Rehabilitation Act and the Americans with Disabilities Act, violations under the Constitutional rights of all citizens, and possible violations of state laws regarding false imprisonment. Unfortunately, the court system in the United States is not user friendly to parents in these situations and, if the case is accepted into a court of law, the court often sides with the school districts named in the suits [31].

There are circumstances in which parents have won cases against school districts in regard to the harm done to their child in seclusion or restraint interventions. In 2013, a Louisiana school district was court ordered to pay 1.8 million dollars to the parents of a five-year-old child who died after being restrained in a Rifton chair. In 2012 a school district in Connecticut was ordered to pay five million dollars to the parents of a five-year-old child who was secluded in a timeout room as a form of punishment. And in 2006 a school district in Michigan was ordered to pay 1.3 million dollars to the parents of a 15-year-old boy who died in physical restraint.

Purpose of the Study

The issues regarding the continued use of seclusion and restraint interventions in schools are clearly documented. However, the United States Department of Education has taken a “hands off” approach in dealing with these issues. The Department of Education has provided the states with guidelines for developing or revising current state laws on the use of seclusion and restraint interventions in schools. The states have been allowed to be in control of laws and policies regarding the use of seclusion and restraint in schools. The purpose of this study is to obtain data from school staff across the nation regarding their experiences with the use of seclusion and restraint interventions and determine if that data is consistent with the current literature.

Methods

An electronic survey was developed by the authors and sent to school administrators, teachers, paraprofessionals, and other support staff currently employed in school districts across the United States. The participants asked to complete the electronic survey were randomly selected based on the physical location of their school within the division of regions in the United States.

Participants

The United States Census Bureau has divided the United States into four regions and within those regions, developed sub-regions. The four regions of the United States include the Northeast, Midwest, South, and West. Each of the regions/sub-regions in the United States is represented in the participant selection in this study. The states that were randomly selected to participate in the study include: Division 1 - New Hampshire, Maine, and Vermont; Division 2 - Pennsylvania and New York; Division 3 - Wisconsin, Indiana, and Ohio; Division 4 - Iowa, Missouri, Minnesota, and Nebraska; Division 5 - Virginia, North Carolina, South Carolina, Maryland, and Delaware; Division 6 - Alabama and Mississippi; Division 7 - Louisiana and Texas; Division 8 - Arizona, Colorado, New Mexico, and Wyoming; and Division 9 - California, Washington, and Oregon. Once the states are randomly selected for study participation, four public schools within each of the states were randomly selected to receive the survey.

PublicSchoolsK12.com is a website that reports data on each of the public school districts in all 50 states. This website was used to obtain a list of all of the public schools in each of the states that were selected to participate in the study. The public schools that were randomly selected to participate in the study were selected from the list of public schools retrieved from the PublicSchoolsK12.com website. School administrators, teachers, paraprofessionals, and other support staff who were employed by the selected schools were asked to complete the online survey. The email addresses of the study participants were obtained from each of the school’s websites. School employees in 112 schools in 28 states were asked to participate in this study via completing an electronic survey.

Instrumentation

A survey was developed and utilized to gather current information regarding the use of seclusion and restraint interventions in public schools in the United States. The survey was designed to gather data on both policy and practice related to the use of seclusion and restraint interventions in public schools. A test-run of the survey was completed in a small public school district in Minnesota before it was disseminated to the study participants. The test-run of the survey supported its use; the test-run participants indicated the survey took less than 15 minutes to complete, the questions were easy to understand, and the participants reported they felt comfortable answering the survey questions honestly.

Email addresses (5,824 total) were obtained from 112 schools in 28 states. After the email addresses were saved in a spreadsheet file, they were transferred to the Qualtrics Survey Software program used for this electronic survey. Qualtrics software allows its users to collect data online and perform statistical analyses of the data collected (Qualtrics, 2014). Of the 5,824 electronic surveys that were sent, 5,807 were successfully received by the study participants. Recipients of the survey opened 37 percent of the surveys sent (2,205 of the 5,807 surveys). Of the 2,205 surveys that were opened, 49 percent of the surveys were started by the study participants; 1,089 of the 2,205 surveys. Of the 1,089 surveys that were started, 749 were completed (68%). Some survey recipients stated that school district policies did not allow their participation.

Data Analysis

The Qualtrics survey software aggregated the answers for each survey question. The survey results were then transferred into the computer software program Statistical Package for the Social Sciences (SPSS) for analysis. Pearson’s Correlation Coefficient (r) was used to determine if there were negative or positive correlations between variables in the survey.

Results

A total of 749 ($n=749$) surveys were completed. Of the completed surveys, 54 percent were completed by general education teachers, 17 percent were completed by special education teachers, seven percent were completed by paraprofessionals, and 22 percent were completed by administrators and support staff.

The length of employment for study participants included 30 percent having been employed by their district between one and three years, 15 percent having been employed by their district between four and six years, 15 percent having been employed by their district between seven and ten years, 15 percent having 11-15 years of employment with their district, 10 percent having been employed by their district between 16-20 years, and 15 percent of study participants having been employed by their district for more than 20 years.

The number of years being licensed for study participants included 15 percent of study participants having been licensed between one and three years, eight percent having been licensed between four and six years, 13 percent having been licensed between seven and ten years, 15 percent having been licensed between 11-15 years, 13 percent having been licensed

between 16-20 years, and 25 percent having been licensed for more than 20 years. The results of the survey showed that 11 percent of the study participants do not hold any kind of licensure.

Research Question 1

Do general education teachers, special education teachers, paraprofessionals, administrators, and support staff know their state's policy on seclusion and restraint? : Study participants report that 61 percent do not know their state's policy on seclusion and. There is a significant relationship between the knowledge of state policy and the use of seclusion interventions with students who have disabilities, $r = .257$, p (two-tailed), $<.01$, there is a significant relationship between the knowledge of state policy and the use of seclusion interventions with students who do not have disabilities, $r = .069$, p (two-tailed), $<.05$, and there is a significant relationship between the knowledge of state policy and the use of restraint interventions with students who have disabilities, $r = .250$, p (two-tailed), $<.01$. Of the 39 percent of study participants who know their state's policy, 23 percent report they were formally trained regarding state policy at their time of hire, 19 percent report they researched their state policy on their own, 34 percent report they were informally told of state policy by another school employee, 15 percent report they learned state policy during an Individualized Education Plan (IEP) meeting, and 35 percent reported they learned the information in other ways.

Research Question 2

Are school staff and teachers trained in crisis prevention and the use of seclusion and restraint interventions? : Interestingly, 60 percent of study participants report they have not been formally trained in the use of crisis intervention techniques. A significant relationship was found between the knowledge of state policy on seclusion and restraint and whether school staff were formally trained in the use of crisis intervention techniques, $r = .413$, p (two-tailed), $<.01$. In addition, significant relationships were found between whether school staff was formally trained in the use of crisis intervention techniques and the use of seclusion and restraint interventions with students. Specifically, there was a significant relationship found between formal training in crisis intervention and the use of seclusion interventions with students who have disabilities, $r = .268$, p (two-tailed), $<.01$, there was a significant relationship found between formal training in crisis interventions and the use of seclusion interventions with students who do not have disabilities, $r = .081$, p (two-tailed), $<.05$, and there was a significant relationship found between formal training in crisis interventions and the use of restraint interventions with students who have disabilities, $r = .294$, p (two-tailed), $<.01$. Of the 40 percent trained in crisis intervention, 66 percent report being trained with the Nonviolent Crisis Intervention Program (CPI), 10 percent have been trained with the Mandt System, 11 percent have been trained with the Safe & Positive Approaches Program, nine percent have been trained with the Safe Crisis Management Program, one percent have been trained with the Professional Assault Crisis Training Program, six percent have been trained with the Safety-Care Program, two percent have been trained with the Therapeutic Crisis Intervention Program (TCI), seven percent have been trained with the Positive Behavior Facilitation Program (PBF), three percent have been trained with the RIGHT RESPONSE

Program, one percent have been trained with the Therapeutic Options Program, five percent have been trained with the Managing Aggressive Behaviors Program, and 15 percent report being trained with other training programs.

Research Question 3

Is there a higher incidence of the use of seclusion and restraint in the school setting with students who have disabilities? : The results of the survey show that 85 percent of study participants report that they have not implemented a seclusion intervention with a student who has a documented disability and 15 percent indicate they have implemented a seclusion intervention with a student who has a documented disability.

The results of the survey show that 93 percent of study participants report that they have not implemented a seclusion intervention with a student who does not have a documented disability and seven percent report they have implemented a seclusion intervention with a student who does not have a documented disability. Also, the survey indicated that 83 percent of study participants report that they have not implemented a restraint intervention with a student who has a documented disability and 17 percent report they have implemented a restraint intervention with a student who has a documented disability. Also, 92 percent of study participants report that they have not implemented a restraint intervention with a student who does not have a documented disability and eight percent report they have implemented a restraint intervention with a student who does not have a documented disability.

Research Question 4

Are there injuries that occur with students and school staff during seclusion and restraint interventions? : The data provided is reported separately for seclusion and restraint interventions for students who have documented disabilities, students who don't have documented disabilities, and with school staff. The results of the survey show that 97 percent of study participants report they have never been injured in a seclusion intervention with a student who has a documented disability. Three percent report they have been injured in a seclusion intervention with a student who has a disability. Of the three percent of school staff who have been injured in a seclusion intervention with a student who has a documented disability, 48 percent report they have had cuts/scratches, 74 percent report they have had bruises, four percent report they have had broken bones, four percent report they have had internal injuries, four percent report they have had head injuries, 17 percent report they have had emotional/psychological trauma, and 22 percent report they have had other, non-specified injuries.

The results of the survey show that 99 percent of study participants report they have never been injured in a seclusion intervention with a student who does not have a documented disability. The remaining one percent of the study participants report they have been injured in a seclusion intervention with a student who does not have a documented disability. Of the one percent of school staff who has been injured in a seclusion intervention with a student who does not have a documented disability, 57 percent report they have had cuts/scratches, 71 percent report they have had bruises, 14 percent report they have had emotional/psychological trauma, and 29 percent report they have had other, non-specific injuries.

The results of the survey show that 99 percent of study participants report they have never implemented seclusion interventions with students who have documented disabilities where the students were injured. The other one percent of study participants reports they have been involved in seclusion interventions with students who have documented disabilities where the students were injured. Of the one percent of study participants who report that students who have documented disabilities have been injured in seclusion interventions, 57 percent report the students received cuts/scratches, 14 percent report the students received bruises, 14 percent report the students received floor burns, 14 percent report the students have had emotional/psychological trauma, and 29 percent report the students have received other, unspecified injuries.

The results of the survey show that 100 percent of study participants report they have never implemented seclusion interventions with students who don't have documented disabilities where the students were injured. Less than one percent of study participants report they have been involved in seclusion interventions with students who don't have documented disabilities where the students were injured. Of the less than one percent of study participants who report students who don't have documented disabilities have been injured in seclusion interventions, 75 percent report the students received cuts/scratches, 50 percent report the students received bruises, 25 percent report the students received floor burns, 25 percent report the students received broken bones, 25 percent report the students had emotional/psychological trauma from the intervention, and 25 percent report the students received other, non-specified injuries.

The results of the survey show that 97 percent of study participants report they have never been injured in restraint interventions with students who have documented disabilities. The other remaining three percent of study participants report they have been injured in restraint interventions with students who have documented disabilities. Of the three percent who report receiving injuries, 71 percent report receiving cuts/bruises, 79 percent report receiving bruises, eight percent report receiving floor burns, 25 percent report having emotional/psychological trauma, and 29 percent report receiving other, non-specific injuries.

The results of the survey show that 99 percent of study participants report they have never been injured in restraint interventions with students who don't have documented disabilities. Less than one percent of study participants report they have been injured in restraint interventions with students who don't have documented disabilities. Of the less than one percent who report receiving injuries, 56 percent report receiving cuts/bruises, 67 percent report receiving bruises, 22 percent report receiving floor burns, 11 percent receiving broken bones, 11 percent report receiving internal injuries, 11 percent report receiving head injuries, 44 percent report having emotional/psychological trauma, and 22 percent report receiving other, non-specified injuries.

The results of the survey show that 98 percent of study participants report they have never implemented restraint interventions with students who have documented disabilities in which the students were injured. Two percent of study participants report they have implemented restraint interventions with students who have documented disabilities

in which the students were injured. Of the two percent of study participants, 70 percent report the students received cuts/scratches, 50 percent report the students received bruises, 40 percent report the students received floor burns, ten percent report the students received broken bones, ten percent report the students received internal injuries, ten percent report the students received head injuries, ten percent report the students had emotional/psychological trauma, and 20 percent report the students received other, non-specific injuries.

The results of the survey show that 99 percent of study participants report they have never been involved in restraint interventions with students who don't have documented disabilities in which the students were injured. Of the one percent of study participants who report that students were injured, 33 percent report the students received cuts/scratches, 50 percent report the students received bruises, 17 percent report the students received floor burns, 17 percent report the students had emotional/psychological trauma, and 33 percent report the students received other, non-specified injuries.

Research Question 5

Are injuries suffered by students or school staff a result of the use of seclusion and restraint in the school setting documented and reported?

: Study participants report that incidents of injury of students and school staff are reported to various individuals. If a student is injured in a seclusion or restraint intervention in the school setting, 53 percent of study participants report that the injury is reported to the principal/dean of students, 28 percent report the injury is reported to the superintendent, 43 percent report the injury is reported to the teacher/case manager, 49 percent report the injury is reported to parents, 44 percent report the injury is reported to the school nurse, 46 percent report not knowing who the injury is reported to, and three percent report the injury is reported to other individuals.

If a school staff is injured in a seclusion or restraint intervention in the school setting, 52 percent of study participants report the injury is reported to the principal/dean of students, 30 percent report the injury is reported to the superintendent, 29 percent report the injury is reported to the teacher/case manager, 37 percent report the injury is reported to the school nurse, 31 percent report the injury is reported to Workman's Comp, 47 percent report they don't know who the injury is reported to, and three percent report the injury is reported to other individuals.

Research Question 6

Are the incidents of seclusion and restraint in the school setting documented and reported?

: Study participants report that the use of seclusion and restraint interventions is reported in different ways. The results of the survey show that 30 percent of study participants report seclusion and restraint interventions are verbally reported to the principal/dean of students, seven percent report the interventions are verbally reported to the superintendent, 22 percent report the interventions are verbally reported to the teacher/case manager, 23 percent report the interventions are verbally

reported to the parents, 34 percent report the interventions are put in a written document in the student's file, 37 percent report the interventions are put in a written document that is given to the principal/dean of students, 29 percent report the interventions are put in a written document that is given to the teacher/case manager, 33 percent report the interventions are put in a written document that is given to parents, one percent report that no documentation of the intervention is done, 52 percent of study participants report they don't know how the interventions are documented, and two percent report the interventions are reported to other individuals.

Research Question 7

Is there a higher incidence of the use of seclusion and restraint in school districts in states that allow corporal punishment to be used in educational settings? : The results of the survey show that 94 percent of study participants report that the use of corporal punishment is not allowed in their school. The remaining six percent report that corporal punishment is allowed in their school. While there are only six percent of schools in this study allowed to use corporal punishment with students, the data shows that there is a significant relationship between the use of corporal punishment and whether school staff have been formally trained in the use of crisis intervention techniques, $r = .074$, p (two-tailed) $< .05$.

Discussion

Despite research showing that the use of seclusion and restraint interventions is harmful, these interventions are used in school settings across the United States with minimal laws and policies governing their use. In 2009, the Government Accountability Office (GAO) reported hundreds of cases of alleged injury and death related to the use of seclusion and restraint interventions in school buildings across the United States, but was unable to find any federal laws restricting the use of these kinds of interventions in schools [32]. Interestingly, in their research, the GAO also found that almost all of the incidents of alleged injury and death related to seclusion and restraint interventions involved children with disabilities.

In 2011, the House bill (H.R. 4247), Keeping All Students Safe Act and Senate bills, Preventing Harmful Restraint and Seclusion in Schools Act and Keeping All Students Safe Act (S. 3895) were introduced to the legislature. Unfortunately, no action was taken on any of the bills and they were dismissed [33]. In 2014, the Keeping All Students Safe Act [34] was re-introduced to the legislature and is currently waiting for action [35]. As the states continue to have control over the proper use of seclusion and restraint interventions used in public schools across the nation, it is apparent that there are still many concerns about the use of these interventions with children and adolescents in school settings. In May, 2012 the United States Department of Education printed Restraint and Seclusion: Resource Document. Although this document contains 15 principles for States, school districts, schools, parents, and other stakeholders to consider when using restraint and seclusion [36], it is unclear if states across the nation have applied this.

As of January, 2014, there are 26 states that have laws and policies regarding the use of seclusion and restraint in public schools [37]. Of those 26 states, 14 states require, by law, that restraint interventions can only be used in emergency situations in which there is a threat of physical danger for all students, while 18 states restrict the use of restraint interventions to emergency situations for children with disabilities [38]. There are currently 11 states that protect all children from the use of non-emergency seclusion interventions and 17 states that protect children with disabilities from the use of non-emergency seclusion interventions [39]. Furthermore, there are 21 states that forbid the use of restraint interventions that impede breathing and threaten life for all children and 28 states that forbid the use of restraint interventions that impede breathing and threaten life for children with disabilities. Finally, there are only 20 states that require public schools to notify parents if a seclusion or restraint intervention was used with their child, with the law applying to all children and there are only 32 states that require public schools to notify parents if a seclusion or restraint intervention was used with their child, with the law applying to children with disabilities. Although federal laws regarding the use of seclusion and restraint in public schools would limit the control that the states have, it is the belief that children may be safer in the school setting if consistent, well-written laws and policies regarding the use of seclusion and restraint interventions were implemented in all public schools across the United States.

The overall hypothesis of this study is that the data collected will support the current research on the use of seclusion and restraint in the school setting. The first-hand information gathered from the study participants will provide documentation that supports the need for federal laws regarding the use of seclusion and restraint interventions in schools.

Findings and Interpretations

Research Question 1

The data collected in this research study indicates that the majority of school staff do not know their state's policy on seclusion and restraint. The lack of knowledge of state policy on seclusion and restraint may have a negative impact on how the use of seclusion and restraint interventions are used in the school setting. Furthermore, less than one-fourth of the study participants who do know their state's policy on seclusion and restraint gained that knowledge formally at their time of hire. The other three-fourths of the staff who do know their state's policy on seclusion and restraint obtained the information informally; there is a greater risk of not having accurate information if the information is learned informally. In order for school staff to have accurate information regarding state policy on seclusion and restraint, it should be provided to them at the time of hire, by school personnel who are knowledgeable and who have the most current information on state policy.

Research Question 2

The data collected in this research study indicates that the majority of school staff has not been formally trained in the use of seclusion and restraint interventions. Of the school staffs who have been formally trained, the majority of them have been trained with the Nonviolent Crisis Intervention Program (CPI).

While it may not be cost effective and a good use of staff development time to train all general education teachers in crisis intervention, it is certainly worthwhile for school districts to train all administrators, special education teachers, paraprofessionals, support staff (social workers, psychologists, counselors, and nurses), and a handful of general education teachers in the use of crisis intervention techniques, who will be a part of a school Crisis Response Team. Schools that have an identified Crisis Response Team are more likely to use seclusion and restraint interventions safely and effectively.

Research Question 3

The data collected in this research study indicates that seclusion and restraint interventions are used more frequently with students who have disabilities than with students who do not have disabilities. School staff report using seclusion interventions more often with students who have disabilities than students who do not have disabilities. School staff also report using restraint interventions more often with students who have disabilities than with students who do not have disabilities. While students in general education classrooms may be subject to seclusion and restraint interventions, it is more likely that students with disabilities may be subject to seclusion and restraint interventions.

Because of this knowledge, it is imperative that all school staff working with students who have disabilities be trained in their state policy on seclusion and restraint and receive training on crisis intervention and the proper use of seclusion and restraint interventions. Students who have disabilities are a very vulnerable population to serve – it is important for schools to work with each student on an individual basis and create an Individual Education Plan (IEP) that addresses each student's unique needs. If IEPs are well-written, based on individual student needs, and are followed through on, the need to use seclusion and restraint interventions may be reduced.

Research Question 4

Because seclusion and restraint interventions are used more frequently with students who have disabilities, staff report getting more injuries during seclusion and restraint interventions with students who have disabilities than with students who do not have disabilities. Interestingly, the study participants report that school staff is injured more frequently in seclusion and restraint interventions than students. The most commonly reported types of injuries occurring to both school staff and students are cuts/scratches, bruises, emotional/psychological stress/harm, and other, non-specific injuries. The risk of injury/harm from the use of seclusion and restraint interventions is always present; school districts need to be very thoughtful when implementing seclusion and restraint interventions, using them only in emergency situations. School districts need to clearly define what constitutes an "emergency" situation.

Research Question 5

If a student is injured in a seclusion or restraint intervention in a school setting, only half of those injuries are reported to the school principal or dean of students and less than half of the time the injuries are reported to the parents of the students who were injured. Unfortunately, 46 percent of the study

participants do not know who the injuries should be reported to, and those injuries may go unreported. The study participants report similar data regarding the reporting of injuries that school staff receive during seclusion and restraint interventions. It is difficult to obtain clear data on the exact number of injuries that occur during seclusion and restraint interventions when the injuries are not documented and reported.

Research Question 6

The study participants report that less than 40 percent of the incidents in which seclusion or restraint interventions have been used are documented. Study participants report that 23 percent of seclusion and restraint interventions are verbally reported to the parents of the student who have been subject to these interventions and 33 percent of parents receive written notice of the incidents. Over half of the study participants do not even know how the incidents of seclusion and restraint are to be reported. Again, it is difficult to obtain clear data on the exact number of uses of seclusion and restraint interventions used in schools when the incidents are not documented and reported.

Research Question 7

While this research question was not answered by the data collected, it appears there are schools that continue to use corporal punishment as a means of discipline for students. The lack of this data in this research study warrants further research regarding the relationship between the use of seclusion and restraint interventions and the use of corporal punishment.

Implications for Future Research

Although the data collected and analyzed in this research study is useful, this study has indicated the need for more research regarding the use of seclusion and restraint interventions in the schools across the nation. This study provides evidence that something "different" needs to occur within schools in the United States regarding the use of seclusion and restraint interventions used with students. There are many practice implications that should be considered when moving forward with addressing this issue.

1. It is clear that there needs to be more consistency with the policies and procedures regarding the use of seclusion and restraint interventions in schools. The federal government and the states need to work together to make this happen.

2. The federal government will need to address the issue of funding for staff training across the states. Too many untrained staff is implementing seclusion and restraint interventions with students in schools across the nation.

3. A monitoring system will need to be developed to ensure that all schools in all states are using seclusion and restraint interventions appropriately and effectively, only in emergency situations.

4. All current untrained staff and newly hired staff will need to be trained in seclusion and restraint policy, crisis response, and the implementation of seclusion and restraint interventions.

5. The implementation of consistent seclusion and restraint intervention policies, procedures, and practices will enhance the safety of all students and all staff.

Compliance with Ethical Standards

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all individual participants included in the study.

References

- (2011) APRAIS Policy Fact Sheet on Prevention of Restraint & Seclusion in Schools.
- Autism Society (2011) New bill looks to prevent restraint and seclusion in schools.
- Butler J (2014) How safe is the schoolhouse? An analysis of state seclusion and restraint laws and policies. The Autism National Committee 1-55.
- Butler J (2013) My state's seclusion and restraint laws: brief summary of state seclusion and restraint laws and policies. The Autism National Committee 1-37.
- (2010) CEC's Policy on Physical Restraint and Seclusion Procedures in School Settings. Council for Exceptional Children.
- Census Regions and Divisions of the United States.
- (2009) Council for Children with Behavioral Disorders. Position summary on the use of seclusion in school settings. Behavioral Disorders 34(4): 235-243.
- (2014) Corporal Punishment in US Schools United States.
- Current Issues in Seclusion and Restraint. Office of the Ombudsman for Mental Health and Mental Retardation.
- Ferleger D (2008) Human services restraint: reduce, replace, or relinquish? Intellectual and Developmental Disabilities 6(2): 154-165.
- Fogt JB, George MP, Kern L, White GP, George NL (2008) Physical restraint of students with behavioral disorders in day treatment and residential settings. Behavioral Disorders 34(1): 4-13.
- Government.
- HR (2014) Keeping All Students Safe Act.
- Harkin T (2014) Dangerous use of seclusion and restraints in schools remains widespread and difficult to remedy: a review of ten cases. United States Senate Health, Education, Labor, and Pensions Committee.
- Jones NL, Feder J (2010) The use of seclusion and restraint in public schools: the legal issues. Congressional Research Service Report for Congress 1-8.
- Kennedy S, Mohr W (2001) A prolegomenon on restraint of children: implicating constitutional rights. American Journal of Orthopsychiatry 71(1): 26-37.
- Kutz G (2009). Seclusions and restraints - selected cases of death and abuse at public and private schools and treatment centers. United State Government Accountability Office.
- LeBel B, Nunno MA, Mohr WK, O'Halloran R (2012) Restraint and seclusion use in U.S. school settings: recommendations from allied treatment disciplines. American J Orthopsychiatry 82(1): 75-86.
- Mental Deficiency.
- (2012) Mental Health Aide Education Requirements and Job Duties.
- Mohr WK, LeBel J, O'Halloran R, Preustch C (2010) Tied up and isolated in the schoolhouse. Journal of School Nursing 26(2): 91-101.
- Parallels in Time. Minnesota Governor's Council on Developmental Disabilities.
- (2012) Position Statement 24: Seclusion and Restraints Mental Health America.
- Posny A (2011) Seclusion and Restraint: An OSERS Update. U.S. Department of Education.
- (2014) Qualtrics.
- Roalson PM (2011) Student restraint and seclusion. Walsh, Anderson, Brown, Gallegos, & Green, P.C.
- (2012) School is Not Supposed to Hurt: The U. S. Department of Education Must Do More to Protect School Children from Restraint and Seclusion. National Disability Rights Network.
- (2009) School is Not Supposed to Hurt: Investigative Report on Abusive Restraint and Seclusion in Schools. National Disability Rights Network.
- Shapiro J (2014) National data confirm cases of restraint and seclusion in public schools. National Public Radio.
- (2012) Strategies for Meeting Title and Special Education Paraprofessional Requirements.
- Territories of the United States.
- Tovino S (2007) Psychiatric restraint and seclusion: resisting legislative solution. Scholarly Works, Paper 79.
- U. S. Department of Education (2012) Restraint and seclusion: resource document. Washington, D. C.
- U. S. Department of Education (2010) Summary of Seclusion and Restraint Statutes, Regulations, Policies and Guidance, by State and Territory: Information as Reported to the Regional Comprehensive Centers and Gathered from Other Sources, Washington DC.
- (2014) U. S. Senate Committee on Health, Education, Labor, & Pensions. Harkin investigation finds little to no recourse for families of children who were left in isolation or physically restrained in schools.
- Vogell H (June, 2014) Seclusion and physical restraint legal in most us public schools.
- Weiss EM, Altimari D, Blint DF, Poitras C, Megan K (1998) Deadly restraint: a Hartford Courant investigative report. Hartford Courant.
- What is the Legal Definition of a Disability?
- (2011) Who are Direct Care Workers? PHI Quality Care through Quality Jobs.