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Seclusion and Restraint Policy and Practice: Are We Doing the Right Thing?

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SECLUSION AND RESTRAINT POLICY AND PRACTICE:

ARE WE DOING THE RIGHT THING?

A Dissertation

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By

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ABSTRACT

SECLUSION AND RESTRAINT POLICY AND PRACTICE:

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By

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October 2014

Dissertation supervised by Daniel Houlihan, Ph.D.

The overall purpose of this research study was to gain an understanding of the significance of the policy and practice of seclusion and restraint interventions used with individuals in the public school system in the United States and to determine how the policy and practice of those interventions are currently being implemented in schools across the United States. Despite the research that shows that the use of seclusion and restraint interventions is harmful, these interventions continue to be used in school settings across the United States. Policies and regulations have been established regarding the use of seclusion and restraint in federally funded residential and hospital facilities, however, there are currently no federal laws that monitor and regulate the use of seclusion and restraint in public and private schools.

A descriptive, cross-sectional research design was used to implement this study, as data was collected from the research study participants at only one point in time, using an electronic survey. A comprehensive review of the literature regarding the use of seclusion and restraint interventions was conducted. The data collected included a focus on laws, statutes, rules and regulations, and policies developed and implemented regarding the use of seclusion and restraint

interventions with individuals under the age of 18. In addition, an electronic survey was developed and sent to school administrators and other support staff, teachers, and paraprofessionals 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 of employment within the division of the regions in the United States.

The data collected in this research 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 with all students. The data shows that many school staff are unaware of their State's policies and procedures regarding the use of seclusion and restraint interventions and that many school staff are not trained on the proper use of these interventions, yet continues to implement them with the students in their schools. The use of seclusion and restraint interventions continue to occur in schools across the nation and the risk of injury during these interventions is present for both students and school staff.

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CHAPTER 1

INTRODUCTION

Consider that you are the parent of Hattie. Hattie is seven years old and in the first grade at Jefferson Elementary School. Hattie was born three months premature and has medical and emotional problems related to her low birth weight and complications with the pregnancy, labor, and delivery. As a parent, you realize that Hattie's behaviors are often times difficult to manage, but you have done everything you can to receive services to help Hattie and your family. Hattie has received specialized medical services since she was born and has received services to address her emotional and behavioral struggles since she was a toddler. Hattie has had many struggles to overcome, but you and your family are seeing a great improvement in Hattie's behaviors (inattention, running away, talking back, aggression) that are often times difficult to manage.

Hattie has received Early Childhood Special Education Services since she was three years old. Hattie participated in a pre-school program for three years and was able to start kindergarten when she was six years old. Hattie remained on her Early Childhood Individualized Educational Plan (IEP) until she turned seven years of age and started first grade. Hattie was then placed on a regular school age IEP. Hattie did very well with the special education services she received in pre-school and kindergarten and she thoroughly enjoyed attending school every day.

When Hattie was in first grade, you noticed that as the school year went on, Hattie was not as excited to go to school and was even having some temper tantrums in the morning before going to school. In addition, you began to notice more bruises on Hattie's arms and legs, but didn't think much of it because she is a very active child who is prone to such injuries. Hattie's behaviors at home continue to improve, although she seems to be isolating herself more than

usual. You have contacted Hattie's case manager at school to see if her behaviors have changed since the beginning of the school year. The case manager tells you everything is fine with Hattie at school and she continues to receive services under her IEP. After talking to Hattie's school case manager, you feel a bit of relief, but you are still bothered by the changes in her behaviors.

On Monday, January 3rd, Hattie's first day back to school after winter break, you receive a call from the Jefferson Elementary School nurse. The nurse tells you there was an emergency with Hattie and she is being taken to the hospital by ambulance. You meet Hattie and the ambulance at the hospital, but by the time you arrive, you have been told that Hattie has passed away due to asphyxiation. You later learn that Hattie has been physically restrained daily at school due to Hattie's non-compliant behaviors in the classroom. Hattie has been refusing to do her schoolwork and when she refused to do her school work, she was punished by being physically restrained by the paraprofessional who is assigned to work in her classroom. On Monday, January 3, Hattie refused to do her Math assignment and was restrained by a male substitute paraprofessional who was assigned to work in her classroom that day. Hattie was put in a prone physical restraint by the paraprofessional. After being in the prone restraint for over 20 minutes, the paraprofessional noticed Hattie wasn't moving and discovered she was unconscious. The school nurse called 911, but it was too late. Hattie had passed away from asphyxiation before she arrived at the hospital.

Situations like Hattie's happen in schools across the United States more than one would like to think. In many circumstances in which children and adolescents are secluded or restrained in educational settings, death does not occur, but physical and emotional injuries do occur. In 1998, the Hartford Courant published an investigative report that revealed to the public that children, adolescents, and adults were being seriously injured or had died as a result of being

secluded or restrained in a number of different environments. The Hartford Courant blamed minimal training for staff, poor standards for treating individuals, and difficulty maintaining staff as the reasons for why children, adolescents, and adults were injured or died as a result of seclusion or restraint interventions (1998).

Interestingly, after the Hartford Courant published their investigative report, lawmakers opened their eyes to the problems with the use of seclusion and restraint interventions used in residential facilities. Policies and regulations were established regarding the use of seclusion and restraint in federally funded residential and hospital facilities (APRAIS Policy Fact Sheet, 2011; Council for Children with Behavioral Disorders, 2009). Unfortunately, many years passed before the U. S. Department of Education addressed the concern regarding the use of seclusion and restraint interventions in public and private schools. Finally, in July, 2009, Arne Duncan, Secretary of Education, issued a letter to every Chief State School Officer in the United States, strongly encouraging them to review their state procedures on the use of seclusion and restraint in educational settings (Duncan, 2009). However, there are currently no federal laws that monitor and regulate the use of seclusion and restraint in public and private schools (APRAIS Policy Fact Sheet, 2011; Autism Society, 2011; Butler, 2014; Council for Children with Behavioral Disorders, 2009; Gharagozloo, 2009; Harkin, 2014; Jones & Feder, 2010; Koplos, 2011; Kutz, 2009; Posny, 2011; & School is Not Supposed to Hurt, 2009).

Statement of the Problem

Despite the research that shows that the use of seclusion and restraint interventions is harmful, these interventions continue to be used in school settings across the United States, with minimal laws and policies that govern the use of these interventions. In 2009, the Government Accountability Office (GAO) reportedly found 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 or monitoring the use of these kinds of interventions in schools (Kutz, 2009). 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 (Kutz, 2009).

In 2011 the House bill (H.R. 4247), *Keeping All Students Safe Act* and Senate bills, *Preventing Harmful Restraint and Seclusion in Schools Act* (S. 2860) 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 (U. S. Department of Education, 2012). In 2014 the *Keeping All Students Safe Act* (H. R. 1893) was re-introduced to the legislature and is currently waiting for action (H. R. 1983 – Keeping All Students Safe Act, 2014).

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 the public school setting. In May, 2012 the United States Department of Education printed *Restraint and Seclusion: Resource Document*. According to Arne Duncan, Secretary of Education, "this document contains 15 principles for States, school districts, schools, parents, and other stakeholders to consider when developing or revising policies and procedures on the use of restraint and seclusion" (U.S. Department of Education, 2012, p. iii). It is unclear if the states across the nation are using this resource document to develop or revise policies and procedures regarding seclusion and restraint interventions.

While 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 are 26 states that have laws and policies regarding the use of seclusion and restraint in public schools (Butler, 2014). 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* (Butler, 2014). 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, 2014). 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, 2014). 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* (Butler, 2014). While 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.

Significance of the Problem

While 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 the core of the problem, there are also underlying problems with the use of seclusion and restraint interventions with children and

adolescents in public schools. These problems 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, our most vulnerable population, are at a greater risk of being injured from the use of seclusion and restraint interventions than children who do not have a documented disability and that parents are not notified if a seclusion or restraint intervention occurs with their child. Furthermore, there are legal implications that must be considered with the use of seclusion and restraint interventions – court cases regarding injuries, death, and trauma experienced due to seclusion and restraint interventions have significant financial implications for school districts.

Injuries, Death, and Trauma

In 1998 the Hartford Courant released an investigative report that identified many concerns with the use of seclusion and restraint interventions used with children, adolescents, and adults in mental health facilities, mental retardation facilities, and group homes across the United States (Weiss, Altimari, Blint, & Megan, 1998). 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. Unfortunately, the total number of deaths related to seclusion and restraint interventions in facilities is likely much higher due to the fact that many deaths related to seclusion and restraint interventions go unreported (Weiss, Altimari, Blint, & Megan, 1998). According to Weiss and colleagues, more than 26 percent of the deaths reported were those of children (1998). 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 deaths of children related to seclusion and restraint interventions in school systems across the United States (Kutz, 2009). Of the hundreds of cases reviewed, the GAO selected ten cases 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 ten cases. Students in four of the ten cases had died due to restraint interventions. Four of the students in the ten cases were restrained by objects such as leather straps, bed sheets, masking tape, and duct tape and received significant physical injuries. One of the students in the ten cases was physically restrained by the teacher sitting on her, and one of the students was secluded in a time-out room 75 times over a sixth month period – the student had severe blisters on his hands from trying to escape the seclusion room. All of the students who lived through the situations listed above were emotionally traumatized by the interventions used (Kutz, 2009).

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 more 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

(Kennedy & Mohr, 2001). These positions are typically filled by the staff with the least amount of training or education and are the least paid staff at the agency (Kennedy & Mohr, 2001).

Direct care providers typically work under the supervision of a mental health technician, nurse, or other professional to perform their basic job duties. Their job duties generally include assisting in therapeutic client activities, making sure clients take their prescribed medications, documenting progress of clients regarding their treatment plans, teaching daily living skills and social skills, providing recreation therapy, and monitoring behavior that requires intervention (education-portal.com, 2012). A direct care provider position does not require an advanced degree. The majority of agencies who employ direct care providers only require the employees to have a high school diploma or a G.E.D. Most agencies that employ direct care providers provide on-the-job training (education-portal.com, 2012). Direct care provider positions provide between 70 – 80 percent of the care provided to individuals with disabilities (directcareclearinghouse.org, 2011).

Paraprofessionals who work in educational settings may be asked to fulfill many different roles. Such roles may include instructional assistants, Title I paraprofessionals, pupil support assistants, special education paraprofessionals, job coaches, lunchroom and playground assistants, hall monitors, media center assistants, physical assistance and care for students, and behavioral management (education.state.mn.us, 2012). The majority of paraprofessionals are expected to work with student with disabilities (education.state.mn.us, 2012). Supervision provided to paraprofessionals varies between school districts.

No Child Left Behind (NCLB) has determined 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 for 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 Associates 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 (education.state.mn.us, 2012).

As indicated in the data provided above, individuals in the role of direct care providers and paraprofessionals are expected to fulfill roles that they are not qualified for. It is important for these positions to have training on how to work with individuals with disabilities and how to effectively manage the behavior of such individuals. The lack of requiring individuals in these positions to have education or training on behavior management is a recipe for disaster. Employees fulfilling these roles are often unsure of how to handle behavioral issues with clients or students. Often, 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 unnecessarily (Kennedy & Mohr, 2001).

The research conducted by the GAO in 2009 found that the majority of the staff involved in the ten cases reviewed did not have appropriate training on the use of seclusion or restraint interventions and did not know their school and state policies on the use of seclusion and restraint interventions (Kutz, 2009).

Inappropriate Use or Over Use of Seclusion and Restraint Interventions

The use of seclusion and restraint interventions in schools should only be used in emergency situations in which students or staff are in danger of physical harm and the

intervention should end when the emergency is over (Butler, 2013; U.S. Department of Education, 2012). Unfortunately, school staff often use seclusion and restraint interventions as a consequence or punishment for inappropriate behavior, for restoring order to the classroom, for providing relief for the teacher, or as a way to change the behavior in a student (Council for Children with Behavioral Disorders, 2009). Reportedly, seclusion and restraint is also used to deter future violent behaviors, is used as a staff convenience, is used as coercion and punishment, is used to control individuals and the environment, and is used as a behavioral intervention (Ferleger, 2008; Fogt et al., 2008; LeBel, Nuno, Mohr, & O'Halloran, 2012; & Mohr, LeBel, O'Halloran, & Preustch, 2010).

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 (Kutz, 2009). 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. According to Vogell (2014) and Shapiro (2014), children in public school 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. Shapiro (2014) 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 as having an emotional or behavioral

disorder (EBD). According to Harkin (2014), 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 ten reported cases of seclusion and restraint interventions that lead to injury or death of the students; all ten 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 (Harkin, 2014).

In 2012, the National Disability Rights Network (NDRN) published a follow up report to their 2009 *School is Not Supposed to Hurt* report. Between the years of 2009-2012, 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 in schools 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 (School is not supposed to hurt, 2012).

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" (Kutz, 2009, p. 5).

Lack of Notification to Parents and Higher Authorities

Currently, there are only 20 states that have laws mandating that schools need to report to parents of *all children* when a seclusion or restraint intervention is used with their child and 32 states specify that parents of students *with disabilities* must be notified if a seclusion or restraint intervention is used with their child (Butler, 2014). Of those states, only 12 of them require that parental notification occur within one day of the intervention being implemented (Butler, 2014). 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 (Harkin, 2014). 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 (Harkin, 2014).

In addition, the overall use of seclusion and restraint interventions has gone unreported to higher authorities. According to Vogell (2014), "fewer 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, 2014). This is contradictory to the data that states that children in public school across the nation have been restrained or secluded at least 267,000 times in the 2011-2012 academic year (Shapiro, 2014; Vogell, 2014). The Department of Education currently requires schools to

collect and report data on the use of seclusion and restraint interventions for all students in each district, however, that data is rarely reliable and available (Harkin, 2014).

Legal and Financial Implications for Parents and Schools

The use of seclusion and restraint interventions in schools can cause a plethora of legal and financial problems for both the families of the students involved and the schools themselves. 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 (Harkin, 2014). 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 (U. S. Senate Committee on Health, Education, Labor, & Pensions, 2014).

However, there are circumstances in which parents have won legal 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 5 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 a physical restraint (Focus on: restraint and seclusion in schools, 2014). Situations like this may cause school districts to have significant budget issues that are difficult to resolve.

Purpose of the Study

The issues regarding the continued use of seclusion and restraint interventions in schools are clearly documented. However, while these issues are clearly documented, the United States Department of Education has taken a "hands off" approach in dealing with these issues. The United States 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, however, has continued to allow the states to be in control of laws and policies regarding the use of seclusion and restraint in schools. The purpose of this research study is to obtain first hand 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 data in the literature.

Research Questions

The research questions in this study are based on the current data available regarding the use of seclusion and restraint in school settings. Specifically, the research questions include (1) do general education teachers, special education teachers, paraprofessionals, administrators, and support staff (social workers, psychologists, counselors, and nurses) know their state's policy on seclusion and restraint; (2) are school staff and teachers trained in crisis prevention and the use of seclusion and restraint interventions; (3) is there a higher incidence of the use of seclusion and restraint in the school setting with students who have disabilities; (4) are there injuries that occur with students and school staff during seclusion and restraint interventions; (5) are the injuries suffered (student or staff/teacher) as a result of the use of seclusion and restraint in the school setting documented and reported; (6) are the incidents of seclusion and restraint in the school setting documented and reported; (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; and (8) has the use of Positive Behavioral Interventions and Supports (PBIS) programs in school settings reduced the number of seclusions and restraints used with students.

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 needs for federal laws regarding the use of seclusion and restraint interventions in schools.

Justification of the Study

The current research on the use of seclusion and restraint in the school setting clearly supports the need for federal legislation that monitors the use of these kinds of interventions in the school. The data gathered in this study includes information directly from individuals (study participants) who are working in the schools across the United States, providing a first-hand account of their experiences regarding the use of seclusion and restraint interventions in schools. This information is important to add to the current research, as it will either support or deny the need for federal legislation.

Summary

Chapter One provides an overview of the statement and significance of the problems regarding the use of seclusion and restraint interventions used in schools, an explanation of the purpose of the study, and explains the research questions that the study is looking to answer. Chapter Two contains a comprehensive review of the literature regarding the use of seclusion and restraint with individuals, Chapter Three provides information regarding the research design and methods of data collection, Chapter Four will explain how each of the research questions were answered, and Chapter Five will explain the results and implications of the study.

Definitions and Terms

There are many different definitions for seclusion and restraint pertaining to the school setting. The Department of Education defines *seclusion* as:

> the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming (Jones & Feder, 2010, p. 2).

The Centers for Medicare and Medicaid Services (CMS) define *seclusion* as:

> the involuntary confinement of [an individual] alone in a room or area from which the [individual] is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior (School is Not Supposed to Hurt, 2009, p. 5).

The Council for Exceptional Children define *seclusion* as:

> the involuntary confinement of a child or youth alone in a room or area from which the child or youth is physically prevented from leaving. This includes situations where a door is locked as well as where the door is blocked by other objects or held closed by staff. Any time a child or youth is involuntarily alone in a room and prevented from leaving should be considered seclusion, regardless of the intended purpose or the names applied to this procedure and the place where the child or youth is secluded. Seclusion is often associated with physical restraint in that physical restraint is regularly used to transport a child or youth to a seclusion environment. However, seclusion may occur without employing physical restraint (Council for Exceptional Children, 2010, p. 1).

The Department of Education defines *physical restraint* as:

> 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. Physical escort means a temporary touching or holding 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 (Jones & Feder, 2010, p. 3).

The Department of Education defines *mechanical restraint* as:

> the use of any devise or equipment to restrict a student's freedom of movement. The term does not include devices that are implemented by trained school personnel, or utilized by a student that have been prescribed by an appropriate medical or related services professional and are used for the specific and approved purposes for which such devices were designed (Jones & Feder, 2010, p. 3).

The Centers for Medicare and Medicaid Services (CMS) define *restraint* as:

> (a) any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of [an individual] to move his or her arms, legs, body, or head freely; or
>
> (b) a drug or medication when it is used as a restriction to manage the [individual's] behavior or restrict the [individual's] freedom of movement and is not a standard treatment or dosage for the [individual's] condition (School is Not Supposed to Hurt, 2009, p. 5).

The Council for Exceptional Children defines *physical restraint* as:

> any method of one or more persons restricting another person's freedom of movement, physical activity, or normal access to his or her body. It is a means for controlling that

person's movement, reconstituting behavioral control, and establishing and maintaining safety for the out-of-control individual, other individuals, and school staff (Council for Exceptional Children, 2010, p. 1).

The Americans with Disabilities Act of 1990 (Public Law 101-336) defines *disability* as:

> a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such impairment; or being regarded as having such an impairment. When defining disabilities, they typically include mobility impairments, cognitive impairments, hearing impairments, visual impairments, and speech impairments (affnet.ucp.org, n.d., p. 1).

CHAPTER 2

LITERATURE REVIEW

History of the Use of Seclusion and Restraint

Seclusion and restraint has historically been used as an intervention to either "treat" individuals who were deemed "needing treatment" or to keep individuals who appeared to be a danger to others secure and unable to do harm. The use of seclusion and restraint with individuals, including children and adults with mental illness and a wide array of disabilities, has an elaborate American history. In the eighteenth and nineteenth centuries, mental illness was loosely defined and inclusive of many characteristics that seemed odd or peculiar to others. Such characteristics included the presence of delusions, hallucinations, incoherent speech, paranoia, depression, or withdrawal from social relationships (Tovino, 2007). In addition to the term mental illness, other terms were used to describe or label individuals who were in need of mental health services in the eighteenth and nineteenth centuries. Such terms included mentally defective, idiots, imbeciles, feeble-minded, lunatics, insane, and epileptic (Erickson, 1992; en.wikipedia.org, n.d.; studymore.org, n.d.). A person who was described as being a lunatic was viewed as being mentally unstable whose symptoms had changing patterns, similar to the phases of the moon (Erickson, 1992). Being labeled insane implied that the individual was out of control and needed to be in a confined space (Erickson, 1992). Idiots were referred to as individuals with severe mental retardation (en.wikipedia.org, n.d.), imbeciles were considered those who were not as bad as idiots, but were still unable to care for themselves, and the feeble-minded were those who were considered to need care and supervision and were unable to learn (studymore.org, n.d.).

It was determined that individuals who fell into the above listed categories needed treatment. However, due to the lack of knowledge, the country was not sure how to handle the increasing numbers of individuals with mental illness or disabilities. In the early eighteenth century, family, poorhouses, and almshouses were responsible to care for the mentally ill (Erickson, 1992; Tovino, 2007). If the individuals became violent or out of control, they would be locked up in county jails for months or years at a time (Erickson, 1992). In the late eighteenth century, a small number of medical hospitals in America agreed to care for the mentally ill. The Public Hospital for Persons of Insane and Disordered Minds opened in Williamsburg, Virginia in 1773. It was the first hospital in America that focused solely on treating the mentally ill. By 1920, 521 mental hospitals were developed and widely used (Tovino, 2007).

Psychiatric services continued to evolve as the need for mental health services grew in America. Because there was little knowledge of the etiology of mental illness, the treatments used in mental hospitals were experimental and based on inadequate information. Treatments primarily used in mental hospitals included seclusion, mechanical restraints, medicinal restraints, "shock" water treatments, bleeding, and blistering salves (Tovino, 2007). Patients were reported to have been kept in seclusion for hours, days, months, or years at a time. Patients were reported to have also been kept in straightjackets, handcuffs, or strapped to chairs for extended periods of time (Tovino, 2007). As the populations in the mental hospitals increased, it was not uncommon to see most of the patients in some sort of restraint the majority of the time (Tovino, 2007). Seclusion and restraint were very popular forms of treatment for the mentally ill in the eighteenth and nineteenth centuries.

As psychiatric care evolved in America, England was innovative in the non-restraint movement in the early 1800's (Haw & Yorston, 2004). Dr. Robert Gardiner Hill and Dr. Edward

Charlesworth are noted to be the founders of the non-restraint movement in England, with Dr. John Conolly and Dr. Thomas Prichard practicing the use of non-restraints with their patients in their respective asylums (Ferleger, 2008; Haw & Yorston, 2004). Dr. Prichard believed that treatments other than the use of restraint were more humane and provided a preventative approach to treatment. In addition, Dr. Prichard determined that restraints were to be used minimally and were only to be used to control violent behavior. Dr. Prichard believed it was much better to use isolation, reduced food intake, and shower baths to control violent behaviors (Haw & Yorston, 2004). Dr. Conolly worked under the assumption that restraining individuals was not necessary, was not justifiable, and was injurious. Dr. Conolly preferred to staff the mental hospital with many workers who could provide "moral treatment" options to the patients (Ferleger, 2008). In the nineteenth century, psychiatrists in America did not believe in the non-restraint movement and felt that restraints provided a therapeutic treatment for patients and was an acceptable practice to use with mentally ill patients (Ferleger, 2008). Services for the mentally ill in America continued to use seclusion and restraint as a primary way to treat individuals.

The debate regarding the appropriate use of seclusion and restraint began in the eighteenth century and continues to be debated today. Currently, there are concerns regarding the use of seclusion and restraint for individuals with mental illness and disabilities in the school setting, in residential treatment centers, and in mental health hospital settings. Although there have been many improvements made to psychiatric care and human services over the course of many years, it is interesting that the United States continues to use seclusion and restraint with individuals with mental illness and disabilities. A visualization of how a restraint occurred in an insane asylum in the eighteenth century is likely to be a very different visualization of how a

restraint intervention may look today. However, the intent of the restraint intervention is likely to be the same, whether the intervention occurred in the eighteenth century or currently in 2014. One may question whether services for the mentally ill and disabled have really changed all that much over time. Is there concern that currently, individuals who have disabilities continue to be treated inhumanely as the trend to use seclusion and restraint interventions continues?

History of the Use of Seclusion and Restraint in Educational Settings

Historically, children and adolescents who were committed to insane asylums were treated similarly to adults (Gingell, 2001), and were not allowed to attend school. In the mid-1800's, Dorothea Dix and other social reformers advocated for better treatment of all individuals with disabilities (Parallels in Time, n.d.). At that time, Early Training Schools were developed and opened in Germany, England, and Switzerland - the Early Training Schools were residential schools that provided specialized training for children and adolescents with disabilities. The first Early Training School opened in the United States in 1848 – the Massachusetts School for Idiotic and Feeble-Minded Youth (Parallels in Time, n.d.). By 1857 there were five training schools in the United States. The training schools were offering better treatment and education to children with disabilities. Unfortunately, by the late 1800's, the training schools became custodial institutions and the "pupils became inmates" (Parallels in Time, n.d.).

Because children and adolescents with disabilities were hidden at home or committed to asylums, there is a lack of historical data on how these children were treated in their educational environments because those environments did not exist until the Early Training Schools opened in the mid-1800's. Once can only assume that the use of seclusion and restraint interventions were used in the Early Training Schools, as that data is not readily available for review. Interestingly, while compulsory school attendance laws were enacted in the late 19th century and

early 20th century (Parallels in Time, n.d.), there is also lack of historical data on how children *without* disabilities were treated in public school settings.

In 1896, Rhode Island opened the first public Special Education Class; by 1923 it was serving 34,000 students (Parallels in Time, n.d.). In the late 1900's, there was a move in society to improve the life for individuals in institutions and to provide the opportunity for individuals with disabilities to live in the community (Parallels in Time, n.d.). In 1965 the Elementary and Secondary Education Act was passed – the Act provided federal grants to schools to educate children who were considered educationally deprived. School districts were required to provide support services to all children who needed educational assistance (Parallels in Time, n.d.). In 1975, the Education for all Handicapped Children Act was passed – which mandated that all children with disabilities are provided with a free appropriate public education (FAPE) and that all children should receive this education in the least restrictive environment possible (Parallel's in Time, n.d.). In 1990, this Act was retitled as the Individuals with Disabilities Education Act (IDEA) (Parallels in Time, n.d.).

As indicated above, there is limited historical data regarding the use of seclusion and restraint interventions used in public school settings. Overall, the historical data suggests that children and adolescents with disabilities were treated quite poorly in public institutions, where the use of seclusion and restraint interventions were used freely and inhumanely. Educational laws regarding the treatment of children and adolescents with disabilities were not established until the late 1900's. It has taken many years for society to figure out the best way to effectively teach and manage children and adolescents with disabilities in the educational setting, and those laws continue to be amended.

Purpose of Seclusion and Restraint in the School Setting

The use of seclusion and restraint has been documented to occur in several settings that serve children, adolescents, and adults with mental health concerns and disabilities. Such settings include public schools, private schools, day treatment programs, residential facilities, and mental health hospitals. Historically, the use of seclusion and restraint has been used as a form of therapeutic treatment for individuals; currently, the use of seclusion and restraint is reported to have a functional purpose – with the main goal of keeping the individual, others, and property safe (American Medical Association as cited in Fogt, George, Kern, White, & George, 2008). According to Butler (2014), the use of seclusion and restraint interventions should not occur unless there is an emergency in which there is a serious danger to physical safety. In an emergency, these interventions are to be used to keep all parties safe and should end when the emergency is over (Butler, 2014). However, there are other purposes for the use of seclusion and restraint that are documented in the literature.

Reportedly, seclusion and restraint interventions are also used to deter future violent behaviors, is used as staff convenience, is used as coercion and punishment, is used to control individuals and the environment, and is used as a behavioral intervention (Ferleger, 2008; Fogt et al., 2008; LeBel, Nuno, Mohr, & O'Halloran, 2012; Mohr, LeBel, O'Halloran, & Preustch, 2010). The use of seclusion and restraint may be used in emergency or non-emergency situations, depending on the intended purpose of the seclusion and restraint (Ferleger, 2008). In a study that reviewed child and adolescent restraint fatalities, it was reported that restraints were initiated by staff due to child non-compliant behaviors, refusal to comply with staff requests, and fights between peers (Nunno, Holden, & Tollar, 2006).

Interestingly, the literature reports concerns with the use of seclusion and restraint, as seclusion and restraint are invasive techniques that are potentially dangerous and harmful to

individuals. It is suggested that other less invasive, preventative techniques be used in situations where aggressive or violent behaviors may be escalating (Fogt et al., 2008; Knight, 2011).

Therapeutic Value of Seclusion and Restraint Interventions

The literature regarding the dangers of the use of seclusion and restraint interventions is prevalent, however, there is still controversy regarding the effectiveness of the use of these interventions with children and adolescents. While Mohr and colleagues (2010) report that seclusion and restraint has not been found to be a therapeutic or safe intervention, especially for children and adolescents, the American Association of School Administrators (AASA) believe that the use of seclusion and restraint interventions in schools has allowed children with emotional and behavioral problems to continue to be educated in the public school setting (Pudelski, 2012).

While the data provided by the AASA in their seclusion and restraint position statement does not address the therapeutic value of seclusion and restraint interventions, it provides justification for continued use of these kinds of interventions in public schools as a means to keep everyone safe. According to Pudelski (2012), the AASA believes that "if IEP teams comprised of both parents and school personnel agree the use of seclusion and restraint will enable a student to remain in the least restrictive environment possible and to educationally benefit from the teaching and services the student needs, then these techniques should be allowed to be written into the student's IEP" (p. 5). The AASA's argument for the continued use of seclusion and restraint interventions in public schools is based on the practical use of these interventions rather than therapeutic benefits of these interventions.

The National Disability Rights Network (NDRN) clearly supports the federal government taking a more active role in the development and implementation of policies and practices

regarding seclusion and restraint interventions used in public schools (School is Not Supposed to Hurt, 2012). The NDRN suggests that the federal government pull together a multi-disciplinary task force that will assess the therapeutic value of seclusion and restraint interventions and develop evidence-based practices that can be used in public schools that will reduce the use of these interventions (School is Not Supposed to Hurt, 2012). The NDRN is suggesting that the use of seclusion and restraint interventions have a practical use in keeping students and school staff safe in case of emergencies, but are also indicating that more research needs to be done regarding the therapeutic value of these interventions.

According to Ziegler (2004), "physical restraint is properly used only when the adult is trying to understand the child and other limit setting techniques have failed to safely address the violent behavior of the child. Interventions are also not therapeutic when they are based on a power struggle or when the adult is out of control" (p. 3). When discussing the use of physical restraint with children, Ziegler indicates that the when, how, why, and by whom the intervention is used determines the effectiveness of the intervention (Ziegler, 2004). Physical restraint interventions can be therapeutic, if used correctly, as physical touch can be therapeutic for children, children need to know that the adults will keep everyone safe, sometimes violence is the only way emotionally disturbed children can ask for physical contact with an adult, it is the best way to prevent injury when a child's behavior is out of control, and traumatized children need to learn that not all difficult situations end in abuse (Ziegler, 2004). Furthermore, in order for restraint interventions to be therapeutic, the adults implementing physical restraint interventions must be properly trained to do so (Ziegler, 2004). Ziegler is able to justify and support the practical use of seclusion and restraint interventions in that keeping others safe is important, however, he is also able to support therapeutic uses for these kinds of interventions.

Concerns and Risks Associated with Seclusion and Restraint

There are many concerns with the use of seclusion and restraint with children and adolescents in the school setting. As stated previously, an area of concern with the use of seclusion and restraint in the school setting is the purpose of the intervention. It is concerning that school staff and teachers are using seclusion and restraint with children and adolescents in order to get them to comply with the classroom rules or in situations where the child or adolescent is not physically agitated and aggressive (Mohr, LeBel, O'Halloran, & Preustch, 2010). The risks associated with seclusion and restraint increase exponentially when it is used instead of a more effective, therapeutic approach to handling a crisis situation, and when it is used in association with discipline and punishment (Mohr & Nunno as cited in LaBel, Nunno, Mohr, & O'Halloran, 2012). Another concern with the use of seclusion and restraint in the school setting is that there are no uniform national standards for when this type of intervention should be used. The lack of national standards allows for loose interpretations of rules and policies, which increases the inappropriate use of this type of intervention (Position Statement 24: Seclusion and Restraints, 2012).

Seclusion and restraint are often associated with physical injuries, psychological trauma, and death. Physical injuries associated with seclusion and restraint may include but are certainly not limited to bruises, broken bones, and cuts (School is Not Supposed to Hurt, 2009). Psychological trauma may be caused due to the humiliation of the seclusion or restraint, the seclusion or restraint may reinforce aggressive behavior as a coping mechanism, and the seclusion or restraint may be non-therapeutic to children or adolescents who have an abuse history (Ferleger, 2008).

Death is the most serious consequence of seclusion and restraint. There are a number of ways an individual can die from a restraint, with the most common cause of death being asphyxia due to impaired respiratory functioning. Other causes of death include cardiac arrhythmia, blunt trauma, internal bleeding, and suicide (LeBel, Nunno, Mohr, & O'Halloran, 2012; Mohr, LeBel, O'Halloran, & Preustch, 2010; Nunno, Holden, & Tollar, 2006).

Table 1

Case Examples of Injury and Death Related to Seclusion and Restraint Interventions in Educational Settings

Age of student	Disability of student	Gender	Location of incident	Year of incident	Result of incident(s)	Disciplinary actions
13	Depression and ADHD	Male	"Psycho-educational" school in Georgia	2009	Student committed suicide with a rope (that was given to him to hold his pants up) while placed in a seclusion room.	School staff found not guilty of any crimes against student.
10	Cerebral Palsy, Asthma	Male	Public school in North Carolina	2008	Child's mouth was forcefully taped shut, then ripped off his mouth.	School therapist's behaviors violated student's rights.
13	Autism, Mental Retardation	Male	Private school at residential treatment center in New York	2007	Death – suffocation	Death ruled a homicide. Aide convicted of manslaughter and is currently in prison
8	ADHD	Male	Public school in Illinois	2006	Child was restrained to a chair with masking tape. Child's mouth was also taped	Teacher was found guilty of unlawful restraint and aggravated battery.

					shut.	
8	Autism and other disabilities	Female	Public school in Iowa	2005	Student placed in converted storage area under a staircase to calm aggression 100 times in Sept – Dec; staff restrained student to quiet her down	Administrative law judge found that the school failed to provide the student with FAPE, but school was not required to change its policies
Under the age of 6	Down syndrome-type condition	Male	Public school in Tennessee	2003-2004	Child was strapped to a cot with sheets while wearing a 5lb vest, while being hit by the teacher with a flyswatter, a ruler, and her hand.	Teacher was charged with felony child abuse, neglect, and misdemeanor assault.
15	Autism	Male	Public school in Michigan	2003	Death – due to prone restraint	Death ruled an accident – no criminal charges filed. Civil suit filed by family. Family won.
Multiple children ages 6 & 7	None	Males and females	Public school in Florida	2003	Children were gagged and duct-taped to their desks for misbehaving.	Teacher's aide found guilty of false imprisonment and battery.
8	Unknown	Male	Public school in Hawaii	2003	Child's head was taped to a tree by the vice-principal due to "horsing around".	Court determined vice-principal's behaviors violated the child's 4th Amendment rights.
14	PTSD and other mental health disorders	Male	Public school in Texas	2002	Death – compression of the trunk	Death ruled a homicide – no criminal

						charges filed.
7	Asperger's Syndrome	Female	Public school in California	2001-2002	Child was secluded in an area, teacher sat on top of her, was repeatedly restrained and abused.	Civil suit was filed by the family. The student was awarded $260,000.
14	History of disruptive behavior	Male	Private school at residential treatment center in Pennsylvania	1998	Death – brain injury due to lack of oxygen	Death ruled an accident - no criminal charges filed. Civil suit filed by family. Family won.
4	Cerebral Palsy, Autism	Female	Public school in West Virginia	1998	Child was restrained in chair with leather straps; child had bruising, bed wetting, diagnosed with PTSD	Civil suit filed by family. Teachers were not found liable. School board found liable. Family awarded $460,000.
16	Unknown	Male	Wayside Union Academy in Massachusetts	1998	Death – died of cardiac arrest during a restraint. Aides thought child was faking unconsciousness.	Unknown
16	Unknown	Male	Charter school in North Carolina	1998	Death – died of asphyxiation during a restraint. Child was face down on the floor with a towel in his mouth.	Unknown
12	Unknown	Male	Devereaux School in Massachusetts	1997	Death - student was restrained face down with arms crossed over chest. Died of asphyxiation.	Unknown.
9	Learning	Male	Public school	1992-	Child secluded	Civic suit was

	Disability		in New York	1993	in time-out room 75 times in 6 month period for hours per time for whistling, slouching, or hand-waving. The child's hand became blistered for trying to escape. Room was dirty and smelled like urine.	filed by family. The family was awarded $75,000 - $1000 for each seclusion incident.
Grade school children	General disabilities	Male and female	Public school in Connecticut	No date	Teachers isolated children in "scream rooms", other children complained of hearing cries from the rooms, custodians reported to have had to clean up blood and urine from the walls and floors	Media coverage prompted investigations of the incidents. New state law passed and school followed through with corrective actions
12	Developmental disabilities	Male	Public school in Florida	No date	Student restrained 89 times in 14 months, parents were never notified of the restraints	Court dismissed the parent's case against the school, indicating the school's actions were within the law
7	PTSD and ADHD	Male	Charter school in Louisiana	No date	Principal and assistant principal attempted to lock student in a closet when he was called to the office for a behavioral issue;	Court case dismissed due to state sovereign immunity

					police were called – who held him down with excessive force and handcuffed him	
8	Communication, attentional, and hyperactivity disorders	Female	Public school in Minnesota	No date	Student was secluded 44 times in one academic year, one incident of seclusion resulted in student not being allowed to use the bathroom and urinated on herself	Case was dismissed because parent did not follow IDEA's administrative hearing process
15	Multiple developmental disabilities	Male	Public school in New York	No date	Student was repeatedly confined in a padded 5' by 6' chamber, parents did not agree to intervention	Court case dismissed due to qualified immunity of school
Multiple school age children	General disabilities	Male and female	Public school in North Carolina	No date	Students restrained in chairs when there was no aggressive behavior, parental concern that children were restrained over 90% of time in school	School was found to have several violations including insufficient IEPs and lack of parental notification; school agreed to train its employees
Multiple children between ages of 5-11	General disabilities	Male and female	Public school in Pennsylvania	No date	Special education teacher physical hit children, pulled their hair, strapped them to chairs with duct tape and bungee cords; school	Parents awarded $5 million in court settlement, school did not admit to any wrong-doing

	administrators were warned about teacher's conduct but took no action

(Harkin, 2014; Kutz, 2009; Roalson, 2011; Weiss, Altimari, Blint, Poitras , & Megan, 1998).

Legal and Constitutional Issues Related to Seclusion and Restraint

There has been considerable debate regarding the use of seclusion and restraint and the possible violations of the United States Constitution. Several court cases have challenged the Eighth Amendment (Cruel and Unusual Punishment), the Fourth Amendment (Right to be Free from Unreasonable Searches and Seizures), and the Fourteenth Amendment (Right to Due Process) in relation to injuries and deaths that have occurred from the use of seclusion and restraint interventions (Jones & Feder, 2010; Kennedy & Mohr, 2001). Unfortunately, the use of Eighth Amendment rights have been deemed by the State Court of Appeals and the Supreme Court inappropriate to use in court cases regarding seclusion and restraint in educational and hospital settings (Kennedy & Mohr, 2001). The Eighth Amendment rights may only be used in court cases that allege that prison inmates have been punished unfairly (Kennedy & Mohr, 2001). In the court case Hayes v. Unified School District Number 377 (1987), it was determined by the court that the parents could not use the Eighth Amendment to challenge the use of time-outs with their child in school as the Eight Amendment is only allowed to be used with convicted criminals (Roalson, 2011).

Court cases can argue that the Fourth Amendment and the Fourteenth Amendment have been violated with individuals who have been victims of injury or death from seclusion and restraint interventions when extreme situations of seclusion or restraint have occurred. However, it is necessary for significant evidence to be presented in the court case in order for the case to be

continued in court. Such court cases are very subjective and rely heavily on the facts and evidence presented in the case (Jones & Feder, 2010).

Historically, the Department of Education has needed to respond to several complaints made by parents alleging that their children and/or adolescents were treated unfairly in schools. In reviewing the literature, it appears as though the Department of Education sides with the actions of the educational staff unless there is enough evidence presented that indicate serious injury or death was related to seclusion or restraint interventions (Roalson, 2011). Below are examples of such cases reviewed by the Department of Education, per Roalson (2011).

> Florence, South Carolina, County Number 1 School District 352 (1987)
> Even though the IEP forbade the use of corporal punishment, the Department of Education found no violation of Section 504 because physical restraint used by teachers and aides was for the purpose of preventing the student from harming himself or others
>
> Ohio County, West Virginia, Public Schools 16 (1989)
> The Department of Education found that a teacher's decision to have the student use the toilet was a response to an emergency situation, and not an attempt to disregard the IEP, which had eliminated toilet training from the educational program. Nor was the force used to restrain the student on the toilet excessive and as such there was no violation of Section 504.
>
> Wells-Ogunquit, Maine, School District Number 18 (1990)
> The use of a physical restraint to subdue a student during a violent outburst as provided for in his IEP was not disciplining a learning disabled student differently than other students due to his disability and the district was not in violation of Section 504.

In extreme situations, the Department of Education has found in favor of the child or adolescent and determined that the school employee or the school was found to be in the wrong. Below are examples of such cases reviewed by the Department of Education, per Roalson (2011).

> Portland, Maine School District 352 (1990)
> An individual case justified by "extraordinary" conduct, a teacher who unilaterally decided to strap a profoundly retarded student into a chair without disciplinary action or IEP meeting violated the student's right to FAPE.

Oakland, California Unified School District 20 (1990)
Since evaluations and assessments had determined that the behavior was related to his disability, taping the mouth of an 18 year old student with mental retardation for excessive talking was to be in violation of the regulations of Section 504 and Title II of the American Disabilities Act (ADA).

Serious complaints of maltreatment of students in the school setting often times make it into the court system, with the results of the court cases varying. In the case of Hassan v. Lubbock Independent School District 55 (1995), the court found in favor of the school and the school employees. A summary of the court findings include:

> Hassan was a 6th grader on a field trip with his classmates to the local juvenile detention center. Due to persistent misbehavior while on the field trip, school officials locked Hassan in an "intake room" for about 50 minutes. The intake room had a bed and a toilet but was otherwise bare, with a metal door that had a glass partition. Detention center employees monitored Hassan while he was locked up and the teacher came by to check on him. At the conclusion of the tour, the other students were escorted past the intake room and were told to "look at Hassan". Back at school Hassan was required to tell the class about his behavior, the punishment, and what he had learned from the experience. The Circuit Court held that school officials and center employees were entitled to qualified immunity from personal liability. The court determined that there were no constitutional violations by the school officials and the center employees (Roalson, 2011, p. 6).

Corporal Punishment in Schools

Corporal punishment includes the intentional infliction of physical pain in order to change an undesirable behavior (Greydanus, Pratt, Spates, Blake-Dreher, Greydanus-Gearhart, & Patel, 2003). Corporal punishment in the schools usually includes a student being hit on clothed buttocks at least three times with a wooden paddle or other type of paddling instrument (corpun.com., 2014). Greydanus and colleagues (2003) report that corporal punishment may also include hitting, slapping, spanking, punching, kicking, pinching, shaking, shoving, choking, painful body positions, use of electric shock, and the prevention of the elimination of urine and stool. Corporal punishment can be used with both males and females and with students between

the ages of four – 18 (corpun.com, 2014). The school districts' corporal punishment policies are often printed in their student and parent handbooks (corpun.com, 2014). There is currently no federal policy that allows or denies the use of corporal punishment in public schools. The states are allowed to determine their own laws regarding the use of corporal punishment with students (Morones, 2013). Currently, there are 19 states where corporal punishment is legal to be used in educational settings (corpun.com, 2014). The actual incident rate of corporal punishment used in educational settings has declined over the years, however, Alabama, Arkansas, Mississippi, Georgia, Louisiana, Oklahoma, Tennessee, and Texas continue to use the discipline technique as common practice in schools (corpun.com, 2014). Interestingly, six states which previously made corporal punishment in educational settings illegal, attempted to pass legislation that would change the previous ruling and allow corporal punishment to be used in schools. These states include California (1996), Montana (1997), Iowa (1998), Oregon (1999), and Kansas (2007), and Oklahoma (2013) (corpun.com, 2014). Of those six states, Kansas and Oklahoma successfully passed legislation allowing corporal punishment to again be used in schools (corpun.com, 2014). In 2013, Florida also reinstated the use of corporal punishment in public schools (Morones, 2013).

The federal government has, thus far, declined to issue federal laws regarding the policy and procedures of the use of corporal punishment and seclusion and restraint interventions in public schools. The literature provides no data that addresses the relationship between the legal use of corporal punishment in schools and the use of seclusion and restraint interventions in schools.

Laws and Policies on the Use of Seclusion and Restraint

There are currently no federal laws that monitor and regulate the use of seclusion and restraint in public and private schools (APRAIS Policy Fact Sheet, 2011; Autism Society, 2011; Butler, 2014; Gharagozloo, 2009; Jones & Feder, 2010; Koplos, 2011; Kutz, 2009; Posny, 2011; School is Not Supposed to Hurt, 2012; School is Not Supposed to Hurt, 2009). The fact that there are no federal laws monitoring and regulating the use of seclusion and restraint in public and private schools is disturbing, although, some states have taken it upon themselves to develop their own rules and regulations regarding seclusion and restraint in the school setting. However, this question remains – is that enough regulation to keep all kids safe at school?

In October, 1998, the Hartford Courant released an investigative report that publicly shed the light on the deaths that occurred during incidents of seclusion and restraints between the years of 1988 to 1998. The report included deaths that occurred with children and adults in a variety of settings including psychiatric hospitals, psychiatric wards of general hospitals, group homes and residential facilities for troubled youth, and mental retardation centers and group homes (Weiss, Altimari, Blint, Poitras , & Megan, 1998). It was reported that 142 individuals died at the hands of treatment providers who were supposed to protect the individuals, not kill them. Unfortunately, the number of deaths related to seclusion and restraint is probably much higher than the 142 that were reported; many deaths due to seclusion and restraint go unreported (Weiss, Altimari, Blint, Poitras , & Megan, 1998). The Hartford Courant's investigative report was the catalyst for the public, national organizations, and lawmakers to review how the use of seclusion and restraint was being utilized and regulated in different settings.

After the publication of the Hartford Courant's investigative report on seclusion and restraint, the government, national accreditation organizations, and membership organizations began their own research on the use of seclusion and restraint. As reported in School is Not

Supposed to Hurt (2009), the government conducted research through the President's New Freedom Commission on Mental Health, the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Government Accountability Office. In conclusion of the research, the government found that the use of seclusion and restraint is harmful and creates significant risks for both children and adults that include physical injury, death, and psychological trauma. Furthermore, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), The Alliance to Prevent Restraint, Aversive Interventions, and Seclusion (APRAIS), and the National Association of State Mental Health Program Directors (NASMHPD) reported similar findings, stating that the potential risks and consequences of seclusion and restraint need to be taken into consideration when determining if those interventions will be used with individuals (School is Not Supposed to Hurt, 2009).

In 2000, the Children's Health Act, Public Law 106-130, was passed through Congress (Current Issues in Seclusion and Restraint, n.d.; School is Not Supposed to Hurt, 2009). The Children's Health Act monitors and regulates the use of seclusion and restraint with children and adolescents who are placed in facilities that are funded through the federal government. The Children's Health Act was established based on the premise that children "have the right to be free from restraint or seclusion as a means of coercion, discipline, convenience, or retaliation and that restraint and seclusion are not treatment, but rather represent an emergency response to a treatment failure that resulted in an individual's loss of control" (Current Issues in Seclusion and Restraint, n.d.). The Children's Health Act does not cover the use of seclusion and restraint in public and private schools (School is Not Supposed to Hurt, 2009), even though public schools are financially supported by state and federal governments.

The federal government and the Department of Education have been slower in responding to the Hartford Courant's investigative report in relation to the use of seclusion and restraint in the school setting. The Individual with Disabilities Education Act (IDEA) is the public law that regulates how educational services are provided to students with disabilities. IDEA was initially passed into law in 1975 (previously named the Education for All Handicapped Children Act) and has been re-authorized as needed to amend educational practices. The purpose of IDEA is to ensure that all children with disabilities receive a free appropriate public education in the best manner as possible (Individuals with Disabilities Education Act, n.d.). Unfortunately, IDEA does not specify how seclusion and restraint should be used in the school setting (Gharagozloo, 2009; Jones & Feder, 2010).

In response to the Hartford Courant's investigative report, the National Disability Rights Network published the *School is Not Supposed to Hurt* report in 2009 (Roalson, 2011). The intent of the report was to identify the continued problems with the use of seclusion and restraint in public and private schools and to make recommendations for policy changes regarding seclusion and restraint (School is Not Supposed to Hurt, 2009). In May, 2009 the House of Education and Labor Committee, along with the House of Representatives, held a hearing regarding the allegations of injury and death of children and adolescents in residential settings. The United States Government Accountability Office (GAO) testified at that hearing and issued a report that provided an overview of seclusion and restraint laws that applied to public and private schools, provided information regarding the use of seclusion and restraint in the school setting, and provided information of specific cases in which children were injured or died as a result of being secluded or restrained (Kutz, 2009; Roalson, 2011).

In July, 2009, Arne Duncan, Secretary of Education, issued a letter to every Chief State School Officer in the United States strongly encouraging them to review their state procedures regarding the use of seclusion and restraint in educational settings (Roalson, 2011). The letter stated,

> "I urge each of you to develop or review, and if appropriate, revise your State policies and guidelines to ensure that every student in every school under your jurisdiction is safe and protected from being unnecessarily or inappropriately restrained or secluded. I also urge you to publicize these policies and guidelines so that administrators, teachers, and parents understand and consent to the limited circumstances under which these techniques may be used; ensure that parents are notified when these interventions do occur; and provide the resources needed to successfully implement the policies and hold school districts accountable for adhering to the guidelines" (Duncan, July 2009).

In December, 2009, each state and United States territory was asked to review and report their laws, regulations, guidance, and policies regarding the use of seclusion and restraint in their schools to the U.S. Department of Education. A report of those findings was made public in February, 2010 (U.S. Department of Education, 2010). All 50 states, the American Samoa territory, the Commonwealth of the Northern Mariana Islands, the District of Columbia, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, Puerto Rico, the Republic of Palau, and the U. S. Virgin Islands all replied to the request of the U. S. Department of Education to report their current procedures regarding the use of seclusion and restraint in the school setting. A total of 59 reports were made to the U. S. Department of Education. Of the 59 reports, 27 of them reported having no statutes and regulations addressing seclusion and restraint in the educational settings in their state or territory. Those states and territories include the

American Samoa territory, Arizona, the Commonwealth of the Northern Mariana Islands, Georgia, Guam, Idaho, Indiana, Kansas, Kentucky, Louisiana, the Republic of the Marshall Islands, the Federated States of Micronesia, Mississippi, Missouri, Nebraska, New Jersey, New Mexico, Ohio, Oklahoma, Puerto Rico, the Republic of Palau, South Carolina, South Dakota, Vermont, the U.S. Virgin Islands, West Virginia, and Wyoming (U. S. Department of Education, 2010).

Of the 59 reports, 20 of them reported having no policies and guidance addressing seclusion and restraint in the educational settings in their state or territory. Those states and territories include Alaska, the American Samoa territory, California, the Commonwealth of the Northern Mariana Islands, Guam, Idaho, Louisiana, the Republic of the Marshall Islands, the Federated States of Micronesia, Missouri, New Jersey, Oklahoma, Puerto Rico, the Republic of Palau, Rhode Island, South Dakota, Utah, Vermont, the U. S. Virgin Islands, and Wyoming (U. S. Department of Education, 2010).

Of the 59 reports, 33 of them reported to be currently developing or revising state statutes, regulations, policies, or guidance. Those states and territories include Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Texas, Utah, Vermont, Virginia, the U. S. Virgin Islands, and Wyoming (U. S. Department of Education, 2010).

In December, 2009, the Keeping All Students Safe Act (H. R. 4247) and the Preventing Harmful Restraint and Seclusion in Schools Act (S. 2860) were introduced to the House of Representatives and Senate. In March, 2010, the Keeping All Students Safe Act passed in the

House of Representatives and was referred on to the Senate Committee of Health, Education, Labor, and Pensions. The bill was not acted on by Congress and died (APRAIS, 2011; Exchange, 2010; Jones & Feder, 2010; Koplos, 2011; Posny, 2011; Roalson, 2011).

Had the Keeping All Students Safe Act passed, it would have included the following: prohibiting the use of mechanical, chemical, and physical restraints that restrict breathing; prohibiting the use of seclusion and restraint as planned interventions; allowing seclusion and restraint to be used ONLY in an emergency situation; allowing ONLY trained and certified staff to implement seclusion and restraint with students; requiring continuous monitoring of students who are in seclusion or being restrained; requiring schools to establish and follow procedures after seclusion and restraint are used, including parental notification; requiring states to report the number of seclusion and restraint incidents yearly; and creating grant programs for states, school districts, and schools that will allow them the ability to establish, implement, and enforce the minimum standards set for the use of seclusion and restraint in the school setting (APRAIS, 2011).

In May, 2012, the U. S. Department of Education published a resource document, encouraging states, school districts, schools, parents, and stakeholders to use their 15 suggested principles when developing, revising, and implementing policies and procedures regarding the use of seclusion and restraint interventions in schools (U. S. Department of Education, 2012). According to the U. S. Department of Education (2012), schools should make every effort to prevent the need to use seclusion and restraint interventions and that the 15 suggested principles would guide schools in achieving that goal.

Currently, there are 26 states that have laws and policies regarding the use of seclusion and restraint in public schools (Butler, 2014). In 2014, the *Keeping All Students Safe Act* (H. R.

1893) was re-introduced to the legislature and is currently waiting for action (H. R. 1983 – Keeping All Students Safe Act, 2014).

Summary

This literature review provides a comprehensive overview of seclusion and restraint interventions. The historical data regarding the use of seclusion and restraint interventions with individuals with disabilities was discussed, as well as the historical data regarding the use of seclusion and restraint interventions used specifically in educational settings. This literature review also provides data on past and current purposes of seclusion and restraint interventions and addresses the therapeutic value of these kinds of interventions. In addition, data on the concerns and risks associated with seclusion and restraint is reported, along with providing several case examples of how harm was inflicted on a child or adolescent during an intervention. Lastly, data was provided that looked at the possible relationship between the use of corporal punishment and seclusion and restraint interventions in schools, the legal and constitutional issues related to these interventions, and the current laws and policies that are in place.

CHAPTER 3

METHODOLOGY

Introduction

The overall purpose of this research study is to gain an understanding of the significance of the policy and practice of seclusion and restraint interventions used with individuals in the public school system in the United States and to determine how the policy and practice of those interventions are currently being implemented in schools across the United States. A descriptive, cross-sectional research design was used to implement this study, as data was collected from the research study participants at only one point in time, using an electronic survey.

This chapter describes how this research study was implemented, which includes the method of collecting data and how the study participants were selected. In addition, this chapter presents the survey that was used in the data collection, as well as how the survey was disseminated to the study participants. Lastly, this chapter will describe the methods that were used to analyze the data collected.

Methods

A comprehensive review of the literature regarding the use of seclusion and restraint interventions was conducted. The review of the literature focused on the use of seclusion and restraint with children and adolescents in a variety of settings; the data collected includes a focus on laws, statutes, rules and regulations, and policies that have been developed and implemented regarding the use of seclusion and restraint with individuals under the age of 18. The literature review also includes a review of current laws and restrictions regarding the use of corporal punishment in educational settings in the United States.

An electronic survey was developed by this author and sent to school administrators, support staff, teachers, and paraprofessionals 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 of employment within the division of the 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 (Census Regions and Divisions of the United States, n.d.). The table below specifies what states are included in each region (Census Regions and Divisions of the United States, n.d.).

Table 2

Division of Regions and States in the United States

Northeast	Midwest	South	West
Division 1 – New England	***Division 3 – East North Central***	***Division 5 – South Atlantic***	***Division 8 - Mountain***
Connecticut	Indiana	Delaware	Arizona
Maine	Illinois	District of Columbia	Colorado
Massachusettes	Michigan	Florida	Idaho
New Hampshire	Ohio	Georgia	New Mexico
Rhode Island	Wisconsin	Maryland	Montana
Vermont		North Carolina	Utah
	Division 4 – West North Central	South Carolina	Nevada
Division 2 – Middle Atlantic	Iowa	Virginia	Wyoming
New Jersey	Kansas	West Virginia	
New York	Minnesota		***Division 9 - Pacific***
Pennsylvania	Missouri	***Division 6 – East South Central***	Alaska
	Nebraska	Alabama	California
	North Dakota	Kentucky	Hawaii
	South Dakota	Mississippi	Oregon

Tennessee Washington

Division 7 – West South Central

Arkansas
Louisiana
Oklahoma
Texas

Each of the regions/sub-regions in the United States is represented in the participant selection in this study. Half of the number of states in each sub-region is represented in this sample. For example, Division One includes six states – three of those states were randomly selected to be included in this study. If a Division of the Unites States includes an odd number of states, the number was rounded up to the next whole number. For example, Division Two includes three states – two of those states were randomly selected to participate in the 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 in the United 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, and paraprofessionals who were employed by the randomly 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. The table below specifies which states were selected to participate in the study. School employees in 112 schools in 28 states were asked to participate in this study via completing an electronic survey.

Table 3

States Selected to Participate in the Study

Northeast	Midwest	South	West
Division 1 – New England	***Division 3 – East North Central***	***Division 5 – South Atlantic***	***Division 8 - Mountain***
Maine	Indiana	Delaware	Arizona
New Hampshire	Ohio	Maryland	Colorado
Vermont	Wisconsin	North Carolina	New Mexico
		South Carolina	Wyoming
Division 2 – Middle Atlantic	***Division 4 – West North Central***	Virginia	
New York	Iowa		***Division 9 - Pacific***
Pennsylvania	Minnesota	***Division 6 – East South Central***	California
	Missouri	Alabama	Oregon
	Nebraska	Mississippi	Washington
		Division 7 – West South Central	
		Louisiana	
		Texas	

Instrumentation

The survey below was developed and utilized by this author 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 this 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 the use of it in this study; 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.

Teacher and Paraprofessional Survey

Seclusion is defined as the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include timeouts.

Restraint is defined as personal restriction that immobilizes or reduces the ability of a student to move his/her torso, arms, legs, or head freely. The term physical restraint does not include physical escort. Physical escort means a temporary touching or holding 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,.

Disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities. Disabilities include mobility, cognitive, hearing, visual, speech, and emotional/behavioral impairments.

1. Have you been formally trained in the use of crisis intervention techniques as an employee of your current school district? [ ] yes [ ] no

2. If yes, which training did you receive? Please mark all that apply.

   [ ] Nonviolent Crisis Intervention (CPI)
   [ ] The Mandt System
   [ ] Safe & Positive Approaches
   [ ] Safe Crisis Management
   [ ] BESST
   [ ] Professional Assault Crisis Training
   [ ] Safety-Care
   [ ] Therapeutic Crisis Intervention (TCI)
   [ ] Positive Behavior Facilitation (PBF)
   [ ] Satori Alternatives to Managing Aggression
   [ ] RIGHT RESPONSE
   [ ] Therapeutic Options

[ ] Managing Aggressive Behaviors
[ ] Other: _____

3. Do you know your state's policy on seclusion and restraint in educational settings?

[ ] yes [ ] no

4. If yes, how were you informed of your state's policy? Mark all that apply.

[ ] formally trained on seclusion and restraint policy at the time of hire
[ ] individually researched the state's policy on seclusion and restraint
[ ] informally told of seclusion and restraint policy by another school district employee
[ ] informed on the seclusion and restraint policy in an IEP meeting for a student
[ ] other: _____

5. Have ***you*** ever implemented or been a part of a **seclusion** intervention for a student who ***has*** a documented disability in your school district?

[ ] yes [ ] no

6. Have ***you*** ever implemented or been a part of a **seclusion** intervention for a student who ***does not*** have a documented disability in your school district?

[ ] yes [ ] no

7. Have ***you*** ever been injured in a **seclusion** intervention implemented for a student who ***has*** a documented disability in your school district?

[ ] yes [ ] no

8. If yes, what kind of injury did ***you*** receive? Please mark all that apply.

[ ] cuts/scratches
[ ] bruises
[ ] floor burns
[ ] broken bones
[ ] internal injury
[ ] head injury
[ ] emotional/psychological stress/harm

[ ] other: _____

9. Have ***you*** ever been injured in a **seclusion** intervention implemented for a student who ***does not*** have a documented disability in your school district?

[ ] yes [ ] no

10. If yes, what kind of injury did ***you*** receive? Please mark all that apply.

[ ] cuts/scratches
[ ] bruises
[ ] floor burns
[ ] broken bones
[ ] internal injury
[ ] head injury
[ ] emotional/psychological stress/harm
[ ] other: _____

11. Have you ever been involved in a **seclusion** intervention implemented for a student who ***has*** a documented disability in your school district, in which the ***student*** was injured?

[ ] yes [ ] no

12. If yes, what kind of injury did the ***student*** receive? Please mark all that apply.

[ ] cuts/scratches
[ ] bruises
[ ] floor burns
[ ] broken bones
[ ] internal injury
[ ] head injury
[ ] emotional/psychological stress/harm
[ ] other: _____

13. Have you ever been involved in a **seclusion** intervention implemented for a student who ***does not*** have a documented disability in your school district, in which the ***student*** was injured?

[ ] yes [ ] no

14. If yes, what kind of injury did the ***student*** receive? Please mark all that apply.

[ ] cuts/scratches
[ ] bruises
[ ] floor burns
[ ] broken bones
[ ] internal injury
[ ] head injury
[ ] emotional/psychological stress/harm
[ ] other: _____

15. Have ***you*** ever implemented or been a part of a **restraint** intervention for a student who ***has*** a documented disability in your school district?

[ ] yes [ ] no

16. Have ***you*** ever implemented or been a part of a **restraint** intervention for a student who ***does not*** have a documented disability in your school district?

[ ] yes [ ] no

17. Have ***you*** ever been injured in a **restraint** intervention implemented for a student who ***has*** a documented disability in your school district?

[ ] yes [ ] no

18. If yes, what kind of injury did ***you*** receive? Please mark all that apply.

[ ] cuts/scratches
[ ] bruises
[ ] floor burns
[ ] broken bones
[ ] internal injury
[ ] head injury
[ ] emotional/psychological stress/harm
[ ] other: _____

19. Have ***you*** ever been injured in a **restraint** intervention implemented for a student who ***does not*** have a documented disability in your school district?

[ ] yes [ ] no

20. If yes, what kind of injury did ***you*** receive? Please mark all that apply.

[ ] cuts/scratches
[ ] bruises
[ ] floor burns
[ ] broken bones
[ ] internal injury
[ ] head injury
[ ] emotional/psychological stress/harm
[ ] other: _____

21. Have you ever been involved in a **restraint** intervention implemented for a student who ***has*** a documented disability in your school district, in which the ***student*** was injured?

[ ] yes [ ] no

22. If yes, what kind of injury did the ***student*** receive? Please mark all that apply.

[ ] cuts/scratches
[ ] bruises
[ ] floor burns
[ ] broken bones
[ ] internal injury
[ ] head injury
[ ] emotional/psychological stress/harm
[ ] other: _____

23. Have you ever been involved in a **restraint** intervention implemented for a student who ***does not*** have a documented disability in your school district, in which the ***student*** was injured?

[ ] yes [ ] no

24. If yes, what kind of injury did the ***student*** receive? Please mark all that apply.

[ ] cuts/scratches
[ ] bruises
[ ] floor burns
[ ] broken bones
[ ] internal injury
[ ] head injury
[ ] emotional/psychological stress/harm
[ ] other: _____

25. If a seclusion or restraint intervention is implemented with a student in your school district, how is the intervention documented? Please check all that apply.

[ ] verbally reported to principal/dean of students
[ ] verbally reported to the superintendent
[ ] verbally reported to teacher/case manager
[ ] verbally reported to parents
[ ] written report put in student's file
[ ] written notice given to principal
[ ] written notice given to teacher/case manager
[ ] written notice sent to parents
[ ] no documentation is completed
[ ] don't know
[ ] other:_____

26. If a seclusion or restraint intervention is implemented with a student in your school district and an injury occurs to the student, who is notified of the injury? Please check all that apply.

[ ] principal/dean of students
[ ] superintendent
[ ] teacher/case manager
[ ] parents
[ ] school nurse
[ ] don't know
[ ] don't know:
_____

27. If a seclusion or restraint intervention is implemented with a student in your school district and an injury occurs to a school employee, who is notified of the injury? Please check all that apply.

[ ] principal/dean of students
[ ] superintendent
[ ] teacher/case manager
[ ] school nurse
[ ] Workman's Comp
[ ] don't know
[ ] other: _____

28. Is corporal punishment allowed to be used on students in your school district?

[ ] yes [ ] no

29. Has your school developed and implemented a Positive Behavior Intervention and Supports (PBIS) program?

[ ] yes [ ] no

Demographic Information

Title of position you are currently in

[ ] General Education Teacher
[ ] Special Education Teacher
[ ] Paraprofessional
[ ] Other:_____

Education licensure you currently hold (mark all that apply)

[ ] Agriculture Education 5-12
[ ] Communication Arts & Literature 5-12
[ ] Early Childhood Education, Birth – Grade 3
[ ] Elementary Education K-6
[ ] Elementary Education K-6 + Prekindergarten Specialty
[ ] English as a Second Language K-12
[ ] Family and Consumer Science 5-12
[ ] Health Education 5-12

[ ] Instrumental and Classroom Music K-12
[ ] Physical Education K-12
[ ] Reading K-12
[ ] Science 5-8
[ ] Social Studies 5-12
[ ] Special Education – Blind or Visually Impaired, Birth -12
[ ] Special Education – Deaf or Hard of Hearing, Birth -12
[ ] Special Education – Developmental Adapted Phy Ed, PreK-12
[ ] Special Education – Developmental Disabilities K-12
[ ] Special Education – Early Childhood, Birth -6
[ ] Special Education – Emotional Behavioral Disorders K-12
[ ] Special Education – Learning Disabilities K-12
[ ] Special Education – Physical and Health Disabilities, PreK -12
[ ] Technology 5-12
[ ] Vocal and Classroom Music K-12
[ ] World Languages, K-12
[ ] Unlicensed
[ ] Other: _____

Number of years employed in your current position
[ ] 1-3
[ ] 4-6
[ ] 7-10
[ ] 11-15
[ ] 16-20
[ ] more than 20

Number of years as a licensed teacher
[ ] 1-3
[ ] 4-6
[ ] 7-10
[ ] 11-15
[ ] 16-20
[ ] More than 20
[ ] Unlicensed

Population of the town/city where your school district is located
[ ] 0-2,500
[ ] 2,501 – 5,000
[ ] 5,001 – 10,000

[ ] 10,001 – 50,000
[ ] 50, 001 – 75,000
[ ] 75,001 – 100,000
[ ] Greater than 100,000

Procedures

After the states and public schools were randomly selected to receive the survey, a list of email addresses for all of the study participants was compiled. The email addresses were obtained from each of the school's websites and put into a spreadsheet; 5,824 emails 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 and is one of the leading software companies used in academic research (Qualtrics, 2014).

On April 10, 2014 the Teacher and Paraprofessional survey was sent through Qualtrics to all of the obtained email addresses of the study participants. 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 through Qualtrics; 2,205 of the 5,807 surveys. Of the 2,205 surveys that were opened, 49 per cent of the surveys were started by the study participants; 1,089 of the 2,205 surveys. Of the 1,089 surveys that were started, 68 per cent of them were completed; 749 of the 1,089 surveys. Reminders to complete the survey were sent through Qualtrics on April 15 and on April 22, 2014 to all of the study participants who had not yet completed the survey. The survey was officially closed in Qualtrics on April 25, 2014.

This author received many emails from study participants asking questions about the survey. This author responded to each of the emails received by study participants. This author

did receive feedback from study participants stating they wished they could respond to the survey but their school district policies did not allow them to. When using electronic surveys, unfortunately, there are circumstances that limit the return rate of the survey that are out of the control of the researcher, such as junk mail, privacy settings, technology policies, and policies of the organization. This author consider all of the downfalls to using electronic means to complete a survey, however, decided to use this method of survey distribution as it was most feasible to use with a survey that was distributed across the United States.

Data Analysis

The first analysis of the survey data was conducted in Qualtrics. After the survey was closed to study participants, the Qualtrics survey software aggregated the answers for each survey question. The Qualtrics results report for this survey includes the total number of responses for each question and the percentages for each of the questions answered. The survey results were then transferred into the computer software program Statistical Package for the Social Sciences (SPSS) for a second analysis of survey data. SPSS was used to assess for relationships between specific survey questions. Pearson's Correlation Coefficient (r) was used to determine if there were negative or positive correlations between variables in the survey.

CHAPTER 4

RESULTS

Introduction

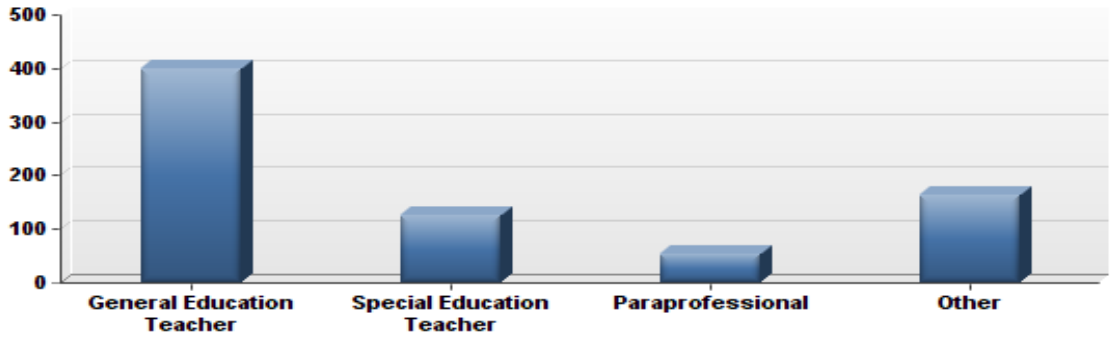
The intent of this research study was to obtain first hand data from school staff across the nation regarding their experiences with the use of seclusion and restraint interventions and determine if that data can be used to either support or deny the need for federal legislation that governs the use of seclusion and restraint interventions in school settings. The results of the data analysis are presented in this chapter.

Study Participant Characteristics

School staff in 112 schools across the United States were asked to participate in this research study. The study participants were asked to complete an electronic survey regarding the use of seclusion and restraint interventions in the school district in which they are currently employed. General education teachers, special education teachers, paraprofessionals, administrators, and support staff including social workers, psychologists, counselors, and nurses were asked to complete the survey. 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.

Graph 1

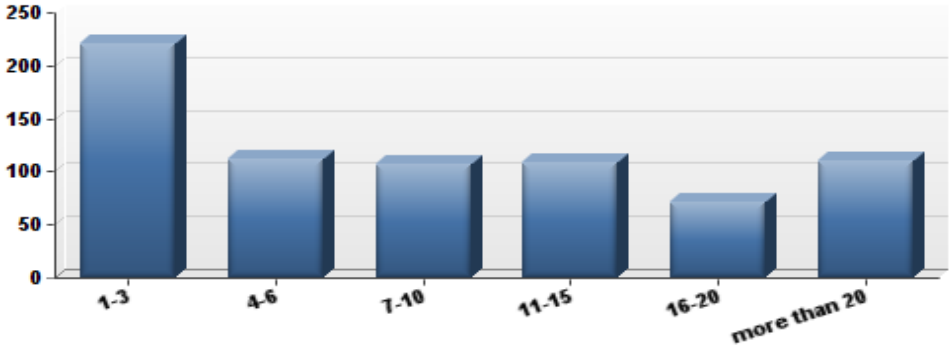
Job Titles of Study Participants



The study participants' length of employment ranges between being newly employed by their school district to having several years of employment in their school district. The length of employment for study participants includes 30 percent of the study participants have been employed by their district between one and three years, 15 percent have been employed by their district between four and six years, 15 percent have been employed by their district between seven and ten years, 15 percent have 11-15 years of employment with their district, ten percent have been employed by their district between 16-20 years, and 15 percent of study participants have been employed by their district for more than 20 years.

Graph 2

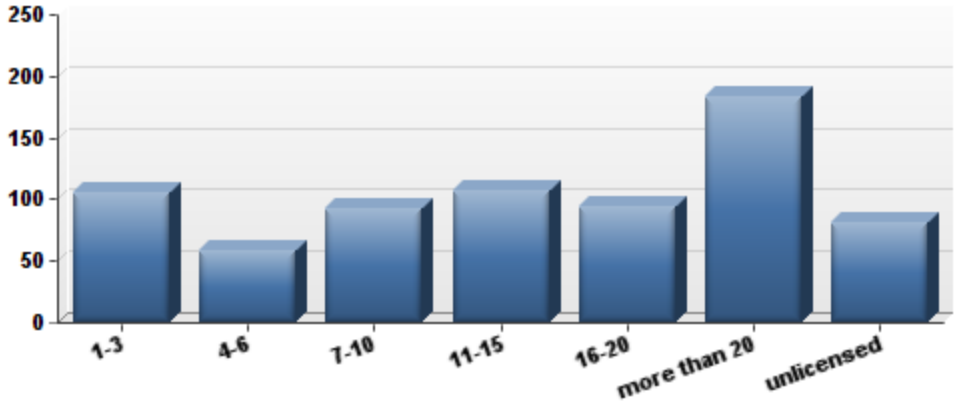
Length of Employment with Current School District



The study participants' number of years being licensed ranges between being newly licensed and being licensed as a teacher for several years. The number of years being licensed for study participants includes 15 percent of study participants have been licensed between one and three years, eight percent have been licensed between four and six years, 13 percent have been licensed between seven and ten years, 15 percent have been licensed between 11-15 years, 13 percent have been licensed between 16-20 years, and 25 percent have been licensed for more than 20 years. The results of the survey show that 11 percent of the study participants do not hold any kind of licensure.

Graph 3

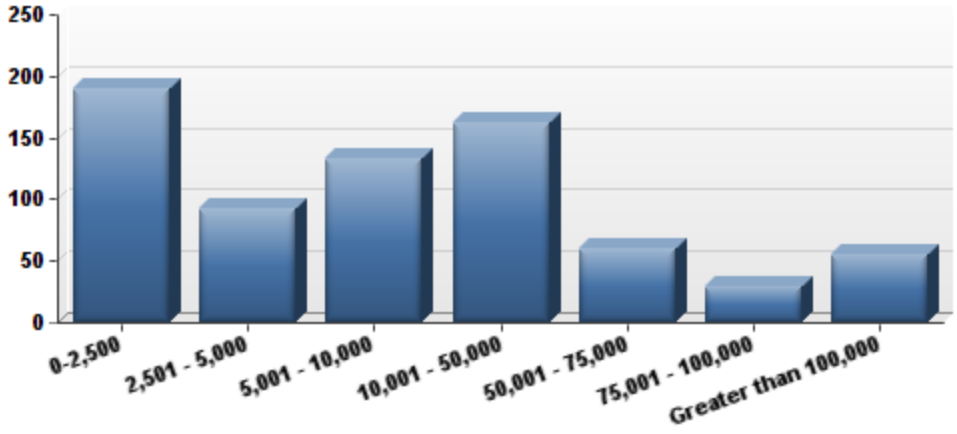
Number of Years as a Licensed Teacher



Data was also gathered regarding the size of the population of the city in which the study participants' school districts are located. The size of the population for study participants includes 26 percent of study participants are employed in school districts in which the city population is under 2,500, 13 percent are employed in school districts in which the city population is between 2,501-5,000, 18 percent are employed in school districts in which the city population is between 5,001-10,000, 23 percent are employed in school districts in which the city population is between 10,001-50,000, eight percent are employed in school districts in which the city population is between 50,001-75,000, four percent are employed in school districts in which the city population is between 75,001-100,000, and eight percent are employed in school districts in which the city population is over 100,000.

Graph 4

Population of City that School District is located



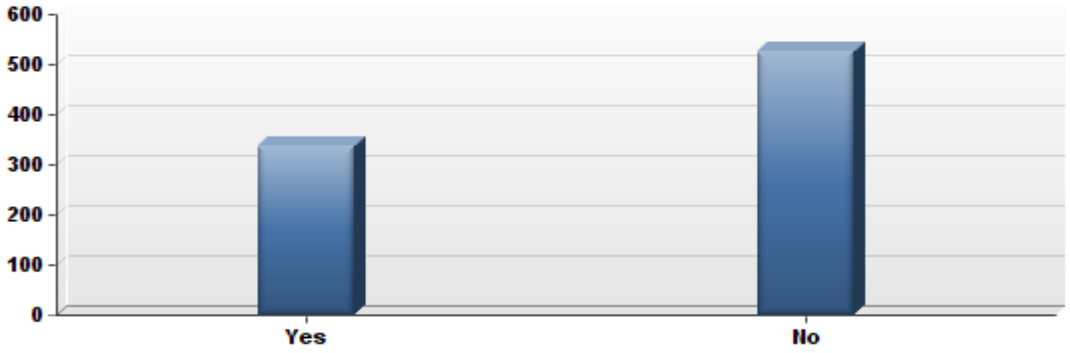
Research Question 1

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 restraint and 39 percent do *know* their state's policy on seclusion and restraint. Significant relationships were found between the knowledge of state policy on seclusion and restraint and the use of seclusion and restraint interventions with students. Specifically, there is a significant positive 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 positive 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 positive relationship between the knowledge of state policy and the use of *restraint* interventions with students who *have* disabilities, $r = .250$, p (two-tailed), <.01.

Graph 5

Knowledge of State's Policy on Seclusion and Restraint



Study participants who reported knowing their state's policy on seclusion and restraint were asked how they learned that information. 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 of them reported they learned the information in other ways.

Table 4

Obtained Knowledge of State's Policy on Seclusion and Restraint

formally trained on seclusion and restraint policy at the time of hire	**74**	**23%**
individually researched the state's policy on seclusion and restraint	60	19%
informed of seclusion and restraint policy by another school district employee	110	34%
informed on the seclusion and restraint policy in an IEP meeting for a student	47	15%
Other	113	35%

Research Question 2

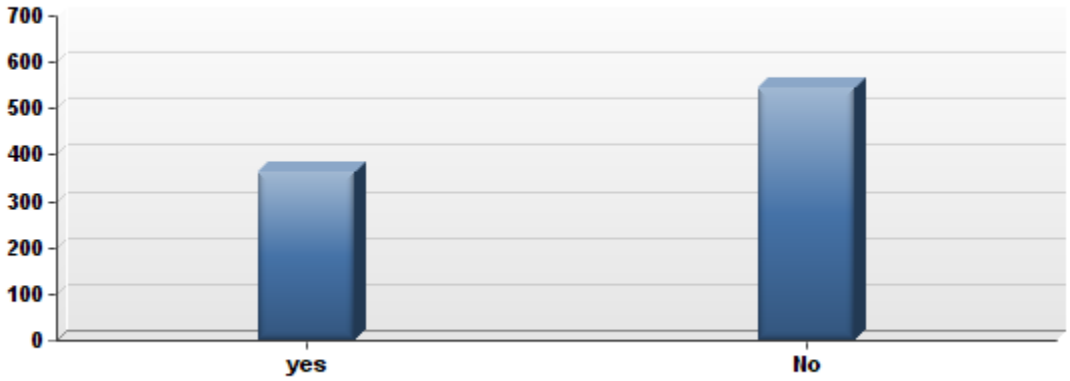
Are school staff and teachers trained in crisis prevention and the use of seclusion and restraint interventions?

Interestingly, 60 percent of study participants report they have not been formally trained in the use of crisis intervention techniques as an employee of their current school district and 40 percent report they have been formally trained in crisis intervention techniques. A significant positive 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 were formally trained in the use of crisis intervention techniques and the use of seclusion and restraint interventions with students. Specifically, there was a significant positive

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 positive 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 positive 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.

Graph 6

Formal Training Received by Study Participants



There are many different formal crisis intervention training programs that are available for school staff. Of the 40 percent who have been formally trained, 66 percent report being trained with the Nonviolent Crisis Intervention Program (CPI), ten 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.

Table 5

Training Programs Used by Study Participants

Nonviolent Crisis Intervention (CPI)	218	66%
The Mandt System	32	10%
Safe & Positive Approaches	35	11%
Safe Crisis Management	31	9%
BESST	1	0%
Professional Assault Crisis Training	2	1%
Safety-Care	19	6%
Therapeutic Crisis Intervention (TCI)	5	2%
Positive Behavior Facilitation (PBF)	22	7%
Satori Alternatives to Managing Aggression	0	0%
RIGHT RESPONSE	9	3%
Therapeutic Options	3	1%
Managing Aggressive Behaviors	18	5%
Other	48	15%

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.

Graph 7

Reported Use of Seclusion Interventions with Students with Disabilities

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.

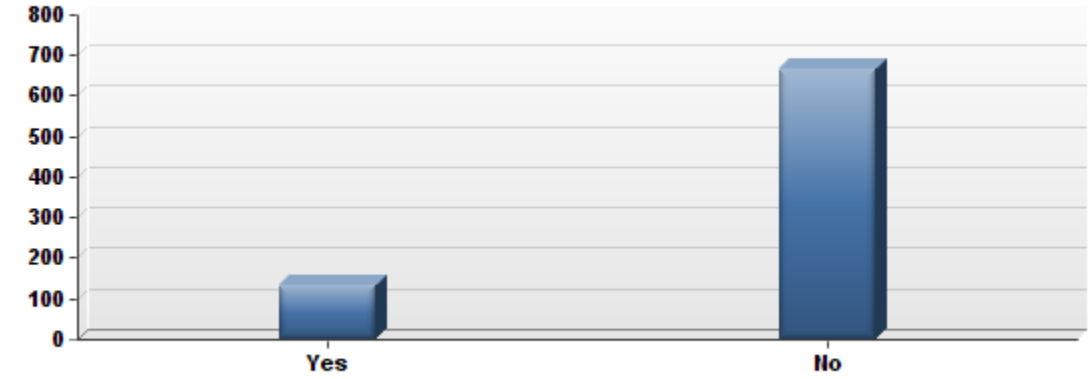
Graph 8

Reported Use of Seclusion Interventions with Students without Disabilities

The results of the survey show 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.

Graph 9

Reported Use of Restraint Interventions with Students with Disabilities

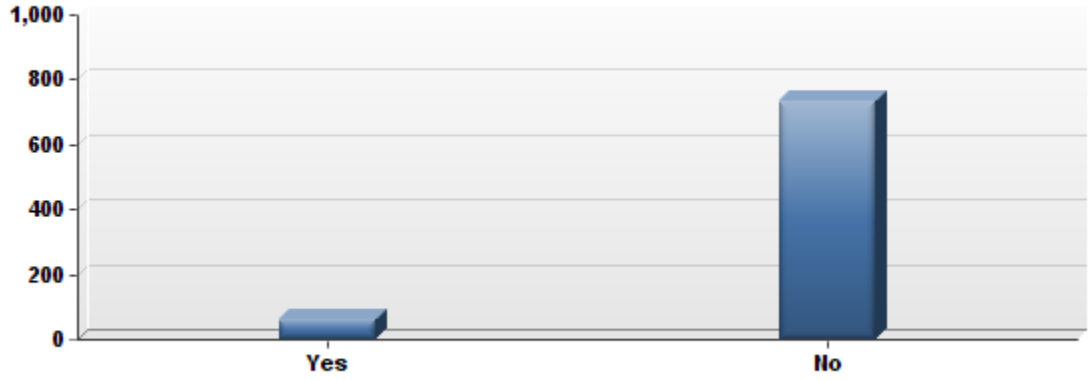


The results of the survey show that 92 percent of study participants report that they *have not* implemented a *restraint* intervention with a student who *does not* have a documented

disability and eight percent report they *have* implemented a *restraint* intervention with a student who *does not* have a documented disability.

Graph 10

Reported Use of Restraint Interventions with Students without Disabilities



Research Question 4

Are there injuries that occur with students and school staff during seclusion and restraint interventions?

Study participants report that injuries are occurring to 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.

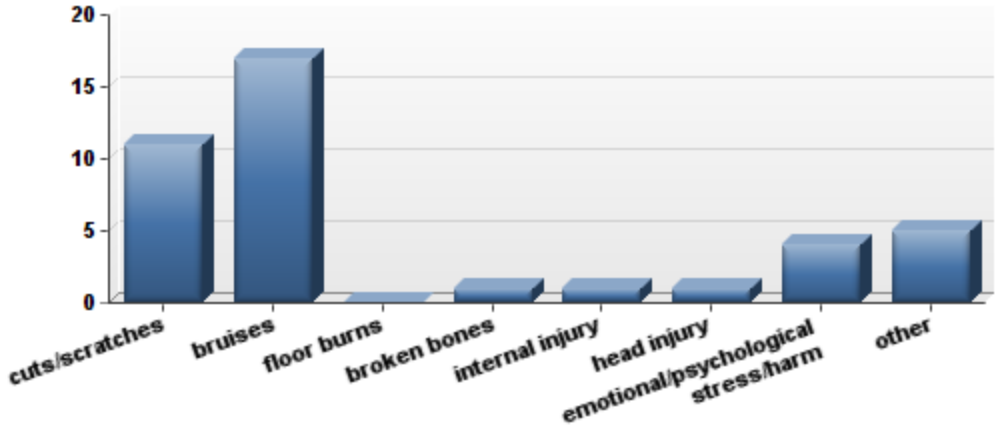
Graph 11

Reported School Staff Injuries from the Use of Seclusion Interventions with Students with Disabilities

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.

Graph 12

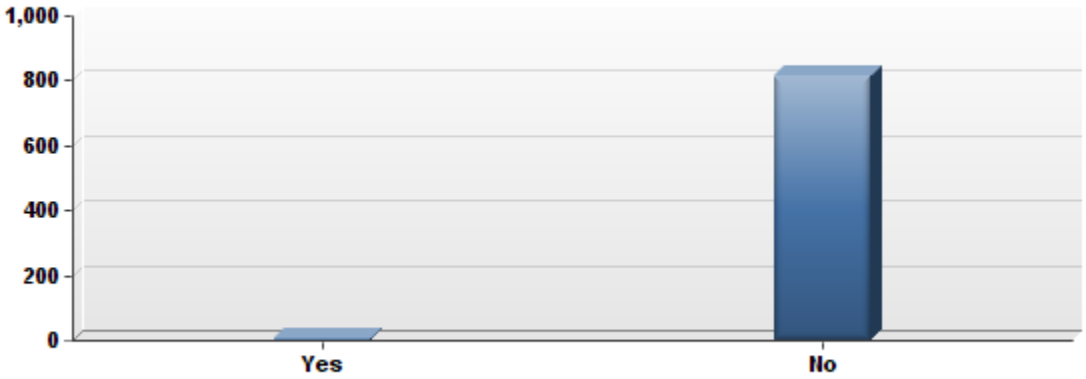
Types of Injuries Suffered by School Staff from the Use of Seclusion Interventions with Students with Disabilities



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.

Graph 13

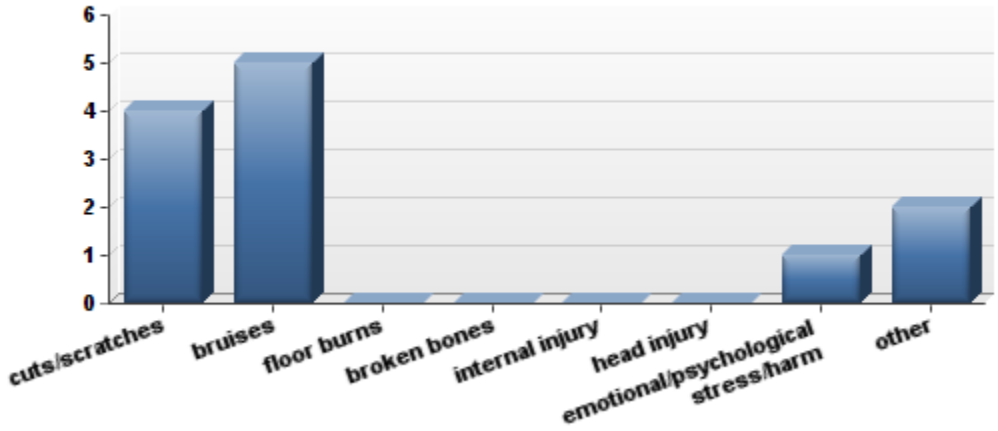
Reported School Staff Injuries from the Use of Seclusion Interventions with Students without Disabilities



Of the one percent of school staff who have 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.

Graph 14

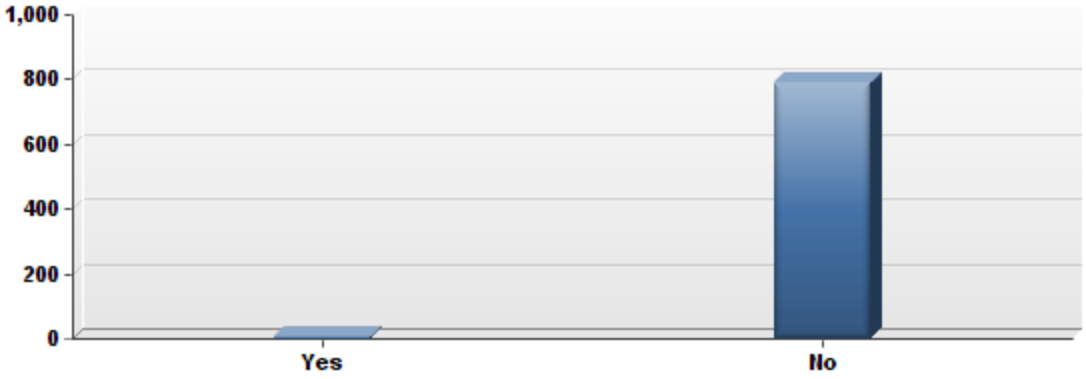
Types of Injuries Suffered by School Staff from the Use of Seclusion Interventions with Students without Disabilities



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 report they have been involved in seclusion interventions with students *who have* documented disabilities where the *students* were injured.

Graph 15

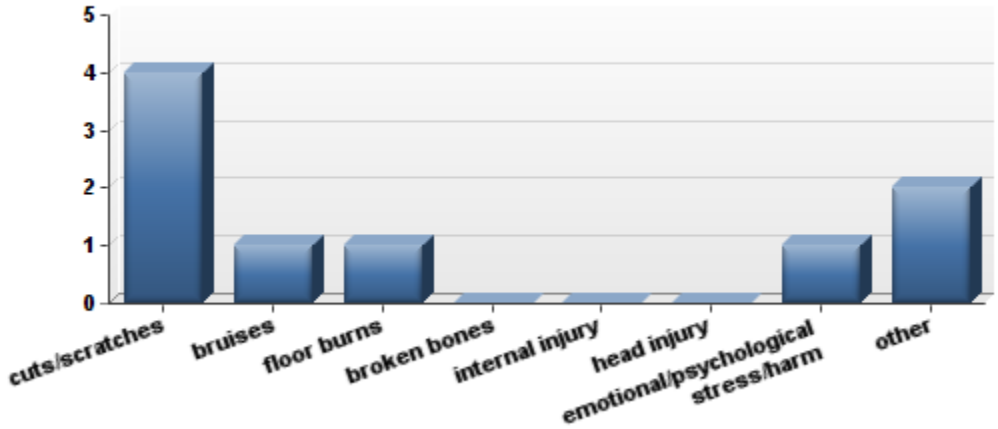
Reported Student Injuries from the Use of Seclusion Interventions with Students with Disabilities



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.

Graph 16

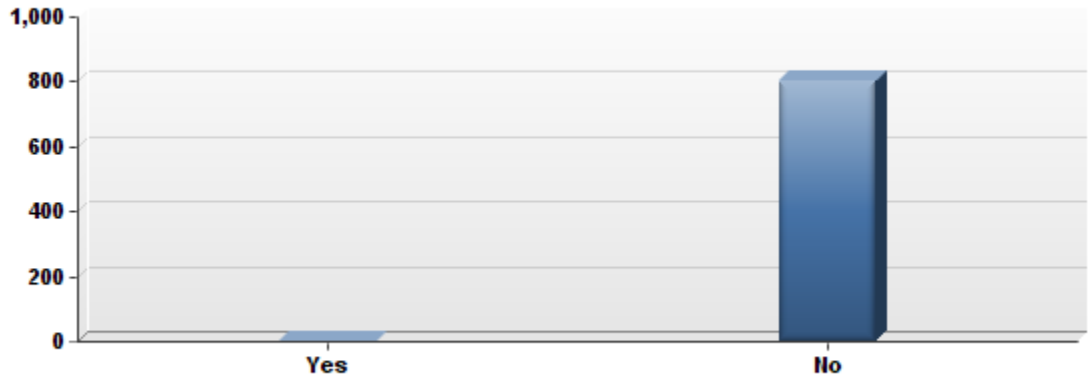
Types of Injuries Suffered by Students from the Use of Seclusion Interventions with Students with Disabilities



The results of the survey show that 99.8 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.

Graph 17

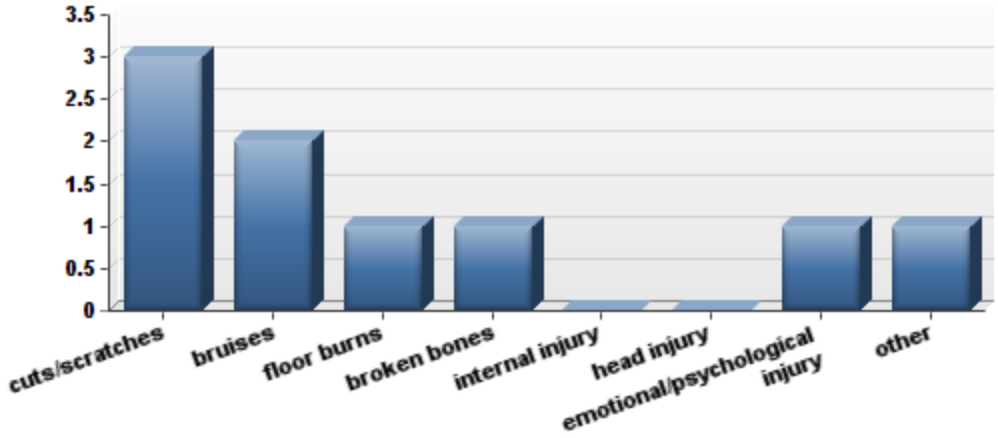
Reported Student Injuries from the Use of Seclusion Interventions with Students without Disabilities



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.

Graph 18

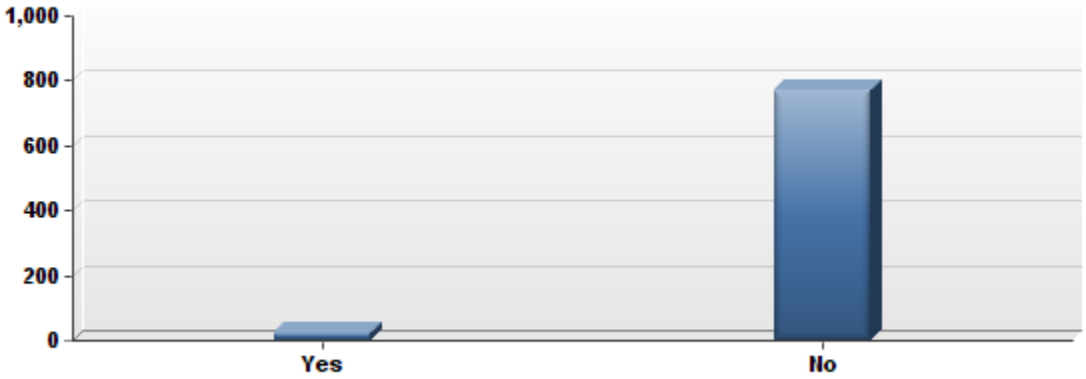
Types of Injuries Suffered by Students from the Use of Seclusion Interventions with Students without Disabilities



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.

Graph 19

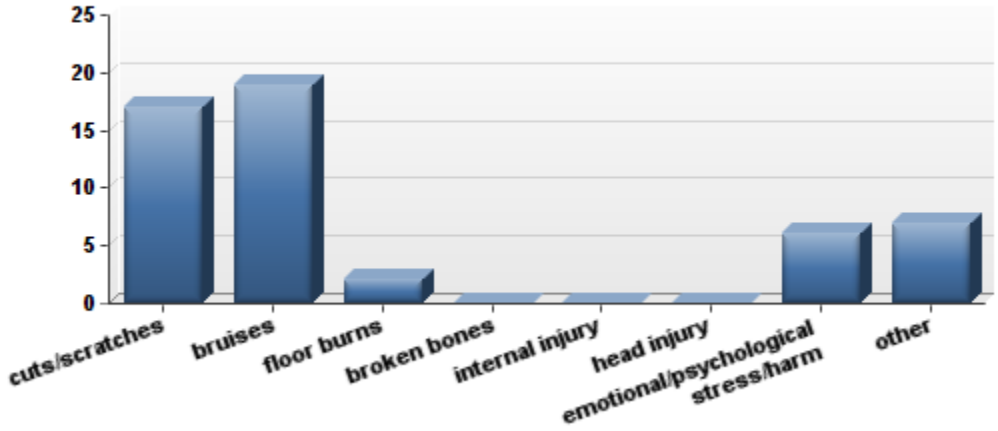
Reported School Staff Injuries from the Use of Restraint Interventions with Students with Disabilities



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.

Graph 20

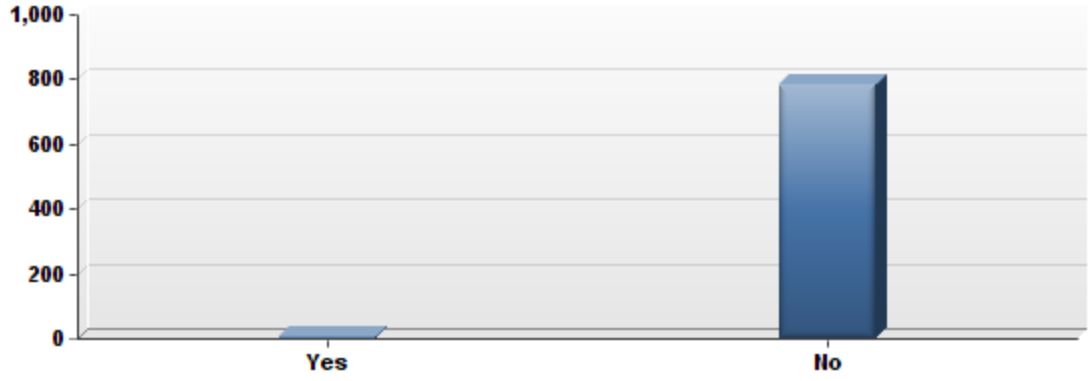
Types of Injuries Suffered by School Staff from the Use of Restraint Interventions with Students with Disabilities



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.

Graph 21

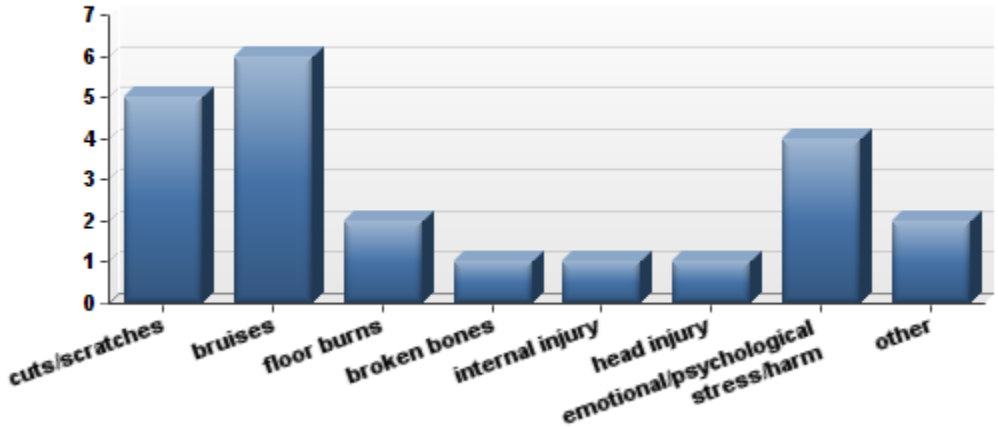
Reported School Staff Injuries from the Use of Restraint Interventions with Students without Disabilities



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.

Graph 22

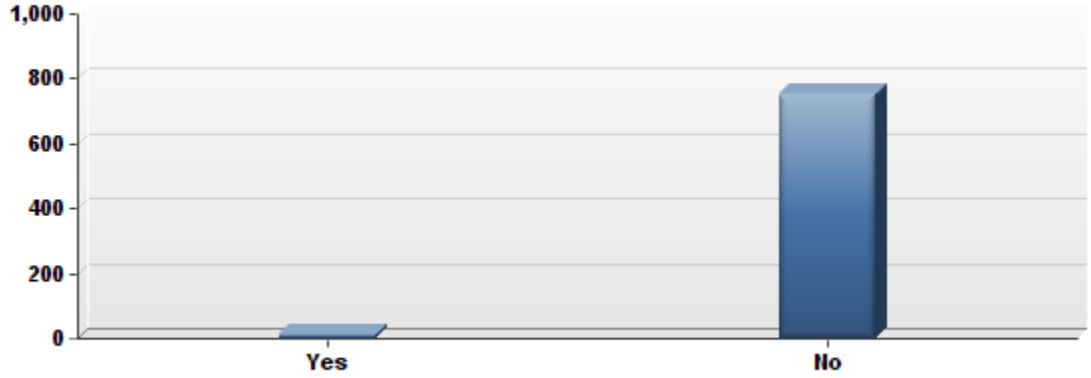
Types of Injuries Suffered by School Staff from the Use of Restraint Interventions with Students without Disabilities



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.

Graph 23

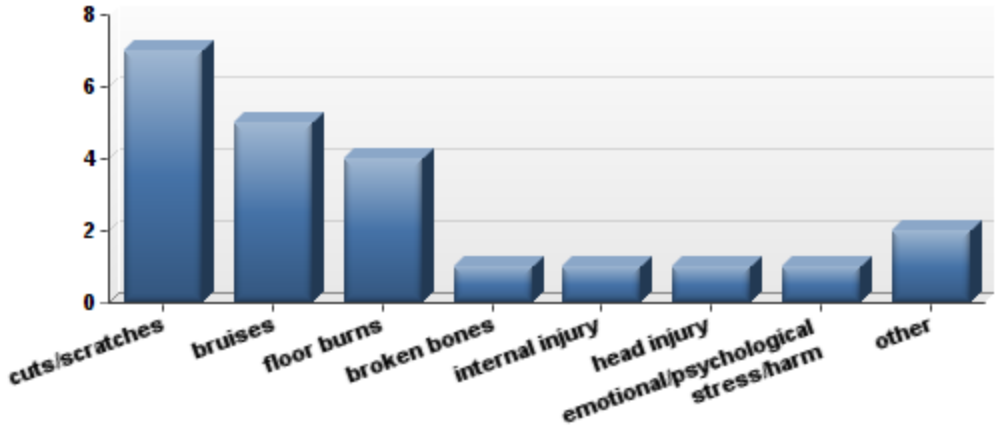
Reported Student Injuries from the Use of Restraint Interventions with Students with Disabilities



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.

Graph 24

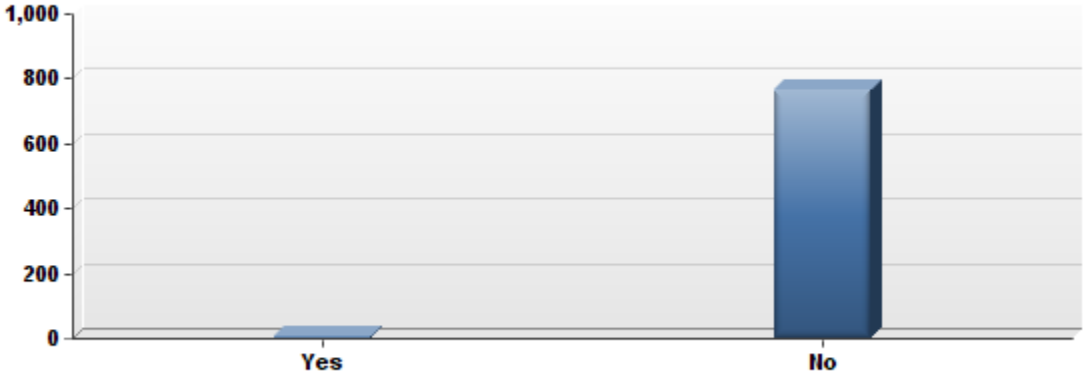
Types of Injuries Suffered by Students from the Use of Restraint Interventions with Students with Disabilities



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. One percent of study participants report they have been involved in restraint interventions with students who don't have documented disabilities in which the students were injured.

Graph 25

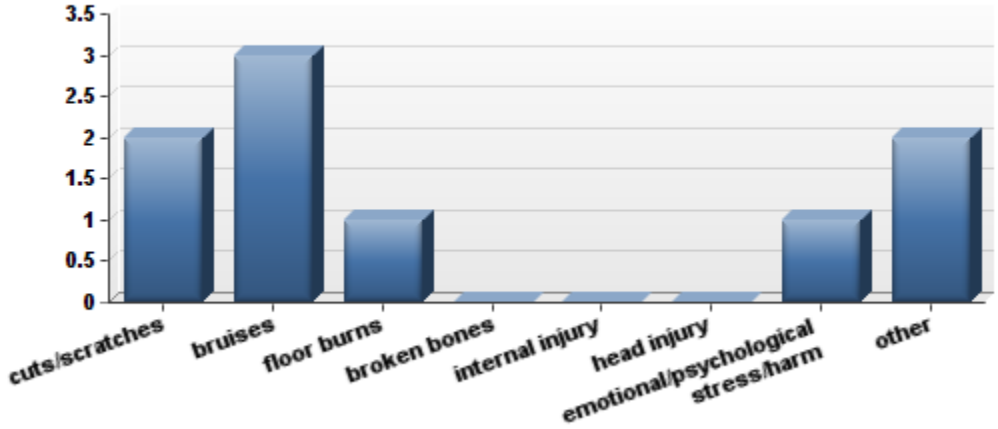
Reported Student Injuries from the Use of Restraint Interventions with Students without Disabilities



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.

Graph 26

Types of Injuries Suffered by Students from the Use of Restraint Interventions with Students without Disabilities



Research Question 5

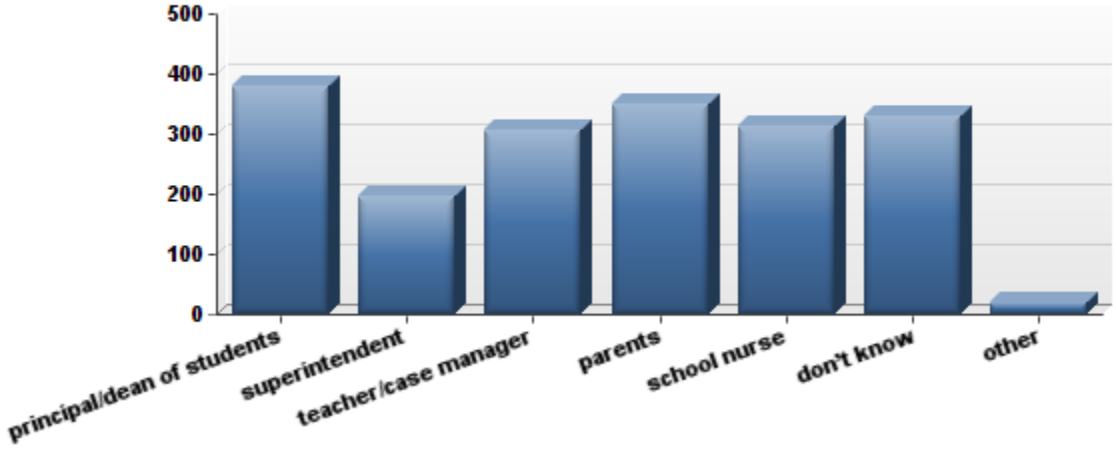
Are the injuries suffered by students or school staff as a result of the use of seclusion and restraint in the school setting documented and reported?

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.

Graph 27

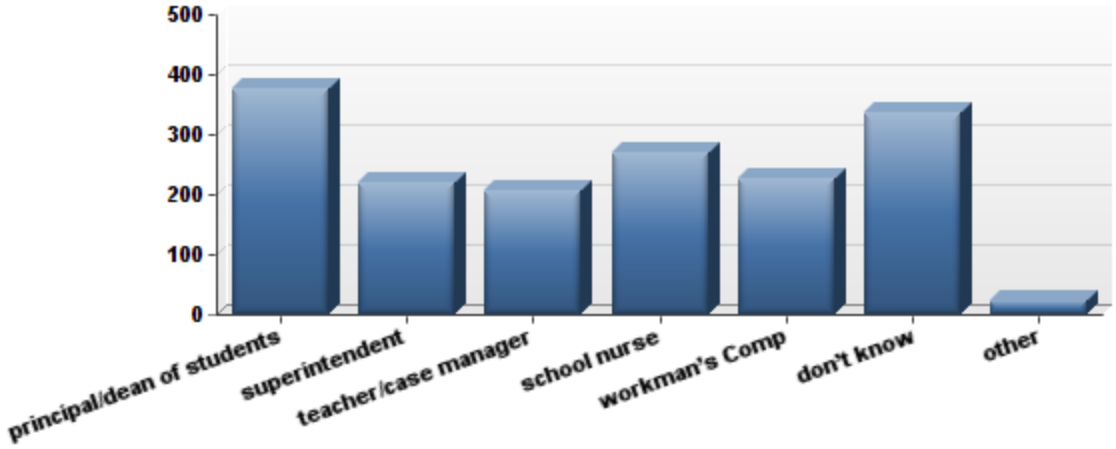
Reporting of Injuries to Students as a Result of the Use of Seclusion and Restraint Interventions



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.

Graph 28

Reporting of Injuries to School Staff as a Result of the Use of Seclusion and Restraint Interventions



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 are 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.

Table 6

Documenting and Reporting of Incidents of the Use of Seclusion and Restraint Interventions

verbally reported to principal/dean of students	218	30%
verbally reported to the superintendent	47	7%
verbally reported to teacher/case manager	157	22%
verbally reported to parents	167	23%
written report put in student's file	246	34%
written notice given to principal	265	37%
written notice given to teacher/case manager	210	29%
written notice sent to parents	237	33%
no documentation is completed	5	1%
don't know	377	52%
other	16	2%

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 to be used in their school. The remaining six percent report that corporal punishment is allowed to be used in their school.

Graph 29

School Districts Where the Use of Corporal Punishment with Students is Allowed

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 positive 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) $<.05$.

Research Question 8

Has the use of Positive Behavioral Interventions and Supports (PBIS) programs in school settings reduced the number of seclusions and restraints used with students?

The results of the survey show that 68 percent of study participants report that their schools have developed and implemented Positive Behavior Intervention and Support (PBIS) programs, and 32 percent of study participants report that their schools have not developed or

implemented a PBIS program. Unfortunately, it is not possible to determine if the use of PBIS has reduced the number of seclusion and restraint interventions used with students.

Graph 30

The Number of Schools Using PBIS Programs

Summary

This chapter presented demographic data regarding the study participants and addressed the analysis of data as it pertained to each of the research questions. A further discussion of the data will be presented in Chapter 5, including a further interpretation of the data, implications of the study results, and implications for future practice.

CHAPTER 5

DISCUSSION

Introduction

Chapter One provided an introduction of this research study, Chapter Two presented a review of the literature pertaining to seclusion and restraint, Chapter Three outlined the methods used to conduct this research, and Chapter Four provided the results of the research. This Chapter will address the interpretations of the findings, the limitations and delimitations of the study, and the implications for future research and practice regarding the use of seclusion and restraint interventions in school settings.

Restatement of the Problem

Despite the research that shows that the use of seclusion and restraint interventions is harmful, these interventions continue to be used in school settings across the United States, with minimal laws and policies that govern the use of these interventions. In 2009, the Government Accountability Office (GAO) reportedly found 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 or monitoring the use of these kinds of interventions in schools (Kutz, 2009). 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 (Kutz, 2009).

In 2011 the House bill (H.R. 4247), *Keeping All Students Safe Act* and Senate bills, *Preventing Harmful Restraint and Seclusion in Schools Act* (S. 2860) 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 (U. S. Department of Education, 2012). In 2014 the

Keeping All Students Safe Act (H. R. 1893) was re-introduced to the legislature and is currently waiting for action (H. R. 1983 – Keeping All Students Safe Act, 2014).

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 the public school setting. In May, 2012 the United States Department of Education printed *Restraint and Seclusion: Resource Document*. According to Arne Duncan, Secretary of Education, "this document contains 15 principles for States, school districts, schools, parents, and other stakeholders to consider when developing or revising policies and procedures on the use of restraint and seclusion" (U.S. Department of Education, 2012). It is unclear if the states across the nation are using this resource document to develop or revise policies and procedures regarding seclusion and restraint interventions.

While 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 are 26 states that have laws and policies regarding the use of seclusion and restraint in public schools (Butler, 2014). 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* (Butler, 2014). 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, 2014). 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, 2014). 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* (Butler, 2014). While 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.

Restatement of the Research Questions

The research questions in this study are based on the current data available regarding the use of seclusion and restraint in school settings. Specifically, the research questions include (1) do general education teachers, special education teachers, paraprofessionals, administrators, and support staff (social workers, psychologists, counselors, and nurses) know their state's policy on seclusion and restraint; (2) are school staff and teachers trained in crisis prevention and the use of seclusion and restraint interventions; (3) is there a higher incidence of the use of seclusion and restraint in the school setting with students who have disabilities; (4) are there injuries that occur with students and school staff during seclusion and restraint interventions; (5) are the injuries suffered (student or staff/teacher) as a result of the use of seclusion and restraint in the school setting documented and reported; (6) are the incidents of seclusion and restraint in the school setting documented and reported; (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; and (8) has the use of Positive Behavioral Interventions and Supports (PBIS) programs in school settings reduced the number of seclusions and restraints used with students.

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

Chapter Four reported the specific results of the data collected and analyzed for each of the research questions. This section will interpret the data as it relates to the overall research study.

Research Question 1

Do general education teachers, special education teachers, paraprofessionals, administrators, and support staff (social workers, psychologists, counselors, and nurses) know their state's policy on seclusion and restraint? 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

Are school staff and teachers trained in crisis prevention and the use of seclusion and restraint interventions? The data collected in this research study indicates that the majority of school staff *have not* been formally trained in the use of seclusion and restraint interventions. Of the school staff 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

Is there a higher incidence of the use of seclusion and restraint in the school setting with students who have disabilities? 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 who work 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

Are there injuries that occur with students and school staff during seclusion and restraint interventions? 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 are 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

Are the injuries suffered (student or staff/teacher) as a result of the use of seclusion and restraint in the school setting documented and reported? 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 majority of study participants who do not know how to report injuries from seclusion and restraint interventions are general education teachers and paraprofessionals. Special education teachers appear to have a better understanding of how injuries should be reported. 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

Are the incidents of seclusion and restraint in the school setting documented and reported? 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. The majority of study participants who do not know how to report the use of seclusion and restraint interventions are general education teachers and paraprofessionals. Special education teachers appear to have a better understanding of how

seclusion and restraint interventions should 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

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? While this research question was not able to be answered by the data collected, the data shows that 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.

Research Question 8

Has the use of Positive Behavioral Interventions and Supports (PBIS) programs in school settings reduced the number of seclusions and restraints used with students? Again, the data collected in this research study is not able to answer this research question, however, the data collected shows that the majority of study participants are employed by school districts that are implementing PBIS programs in their schools. Further research is warranted to answer this research question.

Summary

The data collected in this research 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 with *all* students. The data shows that the use of seclusion and restraint interventions continue to occur in schools across the nation. While it is suggested that seclusion and restraint interventions only be used in cases of emergency when physical harm is a

threat, it is unclear if this is being followed in all schools. The data also shows that the risk of injury during seclusion and restraint interventions is present and that students and staff continue to be physically and emotionally injured during these interventions. There are school staff across the United States who are implementing seclusion and restraint interventions with students and have not been formally trained in the use of crisis intervention and seclusion and restraint techniques. When an untrained staff member implements a seclusion or restraint intervention with a student, the risk of physical and emotional harm to both the staff member and the student increases. In addition, the improper use or over-use of seclusion and restraint interventions may continue to occur when being implemented by untrained staff members. Furthermore, the actual usage of seclusion and restraint interventions is unknown because of the lack of formal reporting of such incidents. In addition, the number of injuries from the use of seclusion and restraint interventions are also unknown due to the lack of formal reporting of injuries.

The development and implementation of clear and consistent policies and procedures for seclusion and restraint interventions would reduce the number of the interventions used, would reduce the risk of harm to students and staff and enhance school safety, and would help create positive learning environments for all children.

Limitations to the Study

One of the limitations of this study is the small sample size. While thousands of surveys were sent to school staff across the nation, less than one thousand surveys were completed. Some study participants reported they were unable to complete the survey due to school district policies and some reported not being able to complete the survey due to safety controls on their computers. Other study participants simply did not want to take part in completing the survey.

However, every effort was made to include study participants from all divisions of the United States.

Another limitation of this study is that the study participants may not have felt comfortable honestly answering all of the questions in the survey, especially the questions pertaining to injuries to students. Even though the study participants consented to participate in the survey, their answers were anonymous, and the study participants were told that no harm would come to them for completing the survey, it still may have been difficult for them to openly state that they or their students were physically or emotionally injured during an intervention in their school. The fear of retribution may have played a factor in how study participants answered the survey questions.

Delimitations to the Study

The delimitations of this study were the decisions made regarding how the survey was to be distributed and who would be asked to participate in the study. The decision to use an electronic means of distributing the survey was made due to trying to reach a large study population across the nation in a short amount of time. Sending the survey to the study participants electronically was quicker, more cost effective, and provided an easier way for the study participants to complete the survey. The decision to include only a portion of the states in the nation, and a portion of the schools in the chosen states was made to keep the research study manageable. While it would have been ideal to include every staff person in every school district in every state in this study, it would have been impossible for this study to manage that amount of data.

Implications for Future Research

While the data collected and analyzed in this research study has proven to be useful, this research study has certainly recognized the need for more research regarding the use of seclusion and restraint interventions in the schools across the nation.

1. It is imperative to look at a larger sample size when obtaining similar data collected in this research study. A collaborative effort with the Federal Department of Education may provide a better venue to obtaining data from schools in all states across the nation.
2. Further research regarding the use of corporal punishment and the use of seclusion and restraint interventions in schools may be useful when developing and implementing school policies on seclusion and restraint interventions.
3. Further research regarding the use of PBIS programs and the use of seclusion and restraint interventions may be useful when developing and implementing school policies on seclusion and restraint interventions.
4. Historically, England and the United States have taken different paths regarding the use of seclusion and restraint interventions with individuals who have disabilities. The United States has continued to use seclusion and restraint interventions with children, adolescents, and adults while England has had the "non-restraint" movement and has tried to use other, less invasive interventions with individuals with disabilities. The United States educational system may benefit from learning and observing how England currently handles situations in schools in which interventions need to be used to manage aggressive behaviors.

Implications for Practice

The data collected in this research study certainly 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. Policies and procedures that are easy to interpret and implement will enhance the safety of all students and all staff.
2. The federal government will need to address the issue of funding for staff training across the states. There are far too many untrained staff who are 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.

Conclusions

The data collected and analyzed in this study supports the need for further action regarding the use of seclusion and restraint interventions in schools. The federal government, state governments, and advocacy groups need to work together to develop policies and practices

that will allow the use of seclusion and restraint interventions to be used in schools in the safest manner possible.

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