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Program Recommendations to Fulfill Restrictive Procedures Training Requirements for School Districts

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Introduction

Purpose: Minnesota Statute 125A.0942, Standards for Restrictive Procedures goes into effect on August 1, 2011. This law includes stringent training requirements for licensed school staff to complete if they will be using any type of restrictive procedures in their district. The policy encourages proactive methods to address behavior, emphasizes restrictive measures to be used only in cases of emergency, and implementing the least intrusive intervention. The training component is a large part of accomplishing this goal. The purpose of this project is to examine existing programs that train school personnel in administering restrictive procedures. Training programs are reviewed for their evidence-base and the components of each program are compared to the training criteria of the new law based on fit, feasibility, and cost effectiveness. From these findings, recommendations are made for training programs that will enable rural school districts to comply with training required in the MN Statute 125A.0942.

Problem to be addressed: Current lack of specific training regulations for the use of restrictive procedures in school settings at times have led to misuse, abuse, and/or misunderstandings of restraint procedures (Ryan & Peterson, 2004). Improper use of restraints can and have led to injuries and in some cases death, as reported by the Child Welfare League of America (2002). With this in mind, focus has gravitated towards the importance of mandatory procedures or guidelines to regulate the use of physical restraints within educational settings. Minnesota is one of 31 states that have established new regulations on standards for restrictive procedures (Ryan, et al., 2009). Rural Minnesota School Districts will benefit from knowing what the literature indentifies as evidence-based training programs that best meet the new training regulations.

Research question: What is an effective evidence-based training program for rural based Minnesota school Districts to implement that will best meet the training requirements mandated in the new Restrictive Procedure Statute?

Literature Review

Data from the Child Welfare League of America estimates about 8-10 deaths per year are a result of restraint procedures that were improperly performed (2002). Another study reported by the *Hartford Courant* indicated deaths across the country in schools and mental health facilities that were restraint related numbered 142 over a 10-year period, over 1/3 of those were blamed on restraints being improperly utilized; this does not include the number of injuries due to restraints (Weiss, 1998).

Despite the lack of research on the efficacy of restrictive procedures (Council for Children with Behavioral Disorders, 2009), the literature does indicate several key areas of best practice in regards to training recommendations for staff in districts where restrictive procedures are allowed. Literature emphasizes required training for all staff implementing restrictive procedures (Ryan, et. al., 2007) and annual recertification is recommended by the Council for Children with Behavioral Disorders (2009).

Specific areas of training recommended in the literature are congruent with the criteria mandated in the new law with the exception of a recommendation for staff certification in First Aid and CPR (Ryan, et. al., 2004) not included in the statute. Research also recommends the availability of a pulse oximeter and a portable automatic electronic defibrillator (along with staff training on use) in schools where the use of restraints is permitted, particularly level three settings (Ryan, et. al., 2007). This is also not required in the new rule. It is imperative that least restrictive alternatives are used and restraints should only be implemented as an emergency intervention to maintain safety (Ryan, et.al., 2004).

Methodology

A systematic review of the literature regarding restrictive procedures, training recommendations, and programs was conducted. The first stage of the research compared evidence-based programs to the ten components of training criteria mandated in MN Statute. Initially eight programs were selected from the literature with two of them being eliminated immediately as one was not evidence-based and the other was not appropriate for the purpose of this study. The remaining six programs being considered are listed in Table 1. Other key factors that were taken into account with these programs are: cost effectiveness, a train the trainer option, and if the program offers a customized training option as well as the duration of the training. One of the six programs meet all ten of the required training components and one meets eight out of the ten while a third meeting seven out of the ten training areas. All three of these programs offer a customized training option that can be tailored to cover the required training components that are not routinely covered in the program's curriculum. They also include a train the trainer program to enable a few educators to become certified trainers and train the remainder of the district staff on site.

The second stage of research focused on these three programs, Safe Crisis Management (SCM), Mandt System, and Therapeutic Options training programs. The cost and benefits of these programs were compared as shown in Table 2. The Mandt System has bi-annual recertification while Therapeutic Options has an initial recertification the first year then bi-annually after that. SCM offers annual recertification. Taking this into consideration, cost is broken into two areas with the first being the initial training certification expense and then a three year comprehensive expense including the cost of recertification. Therapeutic Options and the Mandt System offer a discount per registrant if specific qualifications are met which is shown along with the regular price in the cost column of Table 2. It should be noted that travel expenses are not included in this cost analysis.

Data/Results

Training Component Requirements of the MN Statute	Handle With Care	Life Space Crisis Intervention	Nonviolent Crisis Intervention	Mandt System	Safe Crisis Management	Therapeutic Options
Positive behavioral interventions		✓		✓	✓	✓
Communicative intent of behaviors	✓	✓		✓	✓	✓
Relationship building	✓	✓		✓	✓	✓
Alternatives to restrictive procedures	✓	✓	✓	✓	✓	✓
De-escalation methods	✓	✓	✓	✓	✓	✓
Standards for using restrictive procedures	✓		✓	✓	✓	✓
Obtaining emergency medical assistance				✓	✓	
Physiological impact of physical holding and seclusion				✓		✓
Monitoring and responding to a child's physical signs of distress when physical holding is being used				✓	✓	
Recognizing the symptoms of and interventions that may cause positional asphyxia when physical holding is used				✓		

Table 1: Comparison of various crisis management training programs

Program	Cost Per Person	Re-certification	3-Year Cost	Materials provided
Mandt System	$1,225.00 5 days	Bi-annual $910.00 3 days	$2,135.00	CD w/ manuals, certificates, slideshow web support
Safe Crisis Management (SCM)	$970.00 5 days	Annual $235.00 2 days	$1,440.00	CD w/ manuals, slideshow, video, web resources
SCM Discount Price	$870.00 5 days	$225.00 2 days	$1,320.00	
Therapeutic Options (T.O.)	$900.00 4 days	Bi-annual $500.00 1 day	$1,400.00	CD w/ manuals, slideshow, phone & e-mail support
T.O. Discount Price	$800.00 4 days	$450.00 1 day	$1,250.00	

Table 2: Comparison of the Mandt System, SCM, and Therapeutic Options Program

References are available upon request

Findings

- The Mandt Systems Program, Safe Crisis Management (SCM), and Therapeutic Options contain most if not all of the training components that are required in the new rule. The Mandt System provides evidence-based practice and while it is the most expensive training program of the three, it is the most comprehensive. Mandt Systems includes all of the mandated training requirements of the new rule as well as other components research identified as best practice that were not included in the new rule training criteria. Although the bi-annual recertification Mandt Systems offers is contrary to what literature indicates is best practice, having staff Mandt certified will put districts in total compliance with the training requirements of MN Statute 125A.0942.

- SCM is a "best-practice approach" that meets eight out of the ten training components and also offers a tailored option for including those two missing areas. This is the only of the three programs that offers annual recertification rather than bi-annual. The cost is reasonable and a group discount is available.

- Therapeutic Options is evidence-based and has data that empirically show it to be effective in increasing safety and reducing the occurrence of seclusion and restraint. It is the least expensive option, however is missing many of the mandated training criteria in the Statute. If districts are able to fill in the missing training components (possibly with a First Aid/CPR certification), this could be a viable option. The expense of the extra training should be considered when comparing cost to the more comprehensive programs identified above. This program offers a discount to schools that use Positive Behavior Interventions and Supports.

Conclusions & Recommendations

- Select staff to become certified trainers in the Mandt System then to train the remainder of the district on site. The Mandt program has a philosophy that is congruent with social work values and is being used in over 500 school districts in the US and Canada. Upon completion of training, staff will be in total compliance with the training requirements specified in the Standards for Restrictive Procedures MN Statute 125A.0942. While the cost is on the higher end, this training program is comprehensive and there are no additional charges beyond the certification fee. Ongoing web support as well as all the training materials needed are included. This program will provide school staff with the skills to provide an environment of dignity and respect, reduce frequency of physical incidents in the classroom, reduce physical restraint incidents, reduce injury, and reduce crisis incidents. Limitations include high price and a bi-annual rather than annual recertification. If this program is selected, it is recommended that yearly staff development time be devoted for review of the program.

- If cost prohibits a school district from selecting Mandt Systems, the SCM Program is a less expensive option for a training program lacking only two areas in the mandated training criteria. If districts can work with the company to include the missing components, SCM is a quality program that could meet the needs of mandated training. Program strengths include annual recertification, low price, and a group discount option.

- Additional recommendations include districts to certify their staff in First Aid and CPR and for schools to have access to an oximeter and defibrillator (along with training for their use), especially at level three settings.

At-Risk Populations

Students who are particularly vulnerable to injury and/or death due to physical hold are those who have a pre-existing heart condition, students who are obese, and those who are taking psychotropic medications, which are routinely prescribed to children for emotional and behavioral disorders (Mohr, Petti, & Mohr, 2003). While inclusion in regular classrooms for all students has become the norm over the past couple of decades, there has been an increase in students with emotional and/or behavioral difficulties within the regular education setting, consequently increasing the use of restrictive procedures (D' Oosterlinck & Broekaert, 2003). Some medications that are commonly used as interventions for treating the emotional challenges of these students have side effects that have been shown to be a factor in injury or death during the restraint process (Ryan, et. al., 2009).

Ethics

Research indicates that physical restraint of children does not come without serious ethical and psychological implications (Lundy & McGuffin, 2005). Little is known about the intended purpose or outcomes of restraint procedures or efficacy thereof (Council for Children with Behavioral Disorders, 2009). Questionable therapeutic benefits coupled with the possible physical and psychological risks resulting from physical holds pose serious ethical considerations (Lundy & McGuffin, 2005). There is almost no research to document that the use of restrictive procedures within a school setting has an effect on altering maladaptive behavior in students, in fact, some research indicate that restrictive procedures may have possible negative developmental effects on children (Ryan, et. al., 2007). This lack of research and potential outcome is worthy to be noted as one might question the use of restrictive procedures all together and the rationale for using these procedures may well continue to be challenged. A recommendation of further research in this area is indeed appropriate and ethically responsible.

Implications for Research

The need for further research regarding the use of physical restraint for students is strongly evident as is the need for training of staff who is implementing restrictive procedures. Despite the use of restrictive procedures, many states still do not regulate their use in public school settings (Amos, 2004). The extent or nature of injuries to students or staff occurring during physical restraint is unknown and there is no data regarding the types of restraints commonly used and the nature or extent of training that staffs who are implementing physical restraints are receiving (Council for Children with Behavioral Disorders, 2009). Data compiled from the reporting requirement of MN Statute 125A.0942 will be beneficial in addressing some of these areas and increase the likelihood that restraints will be used more safely and effectively.