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Program Recommendations to Fulfill Restrictive Procedures Training Requirements for School Districts

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**Recommended Citation**

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 the aim 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 and 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, misunderstanding of restraint procedures (Ryan & Peterson, 2004). Improper use of restraints can and has 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 thirty one states that have either released new policies to implement restrictive procedures (Ryan, et al., 2009). Rural Minnesota School Districts will benefit from knowing what the literature infers 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 district to implement that will 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 Chadwell Court indicated deaths across the county in schools as well as the duration of the number of restraints that were used and related number 142 over a 10 year period, over 1/3 of those were blamed on restraints but 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 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 accessibility 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 restrictive procedures. Mandt Systems has this training incorporated into their program. This program is selected, it is recommended that staff development time be devoted for review of the program.

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. Initial eight programs were selected from the literature with two of them being eliminated during the selection process as one was not evidence-based. This decision was made after careful consideration of 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 program, and a group discount option. If the program offers 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 provide certification training to enable fewer 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 to the purpose of this study.

The Mandt Systems Program 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 missing is any of the mandated training criteria in the Statute. In districts that are able to fill in the missing training criteria with First Aid/CPR certification, this could become an available option. The expense of the extra training should be considered when comparing cost to the 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 one of the most comprehensive programs identified above that 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 not on the higher end, this training program is comprehensive and there are no additional charges beyond the certification fee. Ongoing 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. Mandt Certified and as a result having the least missing of any of the mandated training criteria. If this program is selected, it is recommended that 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 contains additional training and cost. Program strengths include annual recertification, low price, and a group discount option.

As an additional recommendation includes 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.

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 program is evidence-based program and best meets the criteria. 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. It 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 missing is any of the mandated training criteria in the Statute. In districts that are able to fill in the missing training criteria with First Aid/CPR certification, this could become an available 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.

At-Risk Populations

Students who are particularly vulnerable to injury and/or death due to physical hold are those who have a pre-existing health condition, students who are obese, and those who are taking psychotropic medications, which are routinely prescribed to children for emotional and behavioral disorders (Moor, 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 and individuals with emotional and/or behavioral difficulties within the regular education setting, consequently increasing the use of restrictive procedures (O’Connor & Broekba, 2003). Some medications that are commonly used at schools for students with emotional and behavioral disorders 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 consequences of the appropriate behavior (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). Therapeutic Options is an evidence-based program, annual recertification while Therapeutic Options has an initial certification 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 certification expense and then a bi-annual renewal training component. Cost savings are not included in this cost analysis.

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, 2009; Council for Children with Behavioral Disorders, 2009). 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 rational for using these procedures may well call into question what data is actually true. A recommendation of further research in this area is indeed appropriate and ethically responsible.

Table 1: Comparison of various crisis management training programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost Per Person</th>
<th>Recertification</th>
<th>3-Year Cost</th>
<th>Materials &amp; Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandt System</td>
<td>$1,225.00</td>
<td>Bi-annual</td>
<td>$2,130.00</td>
<td>CD w/ manuals, certificates, slideshows, web support</td>
</tr>
<tr>
<td>Safe Crisis Management (SCM)</td>
<td>$97.00</td>
<td>Annual</td>
<td>$1,440.00</td>
<td>CD w/ manuals, web resources</td>
</tr>
<tr>
<td>SCM Discount Price</td>
<td>$78.00</td>
<td>5 days</td>
<td>$1,320.00</td>
<td>CD w/ manuals, slideshows, web resources</td>
</tr>
<tr>
<td>Therapeutic Options (TO)</td>
<td>$99.00</td>
<td>Bi-annual</td>
<td>$1,400.00</td>
<td>CD w/ manuals, slideshows, e-mail support</td>
</tr>
</tbody>
</table>

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