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IMPLICATIONS AND INTERVENTIONS FOR REDUCING THE USE OF
RESTRAINT AND SECLUSION ON STUDENTS RECEIVING
SPECIAL EDUCATION SERVICES

A MASTER'S THESIS
SUBMITTED TO THE FACULTY
OF BETHEL UNIVERSITY

BY
SAMANTHA GRUIDL

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IMPLICATIONS AND INTERVENTIONS FOR REDUCING THE USE OF
RESTRAINT AND SECLUSION ON STUDENTS RECEIVING
SPECIAL EDUCATION SERVICES

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MAY 2019

APPROVED

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Abstract

This thesis explores a difficult subject for both parents and special educators: the use of restraint and seclusion in the classroom. While no teacher wants to go hands-on with a student, crisis situations can arise in which a student becomes a threat to themselves or others. In these moments restrictive procedures are employed to maintain safety, but this does not address the underlying issues that caused the unsafe behavior in the first place, or prevent the behavior from occurring again. In this thesis, it has been set out to determine the risks involved with using these restrictive procedures, as well as strategies and interventions to decrease the need for using them. A practical application of these findings is shared for schools to use with their staff who work with students who exhibit problem behaviors.

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CHAPTER I: INTRODUCTION

Personal Connection to the Topic

The author teaches in a Federal Setting 3 special education classroom for students with autism and related needs. All ten of the students on her caseload have individualized behavior intervention plans for various target behaviors. The target behaviors range from passive behaviors such as inattention or fidgeting, to emergency situations such as physical aggression towards others or self-injurious behavior. For students who engage in behaviors that create an emergency situation, the school district allows staff to employ emergency restrictive procedures to maintain the safety of themselves, students, and others. Restrictive procedures may involve physically restraining a student, or using a locked seclusion room to prevent the student from harming peers or staff. All staff who intervene in these ways are trained in these procedures through the Crisis Prevention Institute's Nonviolent Crisis Intervention Training. The district where the author teaches requires staff to attend this training at least once every two years. This training also provides instruction in de-escalation and other behavior management strategies. Despite the training and individualized positive behavior plans to prevent challenging behaviors, the author's classroom has still experienced at least one instance requiring the use of physical restraint or seclusion of a student per week during the first two trimesters of the 2018-19 school year. The author chose to research this topic to gain insight into how to reduce the number of restrictive procedures used in her classroom, and to provide better behavioral support to these students.

Restraint and Seclusion Background Information

Prior to the authorization of the Education for All Handicapped Children Act in November 1975 (now known as IDEA: The Individuals with Disabilities Education Act),

children with disabilities were not included in U.S. schools (“About IDEA”, n.d.). Since then, the education system has grown from excluding nearly 1.8 million children with disabilities from receiving a public-school education, to educating over 6.9 million children with disabilities through special education and related services. Over 62% of these children participate in the general education setting for 80% or more of their school day.

This inclusion of students with varying individual needs, academically and behaviorally, has presented new opportunities and challenges to educators and the school system as a whole over the past 40 years. While IDEA has paved the way for the rights of children with disabilities to receive a free appropriate public education, there are still some additional protections for these students that have yet to exist on the federal level. Students who exhibit problem behaviors may experience physical restraint and seclusion while at school. While these procedures can be necessary to preserve safety when student’s behavior becomes a threat to themselves or others, there are currently no nationwide regulations restricting these procedures to emergency situations only. In fact, federal regulations fail to exist for any oversight (purpose for using the procedure, data collection, reporting of procedures) of restraint and seclusion procedures in schools (Gagnon, Mattingly, & Connelly, 2017). Due to the lack of federal regulations on this matter, reporting of incidents in schools is inconsistent and existing data may not be a true reflection of the state of the matter. More information on current regulations and the oversight that exists will be shared in Chapter 2.

Risks Associated with Restraint and Seclusion

Any time a student’s behavior elevates to the point of physical aggression or self-injury, risk is involved. If staff choose to not intervene, the student could harm themselves or others. If staff choose to intervene, other risks present themselves. The Crisis Prevention Institute (2016)

explains that any time physical restraint is used there is a risk of injury to the student or staff. Well trained staff that use “safer” techniques and receive regular practice of the skills can decrease the likelihood of injury occurring. However, the risk of physical injury to both staff and students still exists whenever restraint occurs. Using “safer” restraint positions includes using holds that do not lead to restraint related positional asphyxia, or lack of oxygen. Lack of oxygen can lead to disturbances in heart rhythms, which can lead to death. Positions such as prone restraints (lying face down) or any position which bends the person at the waist has a higher risk of causing positional asphyxia. In Minnesota, prone restraints were added to the list of prohibited procedures during the 2016 legislative session (Minnesota Department of Education, 2018).

Physical injury is not the only risk associated with restrictive procedures though. Students can suffer psychological damage from being restrained or put in seclusion (Crisis Prevention Institute, 2016). This can be a frightening or possibly traumatizing experience. These experiences can also sever relationships between students and the adult restraining them. Repeated instances of restraint or seclusion may lead to the person feeling as if they are not in control of their life.

Thesis Questions

As a teacher, it is never a good feeling to restrict a child’s freedom to move about in school. When a student engages in self injury or physical aggression towards others though, we are not left with many other options. To maintain the safety of both school staff and students in special education, physical restraint and seclusion have unfortunately become a common practice in some schools. With these procedures occurring on a weekly, and sometimes daily basis, the author was interested in discovering whether this exists in other special education programs across the country. Based on the prevalence of restrictive procedures in other schools, this writer

was curious to discover what may attribute to the use, or lack of use, of these procedures. The author's intent in reviewing research on this topic was to increase understanding of how to support students whose behavior frequently escalates to the point of being a threat to themselves or others. The research naturally extended itself to exploring interventions that prevent and respond to problem behaviors, and how to prepare staff to employ these practices. Finally, the author applied this information into an ongoing staff training series to better equip staff to prevent and respond to problem behaviors before they reach the point of requiring more restrictive means. This thesis will explore the following questions: What is the prevalence of physical restraint and seclusion of students in special education programs across the United States? Can physical restraint and seclusion of children with disabilities be reduced in the school setting? What interventions exist to reduce the need for physical restraint and seclusion of children with disabilities? How can school staff be better equipped to manage students with problem behaviors?

Definition of Terms

De-escalation: “verbal and nonverbal communication skills aimed at reducing aggression without the use of restrictive practices” (Price, Baker, Bee, & Lovell, 2018, p. 198).

Emergency: “a serious, unexpected, and dangerous situation requiring immediate action in order to protect the safety of students and staff” (Freeman & Sugai, 2013, p. 431).

Functional Behavior Assessment (FBA): “A systematic process of assessment designed to identify the underlying function or purpose for a behavior. This information is then used to develop a specific and focused intervention plan.” (Freeman & Sugai, 2013, p. 431).

Physical Restraint: “a personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely. Such term does not include a physical escort” (H.R. 4247 Sec. 4(8) citing 42 U.S.C. 290jj(d)(2)).

Positive Behavior Support: “a general term that refers to the application of positive behavioral interventions and systems to achieve socially important behavior change” (Trussel, 2008, p. 179).

Restrictive Procedure: physical restraint and/or seclusion.

Seclusion: “the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving.” (H.R. 4247 Sec. 4(14) citing 42 U.S.C. 290jj(d)(4)).

CHAPTER II: LITERATURE REVIEW

Overview of the Research Process

A review of the literature was conducted primarily through the search engine EBSCO Host using databases such as Academic Search Premier. Various combinations of the following key terms were used to locate quality peer-reviewed articles on the subject: special education, physical restraint, seclusion, restrictive procedures, school, behavior management, aggressive behavior, positive behavior intervention, de-escalation, and PBIS. After reviewing articles located on this search engine, the reference lists of the articles were reviewed. Additional primary sources located within the reference lists were then located through EBSCO Host and reviewed. Finally, the author reviewed resources from professional organizations such as Crisis Prevention Institute, the Civil Rights Data Collection, and the U.S. Department of Education.

Prevalence of Restraint and Seclusion in U.S. Schools

The U.S. Department of Education Office of Civil Rights surveys public schools annually through the Civil Rights Data Collection (CRDC) to obtain information on various topics such as enrollment demographics, suspensions, and more. Data on the use of restraint and seclusion in schools was first included on the survey during the 2009-2010 school year. The survey has changed over the years from optional to mandatory, and the data collected has changed slightly as well. To achieve the most accurate depiction of the current state of restrictive procedure use in schools we look to the most recent survey data available; the 2013-2014 school year. The data on restraint and seclusion use includes 99.4% of public schools in the U.S., for a total of 95,507 schools (Civil Rights Data Collection, n.d.). The following numbers include total reported instances of restrictive procedures used on students covered by IDEA: mechanical restraint,

4,395; physical restraint, 135,389; and seclusion, 80,090. Considering 99.4% of all U.S. public schools are included in this survey, it appears as though these numbers are an accurate estimation of the use of restrictive procedures in schools annually. However, when considering the varying state legislative requirements on the use of these procedures and reporting their use, these numbers may not be as accurate as they initially appear. The legislation on this subject and its implications will be explored in the following section, “Legislation on Restraint and Seclusion”.

It may also be beneficial to look at the trends of restraint and seclusion use in schools across the country. A study by Gagnon, Mattingly, and Connelly (2017) examined rates of reported restraint and seclusion in U.S. school districts, and sought to determine whether trends of restraint and seclusion follow trends of expulsion and suspensions (students of color and those living in poverty experience higher rates). In the study, the authors used CRDC data from the 2009-2010 and 2011-2012 schools’ years, as well as data from the Small Area Income and Poverty Estimates (SAIPE) for the same years. The CRDC provided data on rates of restraint and seclusion of students with a disability and their identified race, while the SAIPE data provided estimates for the number of students living below the poverty line.

To examine whether poverty and minority status impact the use of restraint and seclusion on students with a disability, the SAIPE data placed school districts in one of two groups. Districts were either placed in high-poverty/high-minority, or low-poverty/low-minority groups. For both years of the study the authors found schools with high-poverty/high-minority were connected with somewhat lower rates of restraint and seclusion. This finding is opposite to the trend of high rates of suspension and expulsion of students of color and those living in poverty.

When looking primarily at the CRDC data, the authors found that most school districts report very few or zero cases of restraint and seclusion, and only a small number of districts

report very high rates (CRDC, n.d.). For example, most districts in both years of the survey reported less than 10 instances of restraint or seclusion per 100 students with a disability. Only 0.5% of districts reported numbers in the highest bracket: 50 or more instances of restraint per 100 students with a disability. Looking at numbers across the country, New England and the Upper Midwest regions of the U.S. appear to have noticeably higher rates of restraint and seclusion than other regions. The authors cautioned that it should not be generalized that all schools within these areas use high rates of restraint and seclusion, as most districts within each state reported minimal or no use of restraint. Additionally, nearly every state included high and low reporting districts during both years of the survey. The authors concluded that the differences between districts within individual states is much more meaningful than differences between states across the country.

Legislation on Restraint and Seclusion

Laws governing the use of restraint and seclusion in schools vary across the country. There is legislation at some state and local levels, but federal regulations have yet to pass (Gagnon et al., 2017). In fact, until recently there was no push for legislation on the federal level. The first national bill on restraint and seclusion, the Preventing Harmful Restraint and Seclusion in Schools Act, was introduced into Congress in 2009, but was not passed by the Senate. Another bill, the Achievement Through Prevention Act was later introduced into Congress in 2011. This bill was an effort to promote the use of positive behavioral supports in schools and reduce the use of restraint and seclusion used as discipline. Unfortunately, it was also never passed into law. An article by Freeman and Sugai (2013) described the various requirements and limits proposed legislation would have placed on schools when using restraint and seclusion. Physical restraint would be limited to emergency situations only, and the use of seclusion, mechanical restraints,

and chemical restraints would be prohibited. Staff training on physical restraints would be required, as well as continuous face-to-face monitoring of the student. Notification of the incident to parents would be required, as well as debriefing of the incident. The proposed legislation also included funding be made available for schools to increase their ability to collect and analyze data, and to implement school-wide positive behavioral supports.

States vary greatly on the policies governing the use of restraint and seclusion in schools. In 2009, 27 states and the District of Columbia had a law, policy, or guideline regarding the use of seclusion and restraint in public schools (Gagnon et al., 2017). The remaining states have some policies at the district or school level. Between 2009 and 2013, 30 states updated their policies regarding restraint and seclusion. Although there has been a shift to increasing regulations on the use of these procedures, the study by Gagnon et al. (2017) found little correlation between restraint and seclusion rates and states with policies. The study also found that, of the 10 highest ranking states for restraint in 2010, four states have no legislation on the matter, and six states do. Due to variance in rates between districts within states, the authors believe that local policies and school culture more greatly impact the use of restrictive procedures than national or statewide regulations.

It is disheartening to discover that policies may have minimal or no impact on decreasing the rates of restraint and seclusion in schools. However, looking into the existing regulations and guidelines may provide insight into what schools are currently doing, and what is or is not working. Examining current legislation may also provide a starting point to begin shifting school cultures towards a decrease in the regular use of restrictive procedures, and better conditions for students. An examination of state policy documents by Freeman and Sugai (2013) discovered four trends in legislation regarding restraint and seclusion. The first trend was the emphasis on

schools utilizing preventative techniques, such as de-escalation training for staff, functional behavior assessments, and school wide positive behavior supports. A second trend in legislation was the inclusion of limitations on specific procedures. For example, some states have specific limitations on the length of time a procedure can last, prohibits the use of prone restraints (lying face down), or prohibits the use of restraint or seclusion used as punishment. Third, legislation regarding restraint and seclusion in schools often includes a requirement for reporting the incident to parents and to the state. Finally, legislation often includes a requirement for debriefing with staff and students. Overall, most states place an emphasis on the prevention of problem behaviors to reduce the need for restraint and seclusion. As of the 2013 article by Freeman and Sugai, it had a requirement or recommendation that school districts use school-wide positive behavior interventions and supports as a prevention for problem behavior. This article also stated that the general consensus across state guidelines is that restrictive procedures end as soon as the student is able to be safe, or when the emergency has ended.

If state legislation does not appear to have an effect on the rates of restraint and seclusion, and federal legislation has yet to pass, how can schools safely and effectively support students with the most challenging problem behaviors? It is clear that current and proposed legislation emphasizes the importance of preventative strategies, but will this decrease the need for using restrictive procedures? The following section will examine studies that have sought to reduce the use of these restrictive procedures through specific interventions.

Studies on Decreasing Restraint and Seclusion

After a thorough review of existing literature on this topic, four studies were found that specifically aimed towards decreasing the use of restraint and seclusion. The most recent was a 2012 study by Villani, Parsons, Church, and Beetar on a nonpublic special education day school.

The federal setting 4 school has two campuses, lower/middle school and high school, and serves students K-21 who have been referred from their home school as needing a more restrictive placement. Behaviors requiring the use of a restrictive procedure were described as aggressive and/or self-injurious. The school began training staff in 2002 from the Professional Crisis Management Association (PCM) in an effort to decrease dangerous behaviors and increase time spent learning. Data was collected over a six-year period, 2002-2008, on the number of instances of restraint and seclusion, as well as the duration of each incident. Overall, the study found variability in the number of instances of both restraint and seclusion at both schools throughout the six years of data collection. However, data at the high school level showed overall lower rates of both restraint and seclusion compared to the lower/middle school. The authors of the study found this unsurprising when considering the age of students at the schools. While students at both schools have significant developmental disabilities, their chronological age has an impact on their behavior. Students at the lower/middle school are younger in age, which can account for more impulsivity, lower frustration tolerance, and a more limited attention span. When looking at the duration of incidents, restraint at the lower/middle school level decreased each year of the study. Restraint at the high school level, however, remained mostly unchanged. The duration of seclusion incidents at both schools was longer when compared to incidents of restraint, but seclusion duration decreased over the length of the study. While the study did not find compelling evidence for a decrease in the number of restrictive procedures, the authors concluded that students could be safely managed if staff are well trained and data is monitored for quality assurance. Additionally, the authors cautioned that students who were outliers in the data should be given a more careful review. A study will be discussed in which one such outlier,

a student with highly aggressive and destructive behaviors, is given a specific treatment protocol to decrease these behaviors.

Another study of a special education day school intended on increasing staff training in an effort to prevent and reduce the need for restrictive procedures. The study by Ryan, Peterson, Tetreault, and Hagen (2007) collected data on the number of restraints and seclusions during two schools' years. Between years one and two of the study staff participated in the Crisis Prevention Institute's Nonviolent Crisis Intervention Training to learn behavior prevention techniques and nonviolent physical crisis interventions. Throughout year two of the study staff also received ongoing training twice monthly on de-escalation strategies using Therapeutic Intervention. The study found incidents of seclusion decrease 39.4% from year one to year two, and incidents of physical restraint decrease 17.6%. These are promising findings and reveal the impact of adequate staff training.

A similar study was conducted across two school years to determine the effectiveness of positive school-wide interventions on reducing restraint and seclusion. Fogt and Piripavel (2002) collected and compared data during the 1997-98 and 1998-99 school years at Centennial School, a private special education school for students with Emotional Behavior Disorders and Autism. A comprehensive program of school-wide interventions was developed and began during the 1998-99 school year with the goal of reducing physical restraint and seclusion. First and foremost, the program required total staff commitment and adopting the belief that all students can meet expectations and learn to control their behavior. Next, the social skills curriculum "Second Step: A Violence Prevention Curriculum" was selected and daily social skills classes began. Instruction on topics such as alternatives for coping with anger and conflict resolution were explicitly taught. Each student was given an individualized point sheet to reinforce social

skills and provide feedback to students throughout the school day. Finally, staff were provided ongoing training and support throughout the year on positive behavior supports, effective teaching strategies, how to respond to low level behaviors, and more. The results of this whole school initiative were a drastic decrease in both physical restraint and seclusion numbers. Physical restraint decreased by 69% during the year of implementation (1998-99). Since seclusion had become such a common practice in the school prior to this school wide intervention, data had not been kept. The authors compared minutes of seclusion from the first 20 days of the 1998-99 school year to the last 20 days of the school year to determine progress, and found a 77% decrease. This program was continued again the following school year, and the result was zero instances of physical restraint or seclusion the entire 1999-2000 school year. The authors concluded that restraint and seclusion can be reduced, or even eliminated in this instance, with appropriate staff training, preventative programming, and implementation fidelity.

The fourth and final study found was a program designed for one individual student with highly aggressive and destructive behavior. An individualized program was designed for the 13-year-old boy with the intention of decreasing these challenging behaviors (Foxy & Meindl, 2007). His program was based on information gathered through a Functional Behavior Analysis. A baseline measurement found the student was engaging in aggressive/destructive behavior an average of 102 incidents per day while attending school in a small group special education classroom. The student's intervention program included the following: moving to a new school setting where he was the only student in the room with 2-3 staff, a high level of positive reinforcement, a token system, choice making, response cost, overcorrection, and including a compliance component after any use of restraint. After one month of the new classroom setting and implementing these interventions, the authors found a 95% decrease in behavior incidents

(5.06 incidents per day). By the sixth month this was further reduced to 0.29 incidents per day, and remained at a near zero level for the remaining 6 months of the study. In addition to decreasing behaviors that required physical restraint, the authors found increases in positive and prosocial behavior. Requesting increased by 1427%, and time spent per day in educational instruction increased by 108.1%. Overall, this study found that even students with high levels of maladaptive behavior can decrease their need for restrictive procedures when given the appropriate supports.

Interventions to Decrease Restraint and Seclusion

Decreasing the use of restraint and seclusion when students demonstrate problem behaviors appears to be a three-part undertaking of prevention, teaching, and responding (Walker & Pinkleman, 2018). The overwhelming majority of sources focus on preventative measures to reduce instances of restraint and seclusion. When problem behaviors can be prevented from occurring in the first place, the need for using restrictive interventions will decrease (Freeman & Sugai, 2013). Preventative measures that have been linked to improved behavioral outcomes or a decrease in restraint and seclusion includes Positive Behavioral Interventions and Supports (PBIS), classroom management strategies, functional behavior assessments and function-based individualized behavior plans, monitoring the fidelity of behavior plan implementation, ongoing staff training on prevention strategies, and including families as part of the support team.

A growing belief is that children demonstrate problem behavior due to a lack of social skills and knowing how to make better choices (Vermont Univ., 1999). Teaching prosocial behaviors to children can lead to a decrease in the behaviors which lead to restrictive procedures. Explicit instruction in social skills and conflict resolution, as well as interweaving social skills into academic content can increase replacement behaviors and decrease problems.

While preventative measures and teaching desired behaviors are effective steps towards decreasing the use of restraint and seclusion, problem behaviors may still occur even with these best laid preventative plans. For this reason, it is equally important that schools are prepared to respond to behaviors in a way that emphasizes less restrictive interventions. To effectively respond to problem behavior, so that it does not reach the point of requiring restrictive procedures, the author found research recommending the use of de-escalation techniques, school-wide consistency in expectations and response to problem behaviors, and ensuring the fidelity of implementing behavior intervention plans through self-monitoring. The recommended methods of preventing, teaching, and responding to problem behavior to decrease the use of restraint and seclusion will be discussed in the following sections.

Preventing Problem Behaviors

An obvious benefit to preventing problem behavior is that there are no negative consequences for students who behave in prosocial ways (Vermont Univ., 1999). Preventing inappropriate behaviors also tends to be more cost effective, and it is easier to prevent undesired behaviors than it is to correct behavior after-the-fact (Vermont Univ., 1999). Multiple studies, organizations, and articles emphasize the importance of prevention strategies to address behavior problems in the classroom, and to decrease the need for restraint and seclusion. One such prevention strategy, School-wide Positive Behavioral Interventions and Supports (SWPBIS), is cited often as an effective intervention for decreasing problem behaviors and increasing prosocial behaviors.

School-wide Positive Behavioral Interventions and Supports is a three-tier system of interventions and supports to increase desired behaviors (Trussell, 2008). Tier 1 includes universal interventions at the classroom and school-wide levels. This includes the general

environment (such as classroom setup and procedures), as well as teacher's instructional and interaction behaviors. The U.S. Department of Education's resource document on restraint and seclusion indicates school-wide positive behavioral supports can address the underlying causes of problem behaviors and can reduce the likelihood of restraint and seclusion being used (2012). Tier 2 interventions include targeted interventions for "at-risk" students, while Tier 3 provides individualized behavior plans and supports (Cheney et al., 2010). A study of a Tier 2 intervention found that up to 85% of student who participated in a Tier 2 intervention improved their social behavior (Cheney et al., 2010).

A study by Loman, Strickland-Cohen, and Walker (2018) evaluated whether adapting Tier 1 PBIS lessons, strategies, and supports could make them accessible and beneficial to students with severe disabilities. Their intervention materials included explicit instruction on behavioral expectations to all students, visual supports included on posters of school expectations, visual social stories of expectations, visual reminder cards to prompt the expectations, and individualized reinforcement systems for students. The results of the study showed an immediate decrease in the duration of problem behavior, and this decrease in duration was sustained throughout the study. The authors of the study concluded that these results suggest adapting Tier 1 SWPBIS with more inclusive supports can result in decrease problem behavior for students in all three tiers of support, and may reduce the need for intensive or reactive individualized supports. Additionally, designing behavioral expectations with both clear language *and* visuals can benefit all students regardless of PBIS Tier level or ability.

In conjunction with PBIS, the importance of Functional Behavior Assessments (FBA) driving individualized interventions (Tier 3 supports) is emphasized across the literature. Goh and Bambara's 2012 meta-analysis of individualized positive behavior supports found that FBA

based interventions in schools can both reduce problem behavior and increase appropriate skills. Function based behavior support plans are also recommended in the “Ethical and Professional Guidelines for Use of Crisis Procedures” (Simonsen, Sugai, Freeman, Kern, & Hampton, 2014). The authors stated that students with a history of crisis-level should have an individualized preventative, proactive, and positive support plan based on the function of the problem behavior to reduce the use of restrictive procedures.

Once a behavior plan is in place, the next step is to implement the plan so that problem behaviors may decrease or be prevented. Following a plan with fidelity can be more challenging than developing the plan in the first place though. The author found two studies that tried to increase the fidelity of behavior plan implementation. A study by Pinkelman and Horner (2017) discussed the effectiveness of performance feedback as a strategy to improve the fidelity of intervention implementation. However, they also noted that this strategy is not realistic for many schools due to the time and cost associated. Their solution was to see if self-monitoring behavior plan implementation could create similar results to performance feedback. The “treatment package” included staff self-monitoring implementation fidelity, collecting data on problem behaviors, entering data into a software, and reviewing data consistently. The results found an average 57% increase in behavior plan implementation, an average 18% decrease in problem behavior, and an average 49% increase in academic engagement. The authors concluded that self-monitoring is beneficial for improving the fidelity of behavior plan implementation.

A second study on behavior plan fidelity used consultation and “implementation planning” to increase the follow-through and quality of interventions (Hagermoser Sanetti, Collier-Meek, Long, Byron, & Kratochwill, 2015). The study included three phases: pre-implementation (for baseline data), standard consultation, and implementation planning. Pre-

implementation included identifying the problem behaviors, a school psychologist developing a behavior plan, and training the teacher on how to implement the plan. Standard consultation consisted of brief weekly meetings between the psychologist and teacher to answer questions about the plan, and 2-3 weekly observations of student behavior and teacher adherence and quality of plan implementation. The Implementation Planning phase occurred when adherence to the plan dropped below 80% on two consecutive days. This phase consisted of a meeting to review the behavior plan steps, ask questions about the plan, and make revisions. Weekly meetings and data collection on adherence and quality continued during this phase. Results from this program showed an average of 74.75% adherence to all steps of the behavior plans following implementation planning. Quality of implementation also increased to an average 94.51% during implementation planning. Additionally, at one and two-month follow up periods' quality remained above 90%, while adherence returned to standard consultation levels (average 60%). Student academic engagement increased to 79.29% during implementation planning (increased from the pre-implementation 55.66%), and only decreased slightly at the one and two-month follow ups (average 70%). Disruptive behavior decreased from 58% pre-implementation, to 30% during implementation planning, and only slightly increased at follow up (average 35%). The authors concluded that high levels of adherence are difficult to attain and sustain when plans include multiple intervention components. While implementation planning alone may not be sufficient to maintain high levels of adherence, it can lead to maintained higher quality of implementation.

In both studies the authors found problem behavior to decrease and academic engagement increase. When considering both studies, it may be beneficial to combine the aspects authors found to work long term. Adherence to implementing the behavior plan was found to remain

high when staff engaged in self-monitoring (Pinkelman & Horner, 2017), and quality of implementation remained high due to weekly meetings when the plan was initiated (Hagermoser Sanetti et al., 2015).

A final recommendation to prevent problem behavior is to include families on behavior support teams (Beaudoin & Moore, 2018). The prevention strategies guide from Vermont University (1999) suggested that schools include partnerships with families as part of their behavior prevention plan. The U.S. Department of Education (2012) also stated that families should be notified as soon as possible any time restraint or seclusion is used on their child.

Teaching Desired Behaviors

As previously mentioned, there is a growing belief that children who “misbehave” do so because of social skill deficits (Vermont Univ., 1999). These children lack the knowledge and ability to make better choices and must be taught how to do so. Social skills instruction is becoming increasingly popular to include in both targeted intervention programs, and whole school positive behavior supports.

Multiple sources have linked communication and social skills instruction as integral to preventing (and thus decreasing) problem behaviors in schools (Vermont Univ., 1999; Beaudoin & Moore, 2018; Katsiyannis, Counts, Adams, & Ennis, 2019; Cheney et al., 2010; Simonsen, Sugai, Freeman, Kern, & Hampton, 2014). On a school-wide or classroom-wide level, it may be helpful to begin social skills instruction by first developing a management system that focuses on developing positive behaviors, rather than only reacting to undesired behaviors (Vermont Univ., 1999). Teachers should first identify their expectations for students, and then explicitly teach these expected behaviors. Effective instructional strategies to teach these behaviors includes explicit lessons, discussions, videos, modeling, role-playing, rewarding desired behaviors,

behavior-specific praise, teaching students to self-monitoring their behavior, and incidental in-the-moment teaching (Vermont Univ., 1999; Katsiyannis et al., 2019). Focusing on praise and reinforcement makes for a more positive and powerful experience for both students and teachers.

For students with the most concerning behavior, especially those who engage in behaviors that can lead to restraint or seclusion, the use of an evidence based social skills curriculum should be implemented. Programs such as “The Stop and Think Social Skills Program” (Cheney et al., 2010) or “Second Step” (Katsiyannis et al., 2019; Fogg & Piripavel, 2002) were identified in the literature as programs used in studies which successfully reduced student’s problem behaviors. In fact, the “Second Step” curriculum was the social skills curriculum used in Fogg and Piripavel’s 2002 school-wide initiative to reduce restraint and seclusion, which resulted in zero cases of restraint and seclusion in its second year of implementation.

In addition to teaching expected behaviors, social skills instruction should include lessons and practice in conflict resolution skills, alternatives for coping with anger, calming skills, and self-control (Fogg & Piripavel, 2002; Vermont Univ., 1999; Katsiyannis et al., 2019). Similar to teaching expected behaviors, these skills should be taught in a multitude of ways, such as explicit lessons, in-the-moment teaching, and role playing. The article by Katsiyannis et al. (2019) suggests that staff also receive explicit instruction in conflict resolution skills, as these can be used to support a student in de-escalating their behavior (thus reducing the need to use restraint or seclusion).

Responding to Problem Behaviors

While the literature emphasizes the importance of implementing school-wide positive behavior supports, function-based assessments and behavior plans, and adhering to these plans;

equally important in the literature is the emphasis on staff training in these preventative measures and more. Preventative strategies will not be effective if school staff are ill equipped to carry them out. A study by Fogg and Piripavel (2002) of a school-wide intervention stated it is necessary to have ample and ongoing training and support to all staff for such interventions to be effective. Several other studies in this review of literature also stress the necessity of staff training, especially ongoing training (Ryan, Peterson, Tetreault, & Hagen, 2007; Walker & Pinkelman, 2018; Villani, Parsons, Church, & Beetar, 2012; Cheney et al., 2010; Katsiyannis, Counts, Adams, & Ennis, 2019). The study by Trader et al. (2017) cited lack of staff training to address behavior support needs as a contributing factor for the likelihood that restraint and seclusion are used. Many of the studies which discuss staff training also specifically state training in de-escalation strategies is key to addressing problem behaviors. Specific de-escalation strategies will be explained in Chapter 3: Application of the Research.

CHAPTER III: APPLICATION OF THE RESEARCH

Trends for reducing the use of restraint and seclusion present themselves across the literature. As discussed in Chapter II, these trends include preventing problem behaviors from occurring, teaching positive social skills and conflict resolution, and responding to behaviors in a way that diffuses the situation before more restrictive means are necessary. In order for staff to be able to implement interventions that prevent, teach, and respond to behaviors, it is essential that they receive appropriate and ongoing training. The Crisis Prevention Institute (2018) states: “Training staff in the best practices of de-escalation not only improves the consistency of your team approach, but it improves the safety of all students by reducing the likelihood that traumatic interventions like restraint or seclusion are employed” (p. 21). It is especially important to note that staff training should be an ongoing process, rather than a once a year training, as one-time professional development presentations are not effective in training staff to successfully carry out evidence-based practices (Walker & Pinkelman, 2018). The importance of having whole school buy-in to positive behavior supports can also not be understated, as the literature has found this to be essential to implementing the type of interventions that lead to a decrease in the use of restraint and seclusion for students who present challenging behaviors in schools (Fogt & Piripavel, 2002).

Finding the time and resources to carry out effective ongoing training can be a challenge for schools. In an effort to successfully apply the information gleaned in this research, I have created a monthly training series for school staff on positive behavior supports and de-escalation techniques. The intended audience for this training is any school staff who may work directly with students (paraprofessionals, teachers, administrators, etc.). The training is intended to gradually provide staff with various tools to use when working with students whose behavior is

challenging in a school setting. A behavior intervention specialist or other special education professional should present and guide participants through the training each month. There is a “mantra” in the form of a quote from the Crisis Prevention Institute for each month, as well as a monthly focus based on that quote. Each monthly training is relatively short (four presentation slides) so that it may be easier for schools to incorporate into a monthly staff meeting. Most months in the training follow a pattern of introducing the “mantra” and monthly focus, teaching a behavior support strategy, and allowing time for staff to practice the strategy. My hope is that through training all staff in the same strategies, and having a quote to remind staff of the focus each month, there will be greater assimilation by the school staff as a whole into the effort to preventing and reducing the use of restrictive procedures.

Positive Behavior Supports And De-escalation Techniques: A Monthly Training Series

Presented by: Samantha Gruidl, Special Education Teacher

1

Purpose

- Monthly training to continuously improve the way we support our students.
 - “Monthly Mantra” from Crisis Prevention Institute
 - Monthly Focus
 - Learn a support or de-escalation technique
 - Practice

2

Overview

- | | |
|---|--|
| <ul style="list-style-type: none"> ■ September <ul style="list-style-type: none"> - Tell students what they should do ■ October <ul style="list-style-type: none"> - Setting limits ■ November <ul style="list-style-type: none"> - Remaining Calm ■ December <ul style="list-style-type: none"> - Review Behavior Intervention Plans | <ul style="list-style-type: none"> ■ January <ul style="list-style-type: none"> - De-escalation Hierarchy ■ February <ul style="list-style-type: none"> - Support Techniques ■ March <ul style="list-style-type: none"> - Non-Physical Control Techniques ■ April <ul style="list-style-type: none"> - “Take a Break” ■ May <ul style="list-style-type: none"> - End of Year Review |
|---|--|

3

SEPTEMBER MANTRA

“Rules should be practical to enforce
and stated in positive terms.”

SEPTEMBER FOCUS

Tell students what they *should* do

(Crisis Prevention Institute, 2018, p. 30)

4

September: Tell students what they *should* do

- “Think about the behaviors you want to reinforce, and how you identify those when you state your rules.”
- Example: “No running!”
 - What a child hears: “I can jump or skip or crawl or ...”
 - If you want students to walk, instead say: “Use walking feet.”



(Crisis Prevention Institute, 2018, p. 30)

5

September: Tell students what they *should* do



- Restate these rules
 - No yelling
 - No pushing
 - No running
 - No chewing gum
 - No touching others
 - No cutting in line

6

September: Tell students what they *should* do

- With a partner...
 - Take turns being the “student” and the “staff”
 - Student: act out the scenario
 - Staff: give a direction stating what the student should do



Student is not paying attention to the lesson



Two students fighting over a toy

7

OCTOBER MANTRA

“Meeting students where they are also means accepting that they don’t always arrive at school with some of the most fundamental skills, abilities, or support they need to succeed.”

OCTOBER FOCUS

Setting Limits

(Crisis Prevention Institute, 2018, p. 11)

8

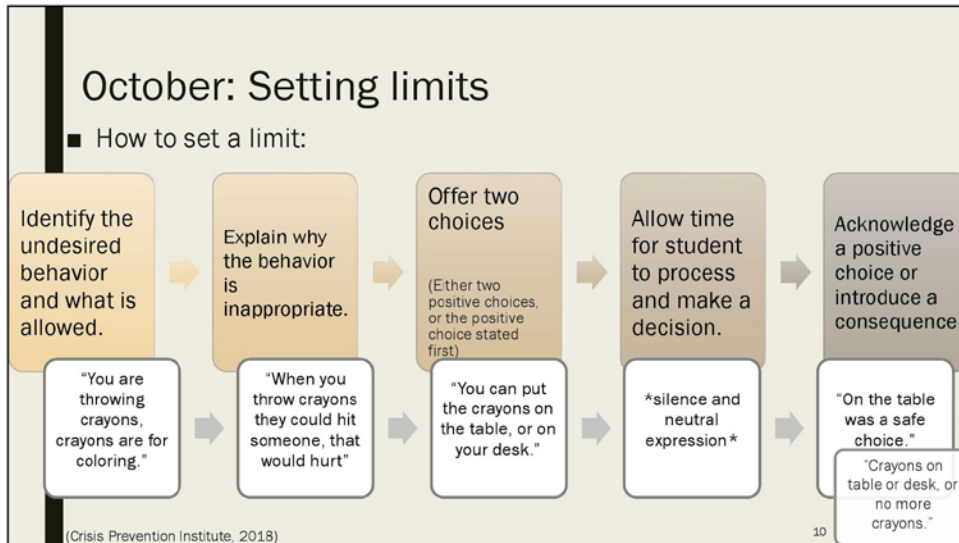
October: Setting limits

- Limits are not
 - Ultimatums
 - Threats
 - Punishments
- Limits are
 - Giving choices
 - Logical consequences
 - Teach the relationship between behavior and consequences
 - An opportunity to make a positive choice
 - Clear, Simple, Reasonable, Enforceable



(Crisis Prevention Institute, 2018)

9



October: Setting limits

- With a partner...
 - Take turns being the "student" and the "staff"
 - Student: act out the scenario
 - Staff: set a limit

1

Making paper airplanes instead of participating in the lesson

2

Refusal to clean up, throwing toys, pushing peers and staff 11

NOVEMBER MANTRA

"If a student gets disruptive,
I'll take a deep breath before reacting or responding."

NOVEMBER FOCUS

Remaining Calm

(Crisis Prevention Institute, 2018, p. 47) 12

November: Remaining Calm



- An angry or emotional response from an adult will diminish your credibility and authority.
- When a student's emotions rise, an adult should:
 - Use calm and neutral body language, facial expression, and tone of voice.

(Crisis Prevention Institute, 2018)

13

November: Remaining Calm

- How to keep a calm and neutral body:
 - Silence: do not respond to challenging behavior
 - Redirect: draw attention back to the topic, or on to something new
 - Body language: open and non-threatening
 - Breathe: take a deep breath before responding
 - Lower, Slower, Less: adjust your tone of voice
 - Lower your volume
 - Speak Slowly
 - Use Less words



(Crisis Prevention Institute, 2018)

14

November: Remaining Calm

- With a partner...
 - Take turns being the "student" and the "staff"
 - Student: act out the scenario
 - Staff: practice remaining calm in these situations and use either "tell students what they should do" or "limit setting" strategies.



1
Throwing items around the classroom and refusing to follow directions



2
Refusal to clean up, throwing Toys, pushing peers and staff

15

DECEMBER MANTRA

“Should a child’s behavior escalate,
I won’t panic, because I have a plan in place,
and I will follow it.”

DECEMBER FOCUS

Review Behavior Intervention Plans

(Crisis Prevention Institute, 2018, p. 47)

16

December: Behavior Intervention Plans

- Individualized behavior intervention plans (BIPs) are created for students with consistently challenging target behaviors.
- Behavior plans are based on the function of the target behavior (what the student is attempting to accomplish by engaging in the behavior).

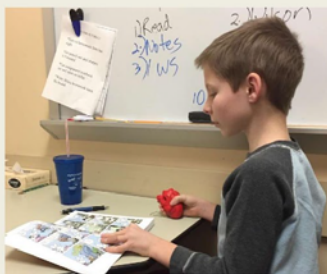


(Simonsen, Sugai, Freeman, Kern, & Hampton, 2014)

17

December: Behavior Intervention Plans

- Behavior plans intend to:
 - Prevent the target behavior
 - Teach positive behaviors to replace the target behavior
 - Describe how to respond when the behavior occurs



18

December: Behavior Intervention Plans



- Take the rest of today's training time to:
 - Review BIPs of the students you work with
 - Ask questions about how to implement
 - Problem solve if something is not working.

19

JANUARY MANTRA

"You can't always prevent misbehavior- but you can keep it from escalating."

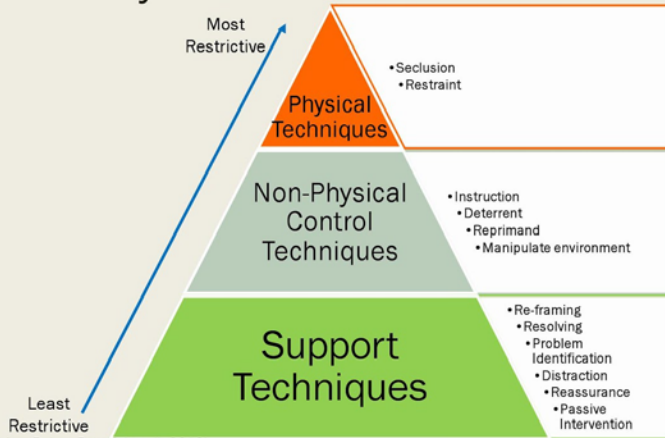
JANUARY FOCUS

The De-escalation Hierarchy for Aggressive Behaviors

(Crisis Prevention Institute, 2018, p. 21)

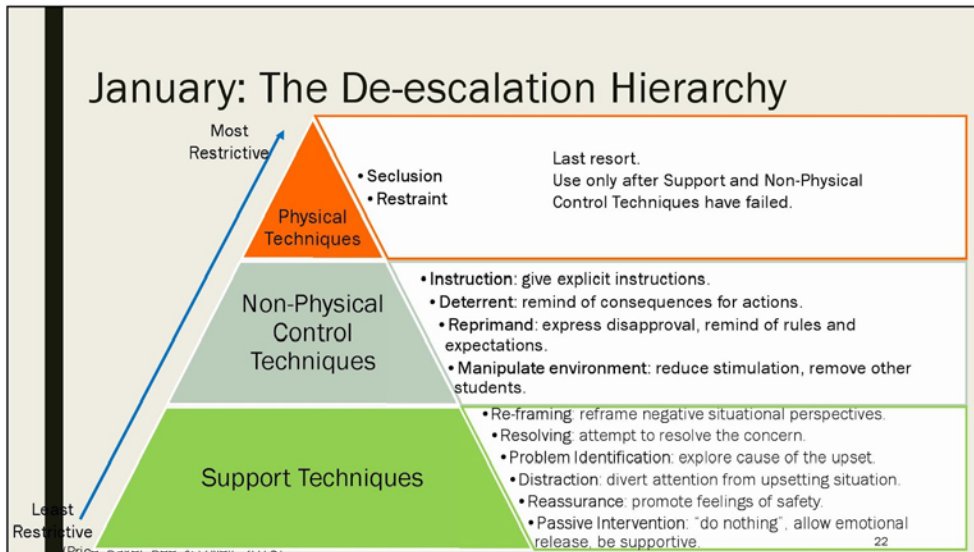
20

January: The De-escalation Hierarchy




(Price, Baker, Bee, & Lovell, 2018)

21




January: The De-escalation Hierarchy

- With a partner...
 - Take turns being the “student” and the “staff”
 - Student: act out the scenario
 - Staff: move up the De-escalation Hierarchy to calm the student



1

Work Refusal with ripping paper, throwing items, and yelling



2

Fighting over a toy with pushing and hitting peers and staff ²³

FEBRUARY MANTRA

“When a student gets anxious,
I’ll be as supportive as possible.”

FEBRUARY FOCUS

Support Techniques

(Crisis Prevention Institute, 2018, p. 47) 24

February: Support Techniques

- Efforts should be made to use least restrictive techniques.
- Not every technique should be used to help a student calm. Doing so may lead to further escalation.
- As you get to know a student (or as identified in their BIP), you will know which techniques are effective in helping a student.

Support Techniques

- Re-framing: reframe negative situational perspectives.
- Resolving: attempt to resolve the concern.
- Problem Identification: explore cause of the upset.
- Distraction: divert attention from upsetting situation.
- Reassurance: promote feelings of safety.
- Passive Intervention: "do nothing", allow emotional release, be supportive.

(Price, Baker, Bee, & Lovell, 2018)

25

February: Support Techniques

- Re-framing: reframe negative situational perspectives.
- Resolving: attempt to resolve the concern.
- Problem Identification: explore cause of the upset.
- Distraction: divert attention from upsetting situation.
- Reassurance: promote feelings of safety.
- Passive Intervention: "do nothing", allow emotional release, be supportive.

"Only 10 more minutes, then recess!"

"Let's go ask him why he said that."

"Oh, you wanted to have a turn, but they said no?"

"Woah! Are those new shoes?"

"I'm here to help. Want to talk about it?"

(Price, Baker, Bee, & Lovell, 2018)

26

February: Support Techniques

- With a partner...
 - Take turns being the "student" and the "staff"
 - Student: act out the scenario
 - Staff: Use one or two support techniques to help the upset student.



1

Student can't figure out a new math concept and begins to shut down



2

A game of tag turns into a physical fight

27

MARCH MANTRA

“You can’t always control a student’s behavior,
but you can choose your response to it.”

MARCH FOCUS

Non-Physical Control Techniques

(Crisis Prevention Institute, 2018, p. 22) 28

March: Non-Physical Control Techniques


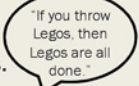


- Efforts should be made to use least restrictive techniques.
- Not every technique should be used to help a student calm. Doing so may lead to further escalation.
- As you get to know a student (or as identified in their BIP), you will know which techniques are effective in helping a student.

Non-Physical Control Techniques

- **Instruction:** give explicit instructions.
- **Deterrent:** remind of consequences for actions.
- **Reprimand:** express disapproval, remind of rules and expectations.
- **Manipulate environment:** reduce stimulation, remove other students.

(Price, Baker, Bee, & Lovell, 2018) 29

March: Non-Physical Control Techniques

- **Instruction:** give explicit instructions. 
- **Deterrent:** remind of consequences for actions. 
- **Reprimand:** express disapproval, remind of rules and expectations. 
- **Manipulate environment:** reduce stimulation, remove other students. 

(Price, Baker, Bee, & Lovell, 2018) 30

March: Non-Physical Control Techniques

- With a partner...
 - Take turns being the “student” and the “staff”
 - Student: act out the scenario
 - Staff: Use one or two non-physical control techniques to help the student.



Work refusal, begins touching peers items, crawling under desk, running around room



Throwing sand at peers during recess

31

APRIL MANTRA

“I will give lots of positive support when a student re-engages with the classroom after a crisis.”

APRIL FOCUS

“Take a Break”

(Crisis Prevention Institute, 2018, p. 47)

32

April: “Take a Break”

- Students need to be taught how to cope with anger and other upset emotions.
- Taking a break teaches children it is ok to have these feelings, and how to handle them in a healthy way.
- Students can request breaks, or teachers can direct students to take a break.
- This is not punishment. It is a strategy to teach regaining self-control.



(Crisis Prevention Institute, 2018)

33

April: “Take a Break”

- “Take a Break” Procedure:
 - Teacher or student notices upset feelings:
 1. Student identifies emotion
 2. Request break away from instruction
 3. Use calming strategy
 4. Debrief with Staff
 5. Return to the group.



<https://www.teacherspayteachers.com/Product/Self-Regulation-Break-Cards-1162684>

(Crisis Prevention Institute, 2018)

34

April: “Take a Break”

- With a partner...
 - Take turns being the “student” and the “staff”
 - Student: act out the scenario
 - Staff: Use the “Take a Break” procedure to help the student handle these situations.



Student did not get partnered with his best friend and is yelling that he refuses to participate.



Student tackles peer to the ground for taking the book he wanted.

35

MAY MANTRA

“...behaviors are expressions of needs and emotions...”

MAY FOCUS

End of Year Review

(Crisis Prevention Institute, 2018, p. 18)

36

May: End of Year Review

- Share what has been helpful/challenging about our focus topics this year:
 - Telling students what they should do
 - Setting limits
 - Remaining Calm
 - Following Behavior Intervention Plans
 - The De-escalation Hierarchy
 - Support Techniques
 - Non-Physical Control Techniques
 - “Take a Break”



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CHAPTER IV: DISCUSSION AND CONCLUSION

Summary

Safely managing students with self-injurious and physically aggressive behaviors in the school setting can be difficult to do, and the laws dictating restrictive procedure use vary across the country. However, as stated by Gagnon, Mattingly, and Connelly (2017), policies may have little impact on the rates of restraint and seclusion use anyways. The literature shows that school culture, preventive measures, teaching desired behaviors and replacement behaviors, using best practices in responding to escalating behaviors, and adequate and ongoing staff training in all of these areas have a larger impact on increasing prosocial behaviors and decreasing the use of physical restraint and seclusion of students.

Professional Application

When considering how to begin utilizing this information in schools, and particularly in the program where I currently teach, I see staff training as being of utmost importance. Without appropriate and ongoing staff training in best practices of prevention and response to problem behaviors, it will be challenging to get ahead of the problem behavior and provide the needed supports to these students. Unfortunately, the model for providing training to staff on behavior strategies seems to more often be in the form of a once a year professional development presentation, rather than ongoing training, modeling, and practicing strategies throughout the school year. For schools to make real change towards a reduction in the use of restrictive procedures there needs to be a shift in the way we prepare staff to prevent, teach, and respond to student behavior. Schools also need to develop a culture of believing that students who engage in

problem behaviors can learn to change their behavior, and place their emphasis on supporting students before their behavior requires restrictive means.

Conclusions

I think a big challenge that schools face in handling problem behaviors of students is having the time and resources to train staff in handling these situations. School staff are tasked with an ever-growing list of responsibilities, and it can feel as though there is simply not enough time to do it all. Making time for ongoing training in behavior strategies best practices should be a priority though, as it is easier and more cost effective to prevent problem behaviors than it is to correct them after they occur (Vermont Univ., 1999). The way ongoing training is conducted in schools may look different based on student needs and school capacity, but it should include opportunities for the following: explanation of the theory and rationale behind the practice, modeling of strategies, and opportunities to practice implementing the strategy and receiving feedback (Walker & Pinkelman, 2018). A well-trained staff will be better equipped to prevent problem behaviors from escalating to the point of requiring restraint, and should be a priority for schools.

Limitations of the Research

One of the biggest limitations to this research is the lack of accurate data on restraint and seclusion use in U.S. schools. Since there is no nationwide policy governing the use of these procedures, there is also inconsistent tracking of procedure use across states and even within districts. Some states do have policies that limit restraint and seclusion use to emergencies only and require schools to keep data on these procedures, while other states have no such restrictions or requirements. The data that does exist provides a glimpse into the current state of restrictive

procedure use, but may be an underestimate for some states, especially those without requirements for reporting their use. For these reasons, it is difficult to truly know how many students are being restrained or secluded in schools at this time, and how the practice has either increased or decreased over time.

Additional limitations lie in the variation of definitions for restraint and seclusion. As described in the Definition section of Chapter 1, this thesis used definitions taken from the Keeping All Students Safe Act. However, the literature reviewed included some variations in these definitions. Some literature also included additional terms and definitions for practices they considered as restrictive procedures such as “timeout seclusion”, which includes secluding the child away from the group but does not include physically preventing a child from leaving an area (Ryan et al., 2007). In my own experience in U.S. public schools I have also seen teachers with varying opinions on what constitutes as seclusion, and what does not. For example, in the centerbase special education program where I teach, we have students who will exit the classroom (or even the school building) and run away from staff. I have heard some teachers say that blocking a student from running out of the classroom would be considered seclusion, while others do not. In the realm of human behavior there will always be many different factors and unique situations that can make it difficult to get true and accurate data from many different people.

The sources of the data and the studies reviewed in this thesis included more than just U.S. public schools. Given the lack of available data on restraint and seclusion use in U.S. public schools, literature was included from sources such as private special education schools, public setting 4 special education schools, and residential treatment facilities. Since a variety of locations were used, the methods used to address problem behaviors may vary based on location

(such as chemical restraints in the form of medicated nasal spray being used in residential treatment facilities). Students served in the various locations in these studies may also not be representative of the wider population of students served in U.S. public schools. I was unable to locate a study in which a U.S. public school attempted to reduce their use of restraint or seclusion of special education students.

Implications for Future Research

Before conducting further research on this topic, it would be helpful for a nationwide policy on the subject to be enacted. While research has shown that policies may have little impact on reducing the use of restrictive procedures (Gagnon, Mattingly, Connelly, 2017), the requirement to report when these procedures are used would be helpful in tracking prevalence across states and within districts. Nationwide policy may also help to keep language better defined in future research on this topic, with specific definitions for both restraint and seclusion.

A helpful place to start for further research on this topic may be on whether restraint and seclusion use can be reduced within a U.S. public school, as a study of this type was unable to be located for this thesis. It may be informative to implement the type of whole school buy-in to positive behavior interventions and supports, as well as ongoing staff training in these supports, similar to the study by Fogt and Piripavel (2002). If this type of whole school support can result in zero cases of restrictive procedures after only 2 years of implementation in an all special education school, one may believe that similar results could occur in a public school.

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