

SECLUSION AND RESTRAINT IN CT SCHOOLS: A CALL TO ACTION

OFFICE OF THE CHILD ADVOCATE
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EXECUTIVE SUMMARY

Over the last 3 years, the Connecticut State Department of Education reported more than 1,313 incidents of a child being injured during a restraint or seclusion, with more than 2 dozen injuries categorized as “serious.”

Seclusion and Restraint can be Traumatizing and Ineffective

Throughout the country, changes are being called for to reduce or eliminate the use of restraint and seclusion for children - often young and diagnosed with emotional and developmental disorders - in schools. Overwhelming research confirms that restraint and seclusion can physically and emotionally harm children—traumatizing and scaring them, and even worsening behaviors that practitioners are seeking to reduce. In 2009, the United States Department of Health and Human Services issued a report emphasizing that the use of seclusion and restraint is dangerous and traumatic *not only to the individuals subjected to these practices, but also for the staff implementing them.*

No Federal Laws on Restraint and Seclusion in Schools

While federal laws and regulations limit the use of restraint and seclusion in federally-funded health and mental health programs for children, there are no federal laws that specifically regulate the use of seclusion and restraint in schools.

In 2009, Federal GAO Investigators Reviewed Hundreds of Cases of Alleged Abuse and Death Related to Restraint and Seclusion of Children in Schools

New attention was brought to restraint and seclusion practices in our nation’s schools after a 2009 Federal Government Accountability Report was issued, sounding an alarm after investigators reviewed “hundreds of cases of alleged abuse and death related to the use of these methods on school children during the past two decades.”

2014 Federal Legislation Proposed to Reduce Restraint and Seclusion: *Keeping All Students Safe*

On February 24, 2014, the U.S. Senate proposed a bill, the *Keeping All Students Safe Act*—cosponsored by Connecticut Senator Chris Murphy, which would prohibit each State and local educational agency receiving federal financial assistance from utilizing restraint and seclusion unless the student’s behavior poses immediate danger of serious physical harm to self or others.

State Laws and Policies Regarding Restraint and Seclusion in Schools Changing Around the Country

Recently, states such as Georgia, Ohio, Massachusetts, New Hampshire, and Alaska, to name a few examples, have issued new policies and laws restricting restraint and seclusion, with Massachusetts issuing sweeping changes—limiting restraint, *prohibiting seclusion*, and increasing oversight—in January, 2015.

Restraint and Seclusion for Children with Autism and other Developmental Disorders

In 2011, the federal Interagency Autism Coordinating Committee (IACC) issued a public letter to the U.S. Department of Health and Human Services outlining significant concerns regarding the pervasive use of restraint and seclusion for children with autism:

[U]tilization of restraint or seclusion should be viewed as a treatment failure that exacerbates behavioral challenges and induces additional trauma.

There are Effective Measures to Reduce Restraint and Seclusion

We must offer educators the tools they need to support children without using restraint and seclusion. The IACC letter referenced above, as well as numerous other publications and reports, document the dramatic decrease in utilization of restraint and seclusion that can be achieved through implementation of evidence-based strategies such as Positive Behavioral Interventions and Supports, the Six Core Strategies, and related trauma and expert-informed tiered interventions. Programs around the country that have utilized such strategies have seen a remarkable decrease in the use of restraint and seclusion *and* problem behavior.

Restraint and Seclusion in CT: New Initiative to Improve Practice

In 2012-13, Connecticut created an interagency task force with participation from the state agencies for education, children and families, mental health, and persons with developmental disabilities, to collaborate regarding the continued reduction of restraint and seclusion in all child and adult-serving programs and facilities.

What is Restraint and Seclusion, and how is Seclusion Different than Time-out?!

Seclusion is defined as “the confinement of a person in a room, whether alone or with staff supervision, in a manner that prevents the person from leaving.” Seclusion should be ***distinguished*** from a therapeutic time-out or temporary removal from positive reinforcement.

Physical restraint “means any mechanical or personal restriction that immobilizes or reduces the free movement of a person’s arms, legs or head. The term does *not* include (a) briefly holding a

person in order to calm or comfort the person; (b) restraint involving the minimum contact necessary to safely escort a person from one area to another.”

CT Restraint and Seclusion Laws

CT law prohibits the use of physical restraint for children except as a response to an emergency. CT law permits the use of seclusion for emergencies *or as a planned behavioral intervention in a child’s Individual Educational Plan.*

CT law does **not** limit the use of mechanical restraint to only those devices prescribed by a licensed medical professional.

CT Data: Each year there are more than 30,000 incidents of seclusion and restraint affecting more than 2,500 students

Children may be as young as preschool, are identified as eligible for special education due to a disability of Autism or Emotional Disturbance, and are disproportionately male, African-American or Hispanic.

2014: OCA Investigates Restraint and Seclusion and Schools

Consistent with OCA’s obligations under state law to evaluate statefunded programs, in 2014 OCA undertook an extensive review of the use of restraint and seclusion in schools.

OCA examined the data and reports produced by the State Department of Education, met with state agency officials and leadership, visited numerous educational programs around the state to review practices, and sampled student-specific education records from several schools, both public and state-approved private. **OCA’s review focuses on the use of restraint and seclusion with elementary-school age children.**

OCA’s findings, based on observations, data reviews, field-work, and response to citizen concerns raise significant concern regarding the frequency with which young children with disabilities were restrained or secluded, the lack of documentation or actual compliance with state laws, and the prevalence of unidentified and unmet educational needs for children subject to forceful or isolative measures. Significant concern is also raised regarding the spaces used for seclusion, which have included utility closets, storage closets, and cell-like spaces.

Educational programs varied widely in their ability to provide trauma-informed, expert-driven educational plans for children identified as eligible for special education services due to a diagnosis of Emotional Disturbance.

A critical theme underlying the recommendations for this report is the need to identify, evaluate and appropriately educate children in all areas of disability, with an emphasis on social-emotional

and functional communication development from the youngest possible age. Reducing restraint and seclusion requires that all children benefit from skilled instruction, with attention not only to academics but also to social-emotional learning and positive behavioral supports. The state must consider requiring and supporting schools in an effort to implement evidence-based, tiered frameworks for prevention and intervention.

OCA strongly advises that, given the clear commitment of teachers and administrators to serving the needs of children with disabilities, critical reforms cannot be achieved *solely* through revision and updating of state laws, but must necessarily incorporate meaningful technical and resource support for professionals working with our most vulnerable children.

Supporting and enhancing the ability of school communities to work capably with special-needs children *and* their caregivers, is a public policy of high and urgent priority. Teachers, administrators, and related providers must have access to the tools they need to assist children at the *youngest ages*, provide guidance to families, and coordinate care with other agencies and community providers. Reliance on seclusion and restraint is a symptom of a *larger systemic challenge*.

Accordingly, OCA is recommending revision to the state's laws regarding restraint and seclusion to accomplish the following:

1) Ensure consistency with current research and best practices for children regarding the potential harms of restraint and seclusion;

2) Increase monitoring and evaluation of restraint and seclusion; and

3) Offer more *support, including training and capacity building, for schools to meet the varied and specialized learning needs of children with and without disabilities*. OCA emphasizes that building capacity and effectiveness does *not always* (though sometimes does) require more dollars over fixed periods of time, but rather requires efficient and strategic planning within available appropriations. Children must be supported in all areas of development from *the youngest possible age*, benefitting from positive behavioral supports, functional skill development, and social-emotional learning.

ⁱ C.G.A. § 46a-150 et seq.