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# POSITION STATEMENT

## Position on Restraint and Seclusion Procedures in School Settings

**CEC maintains that it should be the goal of all educators and policy makers to eliminate the use of restraints and seclusion and to develop and implement positive educational strategies that respect the dignity and safety of children and youth with exceptionalities.**

As advocates for children and youth with exceptionalities, the members of the Council for Exceptional Children (CEC) are committed to ensuring a safe and positive climate in school and community settings. This requires elimination of any inherent biases school leaders, teachers, and other school personnel may hold and investing in policies and practices that build community, such as developing comprehensive safety plans that emphasize proactive approaches to reducing unwanted behavior and providing access to a full continuum of positive behavioral interventions and supports for all children and youth. We find the use of practices such as restraint and seclusion to be in sharp contrast to these ideals, especially because data indicate that children and youth with exceptionalities are subjected to restraint and seclusion at significantly higher rates than their typically developing peers; and this is especially true for African American and Hispanic students with disabilities (US Department of Education/Office of Civil Rights [December 28, 2016]). The negative effects of seclusion and restraint limits the ability of education personnel to provide children and youth with exceptionalities access to a free appropriate public education (FAPE).

CEC maintains that it should be the goal of all educators and policy makers to eliminate the use of restraints and seclusion and to develop and implement positive educational strategies that respect the dignity and safety of children and youth with exceptionalities. We contend that the disciplinary practice of restraining and secluding children and youth are not behavior change strategies and therefore should never be included within Behavior Intervention Plans (BIPs) or Individualized Education

Programs (IEPs), nor should they be identified in individualized safety or emergency plans. Moreover, we recognize the acute impact restraint and seclusion may have on children and youth who have experienced trauma related to previous abuse and how medications or health problems might affect the physical well-being of the student during restraint procedures or seclusion. Therefore, CEC believes that restraint and seclusion should only be used as a last resort and in extremely rare instances when a child's behavior poses an imminent threat of physical harm to him/herself or others.

Guiding the actions of administrators, teachers, and staff members should be the Functional Behavioral Assessment (FBA), the BIP, and the IEP. Core components of planning for children and youth with significant behavioral, emotional, or social challenges, these documents should be data-driven, focused on teaching age- and developmentally-appropriate behaviors and social skills, and incorporate the commitment of all team members, including families/guardians. Because the BIP should focus on plans to teach appropriate skills and responses, the use of restraints or seclusion should never be included as a planned intervention.

Throughout this document, CEC has adopted definitions provided by the Office for Civil Rights (OCR) at the US Department of Education (December 28, 2016) in considering these positions. The only federal definitions available, the OCR terminology informs reporting requirements at the school, local education agency, and state levels and thus, are currently accepted as standard reporting definitions.

### Definitions

The following definitions for restraints and seclusion are taken from the December 28, 2016 Dear Colleague Letter issued by OSEP/DOE <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201612-504-restraint-seclusion-ps.pdf>.

In general, OCR defines three categories of restraints: Mechanical, Physical and Chemical. In educational settings the use of physical and mechanical restraints are the primary concerns. The OCR uses the following definitions for mechanical restraint and physical restraint:

Mechanical Restraint	Mechanical restraint refers to the use of any device or equipment to restrict a student’s freedom of movement. The term does not include devices implemented by trained school personnel, or utilized by a student that have been prescribed by an appropriate medical or related services professional and are used for the specific and approved purposes for which such devices were designed (e.g., devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility; vehicle safety restraints; restraints for medical immobilization; or orthopedically prescribed devices that permit a student to participate in activities without risk of harm.
Physical Restraint	Physical restraint refers to a personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term physical restraint does not include a physical escort. Physical escort means a temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a student who is acting out to walk to a safe location.
Seclusion	Seclusion refers to the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming.

## Parameters and Beliefs

Given these definitions and our commitment to safe and positive school and community settings, CEC supports the following principles and practices related to the use of restraints and seclusion in all educational settings:

1. All children and youth should receive necessary behavioral, social, emotional, and mental health screenings, support, and programming in a safe and least-restrictive environment. Further, schools and districts should include regular school-wide behavioral screenings to identify those children and youth who are at greater risk for developing behavioral disorders.
2. The FBA and the BIP should be a core component of planning for children and youth with significant behavioral, emotional, or social challenges and the use of restraints or time out should never be a planned intervention for any child or youth. By using this process, the educational team will ensure that people with a significant level of knowledge of the child or youth, including the parents/guardians, will make decisions about how best to support the student in the school.
3. Restraint should only be used in situations where a child or youth has demonstrated that s/he is an *imminent physical danger* to himself/herself or others and all other least restrictive supports have been exhausted. Moreover, when restraint is used, it should end when the child or youth demonstrates that s/he is no longer a danger to him/herself or others or demonstrates signs of medical distress. *Restraint should never be used as a means of discipline or coercion, nor should restraint ever be used as a primary method for de-escalating a child’s behavior.*
4. Seclusion, which has no known therapeutic benefits, should be used only in the extremely rare situations when a child or youth has demonstrated that s/he is an *imminent physical danger to himself/herself or others* and all other least restrictive supports have been exhausted. Additionally, seclusion should only be considered where there is no medical or psychological (e.g., the impact on children and youth who have experienced trauma related to previous abuse) contraindications and must be time-limited, ending when the child or youth demonstrates that s/he is no longer a danger to himself/herself or others or demonstrates signs of medical distress. *Seclusion should never be used as a means of disciplining a student nor should it ever be used as a primary method for de-escalating behavior.*
5. The following practices should *never* be used in educational settings (including by school, contract, or non-school staff):
  - a. The use of prone restraint (with the child or youth face down on his/her stomach).
  - b. Any restraint or maneuver, including supine restraint, that places pressure or weight on the chest, lungs, sternum, diaphragm, back, neck, or throat or that is administered in such a manner that prevents a child or youth from breathing, communicating, or speaking.
  - c. The use of mechanical restraint (i.e., use of devices as a means of restricting freedom of movement including handcuffs, rope, duct tape, etc.). However, prescribed assistive devices such as standing tables and chairs with restraints are not considered mechanical restraints, neither are vehicle restraints (i.e., seat belts and harnesses).
  - d. The use of any practice related to restraint or seclusion as a form of discipline, to force compliance, as a convenience for staff (i.e., placing a child or youth in seclusion while staff is working on other issues), or as a substitute for appropriate positive educational supports.
6. Policies and procedures should provide preference for safe, effective, evidence-based strategies to support children and youth who display challenging behaviors in educational settings over the use of restraints or seclusions. Such strategies include schoolwide positive behavior interventions and supports, trauma-informed care practices, and high

leverage/evidence-based practices. The policies should be clearly articulated in the policies of school districts and individual schools and communicated to all parents and families prior to any use of the supports.

7. Policies and procedures related to the use of restraints and seclusion must make clear that they will not employ any of the practices noted in 5. above and will only be used by adequately trained individuals. Staff training should include current evidence-based programs and techniques and approaches to supporting students with significant behavioral challenges. (For a list of suggested peer reviewed programs, visit <https://ies.ed.gov/ncee/wwc/FWW/Results?filters=,Behavior,Children-Youth-with-Disabilities>.)
8. State education agencies, in partnership with local education agencies and other educational settings, must develop clear and consistent reporting systems to ensure incidents of restraint and seclusion are reported to parents/guardians immediately following the incident. Further, a series of several incidents leading to the use of restraint and/or seclusion of a child or youth should result in a review of the child or youth's programming and the BIP to determine if the incidents constitute a pattern of behaviors that should be addressed through the BIP.
9. All PK-12 educational settings should accurately report data on the use of restraint and seclusion to state and federal agencies in compliance with all applicable state and federal reporting requirements. At minimum, all schools should accurately and in a timely manner report data required under the Civil Rights Data Collection (CRDC) and any other required state reports related to the use of restraint and seclusion and these reports should be publicly available subject to the protection of individual students' identities.
10. State and local education agencies should regularly examine data surrounding restraint and seclusion to determine data accuracy and look for trends and patterns related to racial disproportionality, age, disability category, and other relevant information that can improve oversight and the safety of children and youth.
11. Only staff members trained on the use of evidence-based, safe approaches when using restraint and seclusion should be permitted to implement these disciplinary practices. Training curriculum should follow uniform, national guidelines aligned to standards established by professional organizations and result in a certificate or other document that recognizes the successful completion of the training program. Training should occur at least annually and include content and skill development on crisis prevention, de-escalation, conflict management, and evaluation of risks of challenging behavior. Additionally, training must include methods for monitoring a child or youth's well-being, including making trainees aware of the potential psychological harm of the use of restraint and seclusion and how medications or health problems might affect the physical well-being of the child or youth during restraint procedures or seclusion. Training should also include any staff members who may deliver services in other settings (e.g., in the home or on a school bus).
12. School districts should annually inspect rooms and/or spaces that might be used in the event of a need to seclude a child or youth. Further, such spaces must be examined prior to each use to ensure they are physically and emotionally safe and humane, and free from potential danger. Additionally, while these rooms are being used with children and youth, locking mechanisms should only be engaged in a situation where the lock is activated or engaged by a human being and can be disengaged quickly in the case of an emergency. Children and youth must be continuously monitored to ensure their physical safety and their human rights must be respected.
13. Federal laws, state laws, and proactive technical assistance provided by the OCR and the Office for Special Education Programs (OSEP) should move to eliminate the incidence of restraint and seclusion and ensure that personnel in all educational settings understand the parameters of using and reporting uses of restraint or seclusion.
14. Researchers are encouraged to use existing sources of data to identify school districts, schools, and other educational settings that have significantly reduced the use of restraint and seclusion to identify additional proactive methods of supporting student behaviors.
15. Full funding of IDEA 2004, that promotes the use of FBA and BIP when a student has demonstrated behavior that impedes their learning or the learning of others, is necessary to fully support children and youth with disabilities.

The IDEA requires school districts to provide a FAPE in the least restrictive environment (LRE) to eligible students with disabilities, including those with significantly challenging and sometimes dangerous behaviors. It is clear school district personnel cannot meet this burden alone. CEC will partner with sponsors of legislation to ensure clear language and reporting requirements consistent with evidence and accountability to guarantee the safety of children and youth.