

Straight Talk about Restraint and Seclusion

The National Association of Private
Special Education Centers

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Treatment of Severe Self-Injury and
Aggression:
When positive practices aren't enough

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Individuals with Autism and Intellectual Disabilities

- Children with Autism and ID are more likely to display many types of problem behaviors:
 - Aggression
 - Property destruction
 - Outbursts or tantrums
 - Self-injury
 - Pica
 - Inappropriate touching of self or others
 - Repetitive vocal / motor behaviors

Problem Behaviors (cont'd)

- Children with Autism/ID are also more likely to have severe behavioral deficits:
 - Lack of spoken language / non-verbal
 - Lack of social awareness
 - Lack of social / emotional reciprocity
 - Lack of social skills / play skills
 - Delay in achieving developmental milestones
 - Lack of adaptive behaviors
 - Delayed intellectual abilities

Impact

- Currently, the lifetime cost of caring for a child with autism ranges from \$3.5 million to \$5 million
- The United States is facing almost \$90 billion annually in costs related to autism
 - Research, insurance costs and non-covered expenses, Medicaid waivers for autism, educational spending, housing, transportation, employment, therapeutic services and caregiver costs

Treatment Standards

- The field has made significant strides since IDEA (1975)
- National Standards Project (National Autism Center, 2009)
- Education Guidelines (National Research Council, 2001)
- Clinical Practice Guidelines (NY Dept of Health, 1999)
- Mental Health Report (US Surgeon General, 1999)
- Amendments to IDEA (Dept of Education, 1997)

Positive Practices

- Early identification and intervention
- Access to appropriate services and Individualized Education Plans
- Direct instruction and active engagement in highly supportive environments
- Modifying or adapting the environment
- Predictability, routines and schedules
- Functional Behavior Assessments
- Functional communication training
- Reinforcement systems

Outcomes of positive practices

- High success rates in over 50% of participants
- 90-100% reductions in some participants
- Maintenance at 6-, 12- and 24-months
- Significant reduction, even remission of many symptoms
- Increases in inclusion and acceptance

When positive practices aren't enough....

- Ineffective or minimally effective for many children (40% of children experienced reductions of less than 90%)
- One-third of responder children did not maintain positive results even at one year follow-up
- Largely ineffective when behaviors maintained by sensory input (over 75% ineffective)
- Small percentage (6-8%) actually had worse outcomes
- Unsuccessful interventions are not published
- Few studies with children over age 12

What does that mean?

- Despite almost 40 years of applied research and practice, some children persist in displaying severe problem behaviors, such as:
 - Aggression to peers and staff, resulting in serious injury
 - Self-injury that requires medical treatment
 - Dangerous elopement / lack of safety awareness
 - Ingesting inedible objects (pica)
 - Environmental destruction that interferes with learning environment and creates safety concern

Images of severe self-injury



Images of self-injury



Images of self-injury



So, then what?

- In these cases, different or additional strategies may be required and must be explored:
 - Physical prompting or interruption
 - Physical blocking
 - Physical restraint
 - Protective equipment
 - Medication

BUT... only after positive approaches alone are shown to be ineffective and only as a temporary part of a broader intervention package including positive approaches

The safe use of “unsafe” procedures

- None of the strategies listed on the previous page come without risk.
- However, even positive approaches produced worse outcomes for some children.
- The relative safety of these procedures sometimes outweighs the risk of harm for failure to act.
- The value can be long-term positive outcomes, reunited families, and keeping kids in less restrictive settings, like the schools we represent.

What is “unsafe”?

- “Safety” analyses must consider the long-term gain of carefully applied interventions as well as the immediate or short-term risk.
- NOT dissimilar from surgery, chemotherapy, or many medications which millions of us voluntarily elect to use every day for ourselves and our loved ones.
 - EXAMPLE: Acetaminophen side effects include: headache, nausea, allergic reaction, swelling of face, lips or hands, breathing problems, fever or sore throat, unusual bleeding, liver damage, weakness or fatigue, jaundice, and at large doses, coma, convulsions, liver failure and death.
 - In fact, one of the most common deadly poisonings worldwide (NIH, retrieved September 2012)

The exception is not the rule...

- Having one in a million tragedies does not mean we stop using Tylenol or other pain relievers...
- Oversight and regulations are helpful and ensure basic parameters of safety and care, but most include stakeholders most knowledgeable of these procedures
- Blanket bans or exclusions will force other unsafe alternatives or other undesirable outcomes

Physical interventions

- When applied by skilled staff, who are carefully instructed and trained to competency, as part of a comprehensive intervention program, in the context of loving and supportive educational environments, with a high degree of oversight, monitoring and quality assurance, can:
 1. keep children in less restrictive environments;
 2. decrease reliance on medications;
 3. promote access to inclusive environments.

Physical interventions

- When used by untrained staff, as a primary means of control or treatment, in the absence of good educational practices, proper medical and administrative oversight, or a healthy, safe and supportive environment, CAN result in abusive practices, trauma, serious injury or death.

The solution

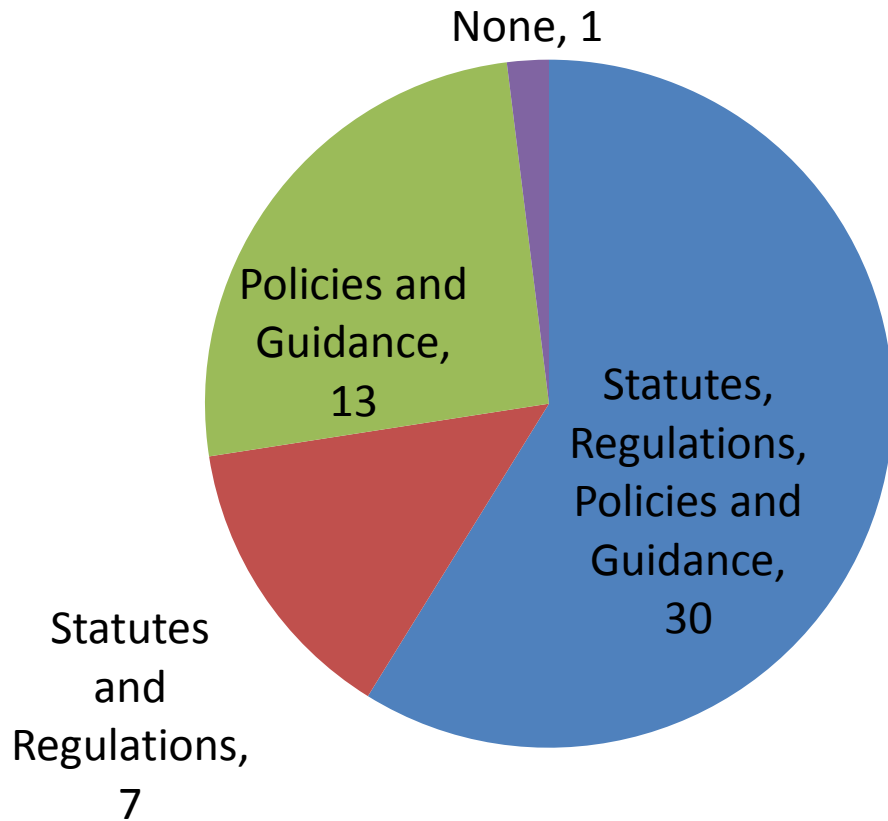
- Quality educational programs have an overarching and steadfast commitment to student safety.
- Quality educational programs respect and welcome guidelines for keeping students safe.
- Quality educational programs are open to monitoring and transparent practices.
- Quality educational programs can use exceptional procedures in safe ways.

**REGULATORY
ENVIRONMENT REGARDING
RESTRAINT AND SECLUSION**

ABBREVIATED REVIEW CALLS FOR REGULATION

- 1999 GAO *Improper restraint or seclusion use places people at risk.*
- 2009 Ryan, J.B., Robbins, K., Peterson, R.L., & Rozalski, M. *Review of state policies concerning the use of physical restraint procedures in schools.*
- 2009 GAO *Seclusion and restraints: Selected cases of death and abuse at public and private schools and centers.*
- Numerous reports by Advocacy Organizations
 - PAI
 - NDRM
 - COPAA

RESTRAINT AND SECLUSION IN THE U.S. 2013



SRPG – 1 undergoing review/changes
SR – 2 undergoing review/changes
PG – 2 undergoing review/changes
None – undergoing review



NAPSEC EXPERIENCES WITH REGULATION

- Participation and input
- Negotiated language
- Carefully crafted regulation
- Results have been different across states

MARYLAND

- COMAR 13A.08.04
- Regulates
 - Restraint
 - Seclusion
 - Exclusion
 - Staff Training
 - Notification/Documentation
- Requires positive behavioral supports/interventions
- NAPSEC members involved and satisfied

PENNSYLVANIA

- Title 22 PACODE § **14.133**
- Regulates
 - Restraint
 - Seclusion
 - Staff Training
 - Notification/Documentation (per Sec. of Ed.)
- Requires positive behavioral supports/interventions
- NAPSEC members involved and satisfied

ILLINOIS

- Ill. Admin. Code Section 1.280
- Regulates
 - Restraint
 - Seclusion
 - Exclusion
 - Staff Training
 - Notification/Documentation
- Requires positive behavioral supports/interventions
- NAPSEC members involved and satisfied

NAPSEC EXPERIENCES WITH REGULATION

The Incident

Ian has always had behavior problems in school, no matter what school he is in.

One day at XYZ school, Ian's behavior was particularly out of control and he was about to throw a chair at another student.

Ian had the chair over his head and was moving to smash it on someone's head.

Ian was physically restrained by a staff member of XYZ to prevent this from happening.

Follow-Up Questions

1) What must XYZ personnel tell Ian immediately upon using this restraint?

Explain why he's being restrained

2) When must the physical restraint end?

Shortest time period necessary

3) What should XYZ staff do if continued physical restraint is necessary for several minutes?

Personally observe, continuously assess need for continued restraint, breathing, etc.

4) What if XYZ had **knowledge** that Ian had been physically or sexually abused earlier in his life?

Cannot use restraint

- Question in the moment
 - Allow student injury?
 - Absorb staff injury?
- Questions following
 - Proper programming?
 - Isolation from peers?

NAPSEC EXPERIENCES WITH REGULATION

DIFFERENCES IN RESULTS

- Restraint technique
 - Prone
 - Supine
- Use of seclusion
 - Clinical intervention
 - Punishment
- Inclusion of “restrictive procedures” in plan

NAPSEC EXPERIENCES WITH REGULATION

Differences in Results

- Legislators or regulators to include highly specialized programs
- Consult peer-reviewed research in addition to documented cases of abuse
- “...informed, rational choices between two opposing schools of thoughts...”

National Legislation

- 111th
 - H.R. 4247 *Keeping All Students Safe* passed
 - No NAPSEC involvement
 - Members did meet with GAO prior to provide literature (not part of the report)
 - S. 2869 *Preventing Harmful Restraint and Seclusion in Schools*
 - S. 3895 *Keeping All Students Safe*
- 112th
 - H.R. 1381(4247)
 - S. 2020 “Keeping All Students Safe Act”
 - No NAPSEC involvement in the related hearing
 - NAPSEC recommendations received
- 113th ?

Department of Education

- Restraint and seclusion: Resource document
 - 2010
 - 2012
- 2012
 - Synopsis of federal activity
 - Definitions (CRDC)
 - Agency efforts
 - 15 Principles

Department of Education

- Prevention
- No mechanical or chemical restraints
- For **imminent** danger
- All students (not just identified...IDEA)
- Dignity and free from abuse
- Not discipline or punishment
- Never restricts breathing
- Use triggers a review
- Behavioral strategies that address the cause of dangerous behavior
- Training to prevent restraint/implement safely
- Monitoring of actual restraint or seclusion
- Parents and appropriate agencies informed of policies
- Parents informed of restraint
- Policies reviewed regularly
- Documentation of actionable data

REGULATION & GUIDANCE?

(ISN'T SOME OF THIS ALREADY ILLEGAL?)

- Fundamental Misunderstanding
 - Not routine disciplinary techniques, corporal punishment (or safety measure)
 - Crisis intervention techniques
 - Professional judgment “presumptively valid”
- Common Sense Standard
 - Evidenced based practices
 - Interventions restrictive BUT predictable
 - Interventions known and examined

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Functional Behavioral Assessment & Behavior Intervention Plans

Susan Szekely, Executive Director, Illinois Center for Autism
September 2012

What is a Functional Behavioral Assessment (FBA)?

Process for collecting and analyzing information to help determine why problem behaviors occur and for what purpose.



Why do an FBA

- Identify positive interventions to reduce problem behaviors
- Identify the function of the behavior, what the communicative intent of the behavior, what the student is getting out of the exchange
- Build socially acceptable and appropriate replacement behaviors for student

FBA Process

- Identify the problem
 - Define the behavior in observable, measurable terms
- Gather information
 - From variety of sources
 - Where, when and under what conditions do the behaviors occur
 - Determine the function or purpose of the behavior
- Analyze the information

What is a Behavioral Intervention Plan (BIP)?

A behavior intervention plan uses the information gathered during a functional behavior assessment to develop a concrete written strategy for helping the student learn alternative positive behaviors to replace the problem behavior.

What is Included in a BIP?

- Target behavior defined in observable, measurable terms
- Detailed instructions for chosen intervention
- Environmental adaptations
- Replacement behavior
- Type & frequency of positive reinforcement
- Other supports
- Past history of previous interventions
- How behavior will be tracked, reviewed and success analyzed
- Crisis plan if needed

Special Considerations

- Sensory issues
- Students skills and abilities to understand and communicate
- Health concerns
- Classroom composition – number students, staff, physical space, etc.
- Where, when and under what circumstances behavior occurs
- Intensity of behavior

When to Use a FBA & BIP?

According to IDEA

- If behaviors impede the learning of the student with disabilities or their peers
- If any singular offense by the student with a disability that is punishable by suspension or removal to an alternative educational setting

What is a NAPSEC School

- ~ How we are funded
- ~ Federal and State Mandates
- ~ Compliance with state and Federal Law
- ~ Procedural safeguards
- ~ Effectiveness and outcomes
- ~ Cost benefit analysis

NAPSEC

- ~Privately operated, publically regulated
- ~ Emphasis on public private partnerships
- ~ High degree of cost effectiveness
- ~ Can expand and contract to meet needs
- ~ Serve the entire range of severe disabilities

The Continuum of Placement Options

- Each point on the continuum supports and enhances the other
- NAPSEC schools are devoted to timely movement on the continuum
- NAPSEC schools are innovators in progressive options

FREE APPROPRIATE PUBLICALLY FUNDED EDUCATION

- ~ Individual Educational Program
- ~ Appropriate to unique educational needs
- ~ The Least Restrictive Environment
- ~ Decisions Made on an Individual Basis

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