



Restraint and Seclusion in Schools

The Missouri Developmental Disabilities Council's Position:

Restraint, seclusion, and other aversive interventions do not improve students' academic performance or behavior. Therefore, schools should only use them when there is grave and immediate danger to human life and after all other alternatives have been attempted and proved ineffective.

The Missouri Developmental Disabilities Council's Reasons:

There is no evidence that restraint, seclusion, and other aversive interventions improve student behavior or academic performance.¹ To the contrary, studies have found that students are more likely to learn and exhibit positive behavior when they are: (1) provided with consistent school and classroom routines and expectations; (2) given positive feedback and support; and (3) treated with respect.² Nevertheless and tragically, the U.S. General Accountability Office found several hundred cases of abusive seclusion and restraint of students, many of which resulted in death.³

To Missouri's credit, it has a law forbidding certain types of restraint and seclusion and requiring schools to develop policies regarding the use of restraint and seclusion. However, there are still examples of improper implementation of this law. Furthermore, while the Missouri Department of Elementary and Secondary Education (MO DESE) has developed a model policy on the use of restraint and seclusion,⁴ state law and policy do not require schools to use it or model theirs on it. Consequently, a student in one school may be subjected to restraint or seclusion (or a type of restraint or seclusion) that a student in another school would not.

The Missouri Developmental Disabilities Council's Recommendations:

- As a state and society, we must acknowledge that restraint, seclusion, and other aversive interventions do not improve students' academic performance or behavior. Therefore, they should only be used in situations posing grave and immediate danger to human life and after all other alternatives have been tried and proved ineffective.
- Schools should be held accountable for abiding by approved legislation when defining seclusion and restraint and the times when those and other aversive practices are permitted.⁵
- Schools should never use restraint, seclusion, or other aversive interventions for punishment, coercion, or convenience.
- Schools should never use or recommend medication to control behavior except under the direction and review of a licensed health professional qualified to prescribe and administer such medication and then only after less-restrictive interventions have been attempted and proved ineffective.
- Teachers and other school personnel should be trained regularly on the use of alternatives to restraint, seclusion, and aversive interventions such as positive behavioral interventions and supports.
- School policies regarding restraint and seclusion should have input from students and parents. Students and parents should be provided an opportunity to review and provide input on such policies annually.
- School policies regarding restraint and seclusion should require schools to document the less-restrictive alternatives that were attempted and proved ineffective before using restraint and seclusion.
- As soon as possible after using seclusion, restraint, or other aversive interventions, schools should hold a debriefing with the student and, if appropriate, their parents to discuss the incident and: (1) help the student understand why the intervention was used and (2) help the school learn from the student ways that less-restrictive alternatives may be effectively used in the future.
- MO DESE should randomly audit schools' use of restraint or seclusion to determine whether: (1) the school followed its policy in using the intervention(s); (2) the school attempted less-restrictive alternatives before using restraint or seclusion; and (3) additional training or revisions to policy and practice are needed. All such audits should be documented in writing and made publicly available without disclosing personally identifiable information.



References

- ¹ e.g., Hawley, C. (2020). No holds barred: The use of restrictive behavioral intervention in Missouri public schools. *Missouri Law Review*, 85(4), 1171; Disability Rights Network of Pennsylvania (2014). Seclusion and Restraint of Students with Disabilities in Pennsylvania Schools (citing U.S. Senate Health Education, Labor, and Pensions Committee. (2014). Dangerous Use of Seclusion and Restraints in Schools Remains Widespread and Difficult to Remedy: A Review of Ten Cases). Available at: <https://www.disabilityrightspa.org/wp-content/uploads/2014/06/0614-Seclusion-and-Restraint-of-Students-with-Disabilities.pdf>
- ² See, U.S. Department of Education. (2014). Restraint and Seclusion: Resource Document. Available at: <https://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf> (citing studies).
- ³ U.S. Government Accountability Office. GAO-09-719T. (2009). Seclusions and restraints: Selected cases of death and abuse at public and private schools and treatment centers.
- ⁴ <https://dese.mo.gov/media/pdf/model-policy-seclusion-and-restraint-0>
- ⁵ RSMo Section 160.263

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