

SAFE SCHOOLS/MENTAL HEALTH COMMITTEE

South Carolina Advisory Council on the Education of
Students with Disabilities

February 6, 2009

The Individuals with Disabilities Education Act (“IDEA”) promises children with disabilities the right to a free and appropriate public education. Unfortunately, there seems to be a disturbing trend arising with the use of seclusion and restraint in public schools that threatens to deny these children the full and safe inclusion into the educational system that they deserve. Abuse of seclusion and restraint practices around the nation has led to many states developing statutes or regulations. According to a January 2009 report from the National Disabilities Right Network, there are currently only 18 states without laws on seclusion and restraint. South Carolina is one of the states without any laws or regulations for public schools.

Across the country, you can find stories of children who have suffered physical and psychological harm due to the abusive use of restraint and seclusion in public schools. For example, in our neighboring state of Georgia, a thirteen year old hung himself in a small seclusion room using a cord provided by a teacher to hold up his pants. The thirteen year old had pleaded with his teachers at the alternative public school that he could not stand being locked within the small seclusion room for hours at a time.

There are also stories from around the nation of children who have died while being physically restrained in school. In Michigan a fifteen year old boy with autism died while being physically restrained at school by four school employees who pinned him down for 60-70 minutes on his stomach, with his hands held behind his back, and shoulders and legs held down. The child became non-responsive in about 45 minutes but the restraint was continued and he eventually stopped breathing. Stories such as this illustrate the dangers of prone position restraints, where children are pinned face down and stop breathing.

Project Rest

As previously mentioned, there is no statute or regulation from the South Carolina Department of Education that covers the use of seclusion and restraint in public schools. However, in 2004 a non-profit organization known as the Family Resource Center for Disabilities and Special Needs, formulated a manual of recommended practice known as “Project REST Restraint: Efficacy, Safety, and Training” in regards to this topic. Project REST has some helpful recommendations for the use of seclusion and restraint in public schools, including advocating for the use of positive behavior support (“PBS”) in schools in conjunction with crisis management. At this time, only 243 of the 1, 340 South Carolina schools have now implemented PBS (about 18%).

Project REST also recommends that physical restraints only be used when a student is harming himself/herself or others and only after other less restrictive strategies have been attempted. In addition, it states that restraints should not be used to force a student to behave in a certain manner, restraints should not cause the student pain, staff should undergo training, and the State Department of Education (“SDE”) and the student’s school should keep detailed records on seclusion and restraints.

Unfortunately, since Project REST was presented to the South Carolina SDE there has not been any policy created. The Project REST recommendations have only been passed along to school districts around the state, but the SDE did not formally adopt the manual of best practice. Some school districts say they use Project REST; however, this is problematic because one of the main recommendations from Project REST is for school districts to develop their own policies that clearly state what types of timeout and physical restraints will be used, when these procedures will be used, and who will be in charge of administering the procedures.

Dr. Joseph Ryan

At the February 6, 2009, advisory council meeting, the committee invited Professor Joseph Ryan, PhD from Clemson University to speak to the advisory council members on seclusion and restraint. Dr. Ryan has contributed to many articles on this topic, including an article that has reviewed state policies concerning the use of physical restraint procedures in schools. Dr. Ryan’s presentation was entitled the “Importance of Developing State Policies on Restraint and Seclusion.”

In the presentation, Dr. Ryan explained that we do not know exactly how common seclusion and restraint is in South Carolina because there is no forced documentation of these situations. This is problematic because if we do not have documentation then we cannot measure whether seclusion and restraint has any effectiveness. In a 2007 study Dr. Ryan composed with colleagues, they found that 48.4% of restraints were performed on children for noncompliance. The second runner up for using restraints was leaving an assigned area at 19.4%. Restraint used for physical aggression only amounted to 3.2% of incidents. These percentages show the abuse of restraints.

Dr. Ryan’s research has also shown that seclusion and restraints are used more often on minorities and younger children. The presentation also highlighted that restraint and seclusion is becoming an important topic across the country due to serious injuries and deaths of school children. For example he stated there have been 142 restraint-related deaths in the U.S. over a 10 year period. Some of the causes for these deaths include positional asphyxia, which can be related to a face down prone position restraint. Basically, when children are put in a restraint on the floor and pressure is put on their back, they can stop breathing. In addition, if a child is on psychotropic medications this increases their risk of sudden death in a restraint.

Injury and death are not the only concerns with using seclusion and restraint practices. Seclusion and restraint can also have harmful effects on a child's psychological well being. There is the notion that experiencing seclusion or restraint may contribute to a child developing post traumatic stress disorder ("PTSD"). Dr. Ryan brought up the issue of children who have experienced past sexual abuse. If they are then pinned down in school by a couple of adults, this can trigger their past experiences with abuse, which would be very traumatic for a child.

Dr. Ryan explained that 31 states have policies or guidelines on using restraints in schools. Most of the time, states will enact a restraint policy as a repercussion to a serious incident, e.g. where a child has died in a restraint. Dr. Ryan explained to the advisory council **that this means around 19 children still have to die** for the rest of the country to have guidelines on the use of seclusion and restraint procedures.

Some other final points of Dr. Ryan included the following: (1) prone position restraints should never be used; (2) no restraint should be administered in such a manner that prevents a student from breathing or speaking; (3) restraint procedures should never be used as a punishment; (4) restraint should be used only if the student's actions pose a clear, present and imminent physical danger to himself/herself or others; (5) restraint should be used only after less restrictive measures have not effectively de-escalated the risk of injury, and (6) staff implementing restraints must be trained.

Conclusion

The Safe Schools/Mental Health committee is interested in learning more on this topic due to the fact that South Carolina public schools currently use seclusion and restraints on children without any sort of guidelines. It appears that school personnel do not even have to receive training before implementing seclusion and restraints on children. This is unacceptable to the Safe Schools/Mental Health committee considering so many children have died across the country due to unsafe practices.

In fact, a child has already died in a South Carolina group home due to an improper restraint. In 2003, a 220-pound worker at New Hope for Children laid across 9 year-old Jamal Odum's back for seven minutes. As a result, he died of asphyxia. Another child should not have to die in South Carolina for there to be a statute or regulation on seclusion and restraint in public schools. The Safe Schools/Mental Health committee will continue to look at components we would like included in a South Carolina statute or regulation regarding seclusion and restraint.