

Physical Restraint and Handcuffing in Schools

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Indiana School Safety Academy



About CPI

- The world leader in training human service care providers. Over 1 million each year.
- Our training programs are designed to help professionals provide for the best possible care and welfare of confrontational, challenging, or out-of-control individuals.
- We are committed to *Care, Welfare, Safety, and SecuritySM* of all.

"Sparks emit from my fingertips, in anticipation of my day's vocation."

-Poet William Blake

Objectives

- Increase awareness of the impact of nonverbal behavior when deescalating.
- Discuss de-escalation strategies school staff can use to reduce need for physical intervention.
- Identify internal and external factors that may contribute to behavior escalation and staff responses relative to school safety staff.
- Describe known risks of physical intervention.
- Discuss criteria for appropriate use of physical interventions.

Campus Safety

Handcuffing and Physical Restraint on School Grounds

Here's a look at the issue of police officers using handcuffs and physical restraint when they're called to schools to respond to challenging behaviors by students with disabilities.

By Robert Rettmann, MSEd. · September 28, 2015

The ACLU recently filed a federal civil rights lawsuit against a sheriff's department in Kentucky over a school resource officer's use of handcuffs on two children, ages 8 and 9, both of whom have disabilities.

Over the last few years, we've seen numerous similar cases reported in the media, where police who are called to respond to a student exhibiting disruptive behavior at school use handcuffs as a safety measure.

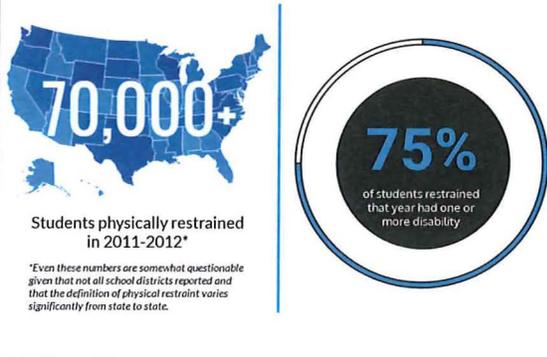
[View statistics & charts on this topic.](#)



ACLU Case in Kentucky



US Dept. Of Education Physical Restraint Data



Diagnostic Rates

Current estimates on students with Disabilities

- 25.1% of students 13-18 diagnosed with an anxiety disorder
- 9% of 13-18 year olds diagnosed with ADHD
- 11.2% of students diagnosed with depression
- 8-15% diagnosed with a Learning Disability

Psychological Trauma

63.9% experienced at least 1 Adverse Childhood Experience



ACE Score Prevalence for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

Number of Adverse Childhood Experiences (ACE Score)	Women Percent (N = 9,367)	Men Percent (N = 7,970)	Total Percent (N = 17,337)
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

Externalized Behaviors Related to EBD

- Hyperactivity
- Tantrums
- Theft
- Causing or threatening physical harm
- Arguing
- Aggression
- Violating societal norms

Mr. Small Small

Creating a "Healing Environment" for Mr. Small Small

One of the many wonderful things I get to do as a self-contained ED Teacher is a public elementary school in to help kids receive from to come. It wasn't that every year there is that one special kid in my class that teachers and I love more than any of the others. Mr. Small Small has been that kid for years.

Mr. Small Small when he was six years old, victim of a car accident, exposure to traumatic situations repeatedly early in life. The doctor said he was suffering from PTSD. He was in the hospital and he has been ever since. He has been diagnosed with anxiety, depression, problems with concentration and focus, and an exaggerated startle response. He has also challenged our best efforts in teaching him academics. It was a long time, however, we focused on what Howard Barth said: "The three pillars of trauma-informed care" in *Journal of Safe Management of Schools and Academic Behavior*, Volume XXV, Issue 1, March, 2019 published by Cora Protection Institute, Inc.

In his article, Barth states that "The brain-based stress response systems of these children appear to become increasingly disrupted as they focus attention on the need to ensure a safety rather than on the many growth-promoting interests and activities that secure children that attention and stimulation."



Bruce Perry, MD, PhD, President of the National Child Traumatic Stress Network.

Even when no external threats exist, they are in a constant state of alarm. In particular, such children come to view adults as potential sources of threat rather than sources of comfort and support.

"Today Mr. Small Small told us that he doesn't want to be called Mr. Small Small any more. Today he wants to be called Mr. Big Big."

What does all of this mean?

ALL behavior is a form of communication.

CPI's Crisis Development ModelSM

Integrated Experience

Crisis Development/ Behavior Levels	Staff Attitudes/ Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behavior	3. Physical Intervention
4. Tension Reduction	4. Therapeutic Rapport

Understanding the Moment of Crisis

A crisis is that moment in time when a person loses rational or even physical control over their own behavior.

Understanding the Moment of Crisis

When faced with such a moment of crisis, we will react based on our past experiences and training, or react on the emotions of the moment.

What Can You Control?

We cannot necessarily make others do as we ask.

We cannot always control the behaviors of others in a moment of crisis.

We may be able to control our own behavior and responses.

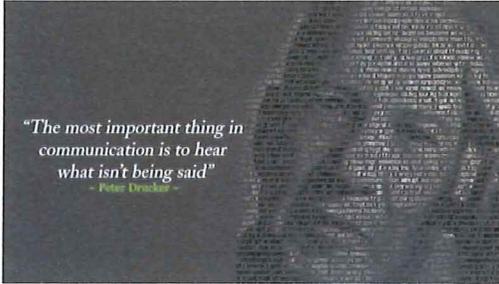
Elements to Consider: Space

- Personal Space – the area around us, including belongings.
- Touching, bags, phones, personal items.
- Invading personal space may escalate a person in a crisis.

Elements to Consider: Space



Communication



Elements to Consider: Body Language



Elements to Consider: Voice

How we say words matters so much more than the words themselves.

How we say, what we say, may also escalate or de-escalate the person in crisis.

Considerations:

- Tone
- Volume
- Speed

Elements to Consider: Voice

"It's not what we say. It's what they hear."

10 Tips in Dealing with Disruptive Behavior

1. Be nonjudgmental; listen.
2. Clarify "real" messages; listen for feelings.
3. Respect personal space, belongings.
4. Be aware of your body position.
5. Ignore challenges; avoid power struggles.

10 Tips in Dealing with Disruptive Behavior

6. Permit verbal venting when possible.
7. Set and enforce reasonable limits.
8. Avoid threatening nonverbal cues.
9. Avoid overreacting and underreacting.
10. Physically intervene only as a last resort.

Respectfully Set Limits

Set limits that are simple, clear, reasonable, and enforceable.

Explain which behavior is inappropriate.

Explain why the behavior is inappropriate.

Give reasonable choices with consequences, stating the positive choice first.

Allow the person time to make a decision.

Follow through on the consequences you have set.

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Rules for Schools (Restraint & Handcuffing)

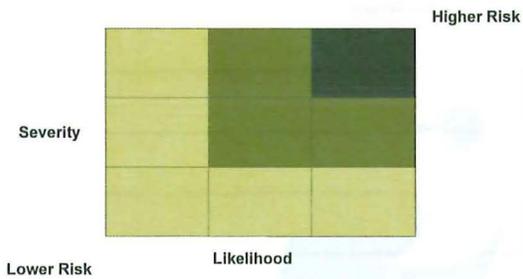
- In Indiana, legislation and regulations regarding restraint and seclusion were passed in 2013, and each district was required by July 2014 to have a plan in place to meet the new regulations.
- Rules pertain to all employees of the school district.

Indiana Regulations on Restraint

Requirements on physical restraint:

- Used only as a last resort in a situation where the student's behavior poses imminent danger to self or others,
- Mechanical restraint (including handcuffs) should not be used unless the device is used for a medically defined purpose and is prescribed by a doctor,
- Chemical restraint should not be used,
- Staff who might be called to use restraint should be trained to safely apply it,
- Anyone in a restraint should be continuously monitored,
- Staff should make every effort to prevent the use of restraint or seclusion, and
- Child has a right to be treated with dignity and respect, and to be free from abuse.

Decision-Making MatrixSM

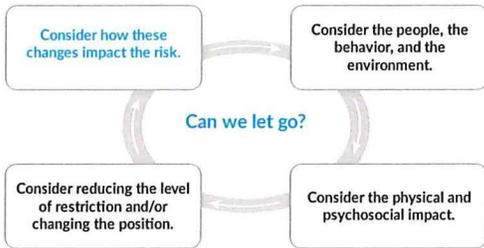


Risks of Restraint

Risks to staff and to students

- Physiological Risks
- Psychological Risks

When Should the Intervention End?



"I can't breathe"

U-46 School District, Elgin, IL

- 5,000+ staff, located just outside of Chicago

After 5 years:

- 74% reduction in out-of-school suspensions
- 90% reduction in staff injuries

Closing thought

When you are called in to intervene, how can you change your inner dialog?

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THANK YOU!