REVIEW OF RESTRAINT AND SECLUSION TRAINING AND SAFETY ISSUES IN SCHOOLS

TECBD 2016

Reece Peterson, PhD & Elisabeth Kane, MA
University of Nebraska-Lincoln

Hello!

- What states?
- What is your role?
  - Higher education or schools & agencies
  - Teachers, administrators, psychologists, social workers?
- Are you trained in crisis intervention?
  - Which vendors?
  - How often have you used these?

Goal of this presentation-

- Review policy regarding restraint and seclusion in schools
- Discuss key topics related to restraint and seclusion
- Emphasize safety topics with data from crisis intervention training study.

Definitions

3 Types of Restraint Procedures

Mechanical Restraint 	Use of any device (tape, tie downs) to limit an individual's body movement.	Limited use in schools; with a few exceptions, not permitted.
Chemical Restraint 	Use of medication to control behavior or restrict a patient's freedom of movement	Not used by schools; however many students may be on medication in schools.
Physical Restraint 	Use of one or more people using their bodies to restrict another's movement.	Can be used given certain criteria are met.

3 Types of Timeout- Only one of these is Seclusion

Inclusion Timeout

inside the classroom

Exclusion Timeout

Outside the classroom

Seclusion

Involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving

KEY TOPICS

- Policy review
- Overuse and overrepresentation
- Study of training

QUICK POLICY REVIEW

Strong Advocacy Continues!

This topic continues as a priority for advocacy organizations.

Incidents of apparent misuse and abuse continue to be highlighted in the media.

Specific Federal Policy & Background

Federal l**egislation** to regulate restraint and seclusion has been proposed since 2009; no proposed legislation has been enacted.

We are not aware of any bills in the current session.

However! ....

2009 Congressional Hearing

Federal law did address- Restraint & Seclusion in Schools…

Every Student Succeeds Act - ESSA (December, 2015)

Each State plan shall describe-

"(1)…(C) how the State educational agency will support local educational agencies receiving assistance under this part to improve school conditions for student learning, including through reducing—

"(i) incidences of bullying and harassment; "(ii) the overuse of discipline practices that remove students from the classroom; and "(iii) the use of **aversive behavioral interventions** that compromise student health and safety;" p. 41-42 of pdf

The Conference Committee Report indicates that this includes "physical restraint and seclusion."

Analysis of State Policies

Jessica Butler in a report entitled- *How Safe is the Schoolhouse- An analysis of state seclusion and restraint laws and policies* (Butler, 2015)

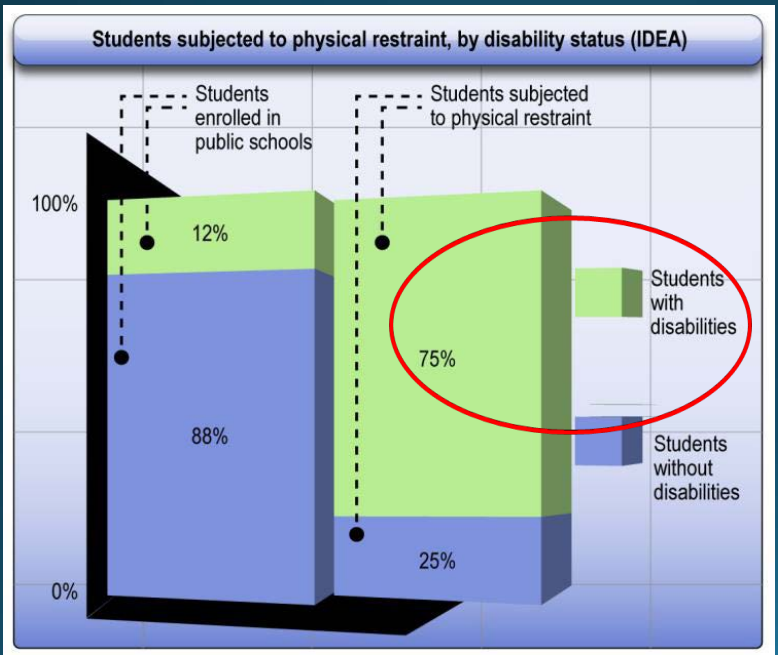
- **22 States currently have laws providing "meaningful" protections** in place for all students; 35 have laws or policies addressing restraint and seclusion.
- **Only 16 require an emergency or physical danger to occur before use of restraint**; 20 do for children w/disabilities
- **In 23 states schools must by law notify parents** of restraint or seclusion; 35 require it for parents of students with disabilities

In some states – policy activity continues or is still developing…
Massachusetts, Virginia & Washington are recent examples; Legislative study in Nebraska

Over use & Over representation

U.S. Department of Education, Office for Civil Rights, Data Collection, 2011-12.

- Over 70,000 students subjected to physical restraint
- Over 37,000 students subject to seclusion.
  - Nevada (96%), Florida (95%), and Wyoming (93%) reported the highest percentages of physically restrained students with disabilities.
- Nearly 4,000 IDEA students subject to mechanical restraint



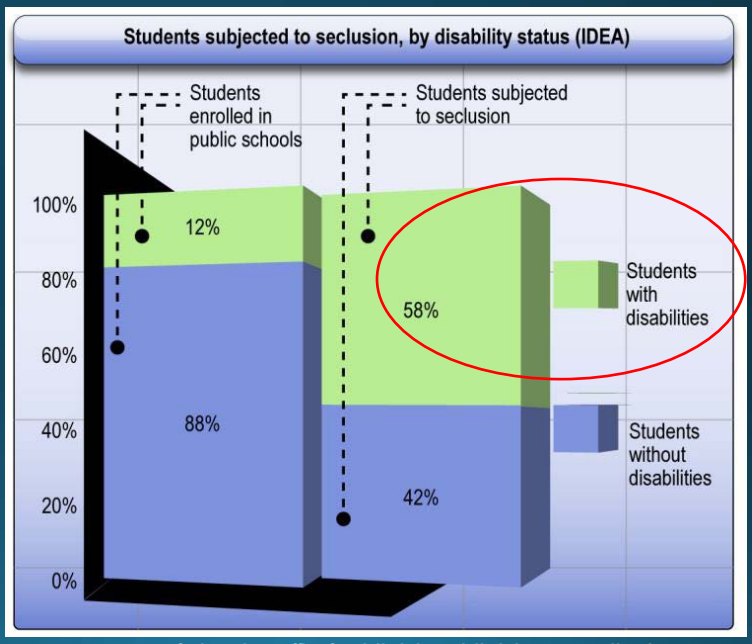
U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2011-12

Of students subjected to restraint, 75% were students with a disability.

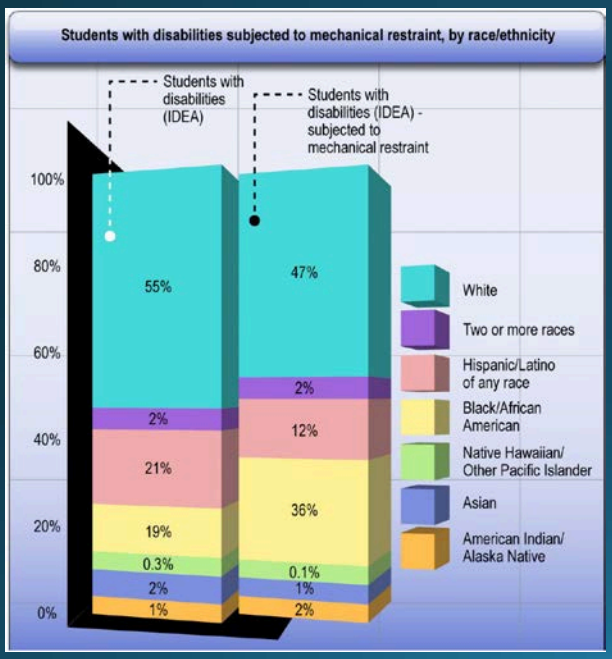
Office of Civil Rights 2014 Report

Of students subjected to seclusion 58% were students with a disability

Office of Civil Rights 2014 Report



U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2011-12.



U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2011-12.

Black students represent 19% of students with disabilities served by IDEA, but 36% of these students who are mechanically restrained.

Office of Civil Rights 2014 Report

THE PRESENT STUDY

The content of crisis intervention training programs

Study Purpose

- Identify safety concerns addressed in Crisis Intervention Training
- Highlight major similarities & differences across training programs
- Identify themes and consistencies across training
- Update Couvillon et al. (2010) in light of policy changes since that time
- Aid consumers on purchasing decisions

The Present Study

Questionnaire

- **99 questions**
- 10 content sections or topics.
- Questions allowed for both closed and open ended responses.
- Options created for electronic (Qualtrics), hard copy, or telephone interview completion.

Training Vendors

- Effort to identify all current training vendors providing training to schools through Internet searches and nominations.
- Only programs providing training on restraints
- 32 Initially identified, but 7 were no longer in business
- Of the remaining 25, 6 declined or did not respond, two did not complete the questionnaire.
- **Result was data from 17 vendors- 68% of total.**
- Owner or lead trainer was contacted and asked to complete the questionnaire.
- Once completed the data was sent back to the vendor for verification.

17 Crisis Intervention Training Programs	Organization Name	Website
Calm Every Storm, Crisis Intervention Training	Crisis Consultant Group, LLC.	crisisconsultantgroup.com
Management of Aggressive Behavior (MOAB®)	MOAB® Training International, Inc.	moabtraining.com
Nonviolent Crisis Intervention® Program	Crisis Prevention Institute	crisisprevention.com
Oregon Intervention System (OIS)	Alternative Service, Inc. - Oregon	ois.asioregon.org
PMT	PMT Associates, Inc.	pmtassociates.net
Pro-ACT®	Pro-ACT, Inc.	proacttraining.com
Professional Crisis Management (PCM)	Professional Crisis Management Association	pcma.com
Response	Response Training Program LLC	responsetrainings.com
RIGHT RESPONSE	Service Alternatives Training Institute	rightresponse.org
Safe and Positive Approaches®	Devereux	devereux.org
Safe Crisis Management® (SCM)	JKM Training Incorporated	jkmtraining.com
Safe Prevention Principle and Techniques	JIREH Training and Consulting LLC	jirehtraining.com
Safety-Care™	QBS, Inc.	qbscompanies.com
Satori Alternatives to Managing Aggression (SAMA)	Satori Learning Designs, Inc.	satorilearning.com
The Mandt System®	The Mandt System, Inc.	mandtsystem.com
Therapeutic Aggression Control Techniques (TACT2)	SBP Consulting, Inc.	tact2.com
Therapeutic Crisis Intervention (TCI)	Residential Child Care Project, Cornell Univ.	rccp.cornell.edu/tcimainpage.html

Training content by 8 global components*

Respondents were asked for % of training allocated to each

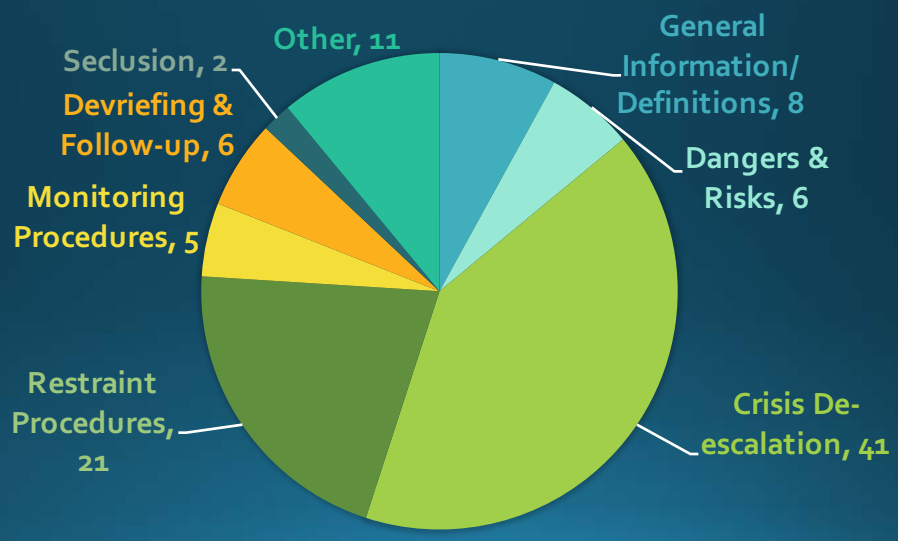
- General information and definitions
- Dangers and Risks
- Crisis De-escalation procedures
- Restraint procedures
- Procedures for monitoring
- Debriefing and follow up
- Seclusion
- Other topic areas

* Interpretations may vary based on differing terminology or understandings; use only for gross comparisons

Allocation of resources across general topics

Training Program Name	Total Basic Training Time	General Information/ Definitions %	Dangers & Risks %	Crisis De-escalation %	Restraint Procedures %	Monitoring Procedures %	Debriefing & Follow-up %	Seclusion %	Other %	Total %
Calm Every Storm	16 hrs	5	5	55	15	5	5	5	5	100
MOAB	6-8 hrs	20	15	20	20	10	5	5	5	100
Nonviolent Crisis Intervention® program	14 hrs	20	5	35	25	5	10	0	0	100
OIS	12 hrs	15	10	25	15	2	2	2	29	100
PMT	8 hrs	15	10	40	20	5	5	5	0	100
Pro-ACT®	20 hrs	5	4	60	8	7.5	7.5	3	5	100
Professional Crisis Management	14 hrs	10	5	30	50	0	5	0	0	100
Response	12 hrs	4	6	58	12	4	4	0	12	100
RIGHT RESPONSE	5-14 hrs	2	2	31	30	5	5	0	25	100
Safe & Positive Approaches®	14 hrs	5	7	34	18	3.5	3.5	0	29	100
Safe Crisis Management	18 hrs	5	5	45	30	5	10	0	0	100
Safe Prevention Principles and Techniques	16-20 hrs	10	12	38	15	5	15	5	0	100
Safety-Care	12 hrs	5	5	25	20	5	5	0	35	100
SAMA	16 hrs	1	2	40	20	1	1	0	35	100
The Mandt System®	19 hrs	7	8	58	12	7	7	1	0	100
TACT2	18-20 hrs	10	2.5	50	30	2.5	2.5	2.5	0	100
TCI	28-32 hrs	5	5	50	25	5	10	0	0	100

Average Allocation Across Training Programs



Safety topics to be addressed:

- Defining clear and imminent danger
- Adjustments for special populations
- Emphasis on crisis de-escalation
- Use of seclusion
- Safety of physical restraint procedures
- Documentation, debriefing & follow-up
- Monitoring for danger
- Staffing and training delivery

Defining
Clear and Imminent Danger

The Tribune, Ames, Iowa — Saturday, June 12, 2004, Page B6

Boy's parents seek ban on restraining children

Mason City child died when treatment center workers allegedly held boy face down on the floor

By Melanie S. Welte
Associated Press

Associated Press

Tanner Wilson, of Mason City, is shown in this undated photo. Wilson, who had autism, died Feb. 9, 2001, at Gerard Treatment Center of Iowa in Mason City, where he was sent when "his anxiety and aggression got the best of him," said his mother, Karen Wilson. Workers allegedly were holding Tanner face down on the floor in what they described as a "routine physical holding" when he stopped breathing.

DES MOINES — The parents of an 11-year-old boy who died while in residential care in northern Iowa want laws to ban workers from using prone restraints on children.

The technique involves putting a child on his or her stomach and applying physical pressure to immobilize the individual. Critics say it can impede the child's ability to breathe and exacerbate existing problems that could put the child at risk.

Tanner Wilson, who had autism, died Feb. 9, 2001, at Gerard Treatment Center of Iowa, where he was sent when "his anxiety and aggression got the best of him," said his mother, Karen Wilson.

Workers allegedly were holding Tanner face down on the floor in what they described as a "routine physical holding" when he stopped breathing.

"What I would like to see is 'Tanner's Law' be passed to ban the use of lethal prone restraints ... on children," Karen Wilson said.

Under current law, children can be subjected to mechanical restraints, such as a straitjacket, or physical force, said Laurel Stine, director of federal relations with the Bazelon Center for Mental Health Law, a Washington, D.C.-based advocacy group for people with mental disabilities.

"For years, kids with psychiatric disorders have been most at risk, more so than adults ... and there have been numerous deaths and serious injuries related to its use," Stine said.

Curt Decker, executive director of the National Association of Protection and Advocacy Systems, said it's difficult to track how often restraints are used on children.

"It's hard to tell because it's not something that people will tell you about," he said. "Often, you find out about it after someone has been injured."

Tanner had Asperger's Syndrome, a high-functioning autism characterized by social isolation and repetitive behavior. He moved to Gerard of Iowa when he was 10 and made progress, Karen Wilson said.

"Tanner Wilson was an example, unfortunately, of what's happening around the country. In the name of treating him and restraining him, they killed him."

Curt Decker,
executive director of the National Association of Protection and Advocacy Systems

She and her husband, Robert, hoped their only child would be ready to come home in May 2001. Then something went wrong.

"Tanner didn't have to die that day," Karen Wilson said.

Since Tanner's death, the Wilsons have been telling their son's story, advocating for a ban on the use of prone restraint.

"What I'm trying to do now is make a positive impact out of this whole tragedy that this never has to happen to another family again," she said. "There should be another way to try take care of these children without risking their lives."

Gerard of Iowa continues to restrain children, said Jim D'Angelo, president and CEO of Nexus, the parent company.

"We continue to comply with all licensing and federal requirements regarding physical restraints," he said in a statement. He declined further comment.

In 2001, new restraint standards took effect at federal... ed psychiatric residential ... for children:

◆ Restraint and secl... be used only to ensure t... the resident or others ... emergency situation.

◆ Restraint or se... be ordered only by ... other licensed prac... also is a time limit ... for youths 18 to ... those 9 to 17 and ... under 9.

◆ A doctor ... tioner must see ... than 1 hour a... seclusion is in...

"There's b... ... but we fin... them or ... Decker said...

"Tanner ... ple, unfor... pening in ... the coun... name of ... ing him ...

He ...

...D IOWA — Des Moines Register — Sunday, July 11, 2004 Page 5B

Parents ask why runaway who died wasn't stopped

Associated Press

Cedar Rapids, Ia. — A 15-year-old boy who died after falling into the Cedar River in May should have been restrained because he posed a danger to himself, his parents said.

Russell Jankowski had run away from Tanager Place — the private home for children with social or psychological problems that housed him — several times in the weeks before his death.

He ran away for the last time on May 29. His body was found a week later in the Cedar River. Police believe he jumped from a Cedar Rapids bridge.

Russell's parents, Richard and Carol Menadue of Dubuque, question why Tanager Place staff didn't stop him.

Police records show Russell was a threat to himself and others before he left, and should have been restrained, Richard Menadue said.

Tanager Place staff use physical restraints only in emergencies "that endanger the physical safety of the resident or others," said George Estle, chief executive officer of Tanager.

A report indicated that Russell became upset after a confrontation with another person and left his cottage. Staff members followed him out but he tried to hit, kick and throw things at them when they tried to return him to the home.

Menadue said the staff members should have restrained the boy because his violence indicated he was a danger.

Estle declined to comment on the Jankowski case specifically. He said every case is different, and it comes down to a judgment call.

"It depends on the situation," Estle said. "Some kids you might be better off to avoid an escalation."

He explained that if staff intervenes with some children, somebody could get hurt.

A lawsuit has been filed against the home by Iowa Protection and Advocacy Services Inc., an agency that looks out for the rights of mentally disabled people.

According to the lawsuit, Tanager Place officials have refused to let Iowa Protection and Advocacy investigators interview Russell's roommates and other residents.

What is "clear and imminent danger"?

- Criteria for when restraint procedures are warranted
- Although this term is used in many locations its definition is not obvious.
- Training may be required for staff to have a uniform and clear understanding.

Definitions: Crisis Situation

- Accurately interpreting escalating student behavior requires extensive experience and background knowledge (Scheuermann, Peterson, Ryan, & Billingsley, 2015).
- Asked to define "**crisis**," "**crisis situation**," or "**emergency situation**."
  - **11 programs** included some reference to danger to self, others, or the environment in their definition of crisis situations.
  - **6 programs** mentioned distress or inability to cope
  - **2 programs** cite external governmental sources that were used to develop their definitions

What is "imminent danger"?

Occupational Safety and Health Administration

Section 13(a) of the Act defines *imminent danger* as …

"any conditions or practices in any place of employment which are such that a *danger* exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such *danger* can be eliminated through the enforcement procedures otherwise provided in the Act"

Definitions: Clear & Imminent Danger

- Common consensus that physical restraint procedures are only implemented in cases of clear and imminent danger
- This definition speaks to how programs approach training surrounding physical restraint procedures

- **16 of 17 programs** indicated that they train physical restraints are only warranted in cases of clear and imminent danger
  - Definitions vary widely in detail and criteria
  - Last program created their own objective criteria for when restraint is warranted

What is "clear and imminent danger"?

Crisis Intervention Training Program Definitions

- "a person: has the ability to injure seriously, shows an intent to injure seriously and immediately, and the threat or attempt would create a need for immediate, professional, medical attention" **(PRO-ACT)**
- "It is when people are no longer able to maintain self-control due to a perception that they are unable to cope with the demands presented." **(RIGHT RESPONSE)**
- "'Immediately Dangerous' situations are those which 'put self or others at risk of imminent and serious harm, and verbal instructions have failed" **(TACT 2)**
- "Acute physical behavior that is likely to result in injury" **(TCI)**
- "An immediate threat of harm exists when [it is] 'not separated in time, acting or happening at once, next in order.' (Harper, 2010) The words that characterize such situations are "severe" and "out of control. " **(MANDT)**

What is "clear and imminent danger"?

An angry and upset 12 year old boy runs away from a school which is located on a busy street. This boy normally walks to school on his own each day.

Example

VS.

An angry and upset 12 year old boy runs away from school which is located on a busy street. The boy is severely cognitively impaired and is still working on functional skills including learning the meaning of street signs.

What is "clear and imminent danger"?

A student in a classroom looses self control and pushes a computer and other materials onto the floor.

Example

Vs.

As student in a classroom looses self control and and begins throwing heavy objects at other students and the teacher.

Emphasis on Crisis De-escalation

Crisis De-escalation Procedures

- Prevention focus is crucial
- Aim is reduction of use
- Teach students skills to positively support behavior
- Understand the crisis cycle
  - Recognize signs of agitation
  - Identify and manage antecedents/contributing factors
  - Verbally de-escalate students

Crisis De-escalation Procedures

- On average, biggest emphasis across programs
- 2/3 of the programs spend the most time on crisis de-escalation, average 41% (range = 20 – 58%)
- 16 programs indicate PBIS is addressed
- 12 teach to functionally assess behaviors
- 15 train teaching students replacement behaviors
- All include training in
  - identifying and managing antecedents to crisis situations;
  - Recognizing triggers or signs of agitation;
  - strategies for prevention and early identification of pending crises;
  - verbal or other non-physical de-escalation techniques

Safety of Physical Restraint Procedures

Risks Associated with Restraint

Positional Asphyxia
- Predisposed when in prone (face down) position

Aspiration
- Predisposed when in supine (face up) position

Blunt Trauma to the Chest
- Cardiac arrhythmia leading to sudden death

Catecholamine Rush
- Result of escalating agitation producing heart rhythm disturbances

Rhabdomylosis
- Break down in muscle cells due to strenuous exertion.

Psychotropic Medications
- Neuroleptics increase risk of sudden death (2.39 times)
- Antidepressants increase QT interval associated with Sudden Death
- Many medications inhibit body's cooling mechanisms

Thrombosis
- Fatal pulmonary embolism due to being immobile for long periods of time

Psychological Trauma

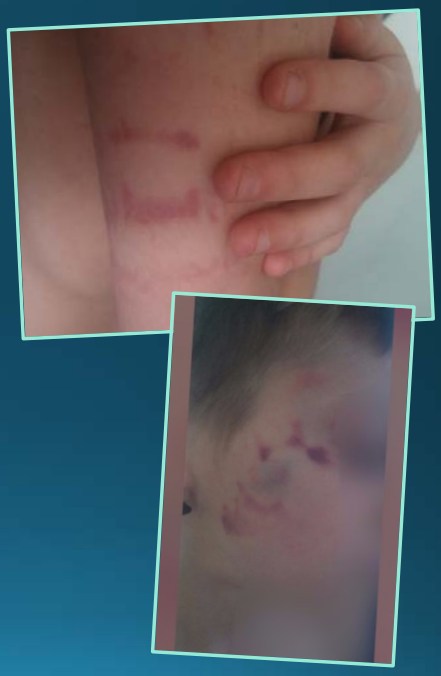
Physical Injury (Staff & Students)

(Moore, Petti & Mohr, 2003)

Dangers & Risks

Physical Harm

- Can lead to physical injury for students *and* staff
- "Hundreds of cases of alleged abuse and death", but difficulty to verify exact number (GAO, 2009, p. 2)
- Estimated that between 8 and 10 children in the United States die each year due to restraint (The Child Welfare League of America, 2004)
- Majority of fatalities due to positional asphyxia, aspiration, or blunt trauma to the chest (Mohr et al., 2003)



Dangers & Risks

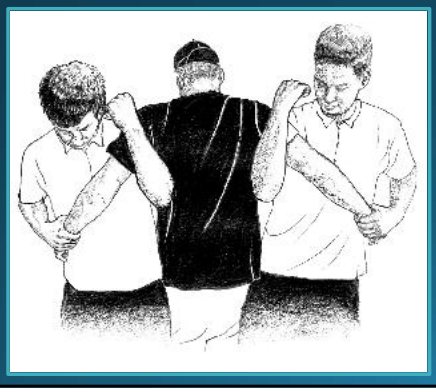
Psychological Harm

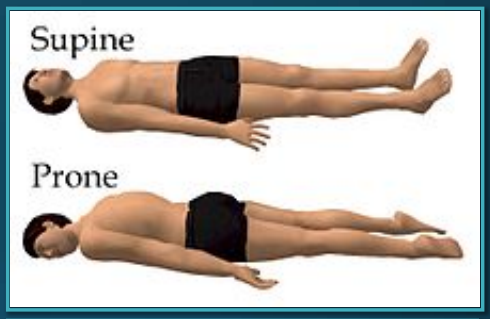
- Physical restraints can results in severe emotional distress and trauma
- Can be particularly harmful for students who have experienced sexual or physical abuse

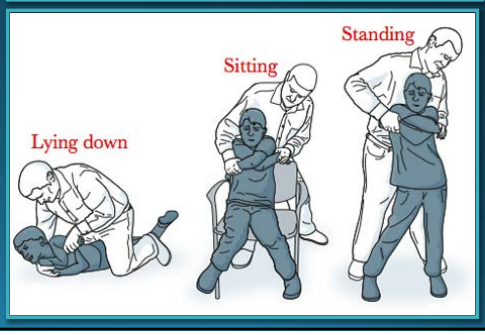
- **Re-traumatization** can occur when a student who has a history of trauma is restrained, or vicariously traumatized by watching a restraint- can be as damaging if not more damaging than the initial trauma (Dallam 2010, SAMHSA 2014).

Types of Restraint Procedures

- Supine restraints
- Prone restraints
- Basket hold restraints
- Physical escorts

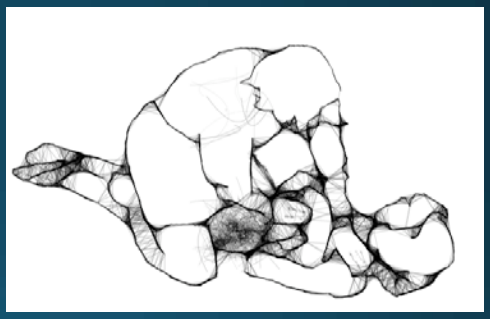






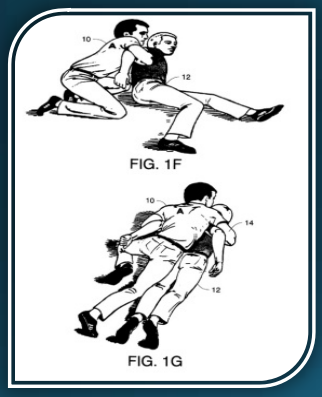
Physical Restraint Procedures

- **Increased Risk**
  - **Prone** (face-down) and **supine** (face-up) restraints are widely considered to be the riskiest due to potential for suffocation
  - **Basket holds** have increased risk of compressing the airway of young children (U.S. Government Accountability Office, 2009; Paterson et al., 2003)
  - Some state and district policies restrict the use of these procedures



***Due to heightened risk, it takes time & continuous practice to teach physical holds adequately.**

Training Restraint Procedures



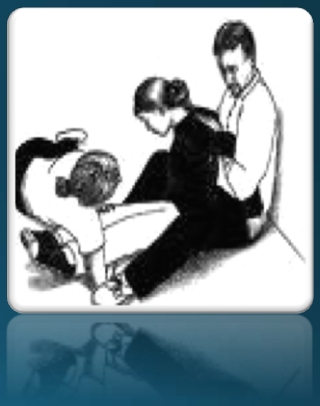
- The % of overall time allocated to training on holds ranged from 8% to 50%
- Most programs dedicate between 12% -25% of their time to restraint procedures; the mean was 21%
- The number of different types of holds trained ranged from 2 to 27
- **All** train criteria for determining when physical restraint in warranted – most describe it as a last resort for when other intervention options have not worked, or are not reasonably expected to manage the situation.

Restraint Procedures Taught

Training Program Name	Types of Restraints (#)	Physical Escorts	Basket Hold Restraint	Prone Floor Restraint	Supine Floor Restraint
Calm Every Storm	3	Yes	No	No	No
MOAB	20	Yes	Yes	Yes	Yes
Nonviolent Crisis Intervention® program	8	Yes	No	No	No
OIS	2	Yes	No	No	No
PMT	10	Yes	Yes	No	Yes
Pro-ACT®	5	Yes	No	Yes	Yes
Professional Crisis Management	25	Yes	No	Yes	Yes
Response	2	No	No	No	No
RIGHT RESPONSE	27	Yes	No	Yes	No
Safe & Positive Approaches®	12	Yes	No	No	Yes
Safe Crisis Management	15	Yes	No	Yes	Yes
Safe Prevention Principles and Techniques	8	Yes	No	Yes	----
Safety-Care	7	Yes	No	Yes	Yes
SAMA	6	Yes	Yes	No	No
The Mandt System®	4	Yes	No	No	No
TACT2	4	Yes	Yes	No	Yes
Therapeutic Crisis Intervention	5	No	No	Yes	Yes

Types of Restraint Procedures

- Specific Types of holds:
  - 4 of the 17 programs trained **basket holds**, 23.5%
  - 8 of the 17 programs trained **prone restraints**, 47%
  - 9 of the 17 programs trained **supine holds**, 53%
  - 15 of the 17 programs trained **transportation or escorts**, and consider it restraint, 88%



*These images are for illustration. They may or may not represent good practice. **Most programs which continue to use types of prone or supine restraints have adjusted them to increase their safety.**

Monitoring for Danger

Monitoring

- Someone should be monitoring at all times for signs of physical and/or psychological distress
- Complicating factors can make it difficult to accurately indicate biophysical distress
  - Obesity, underlying health conditions, psychotropic medications

- Signs of Distress
  - Struggling
  - Sudden quieting or calming after a struggle
  - Paleness
  - Mottling of skin
  - Cold or clammy skin
  - Unresponsiveness to instructions
  - Unusual breathing/change in pattern
  - Loss of or reduced consciousness
  - has a seizure of epileptic or non-epileptic origin
  - Blueness of lips/fingernails/ear lobes (cyanosis)
  - Tiny pinpoint red dots/bruises on the skin (petechia)

Monitoring Equipment

- No programs **require** special equipment for monitoring
- Recommend the use of:
  - Pulse oximeters (n = 1)
  - Automatic defibrillators (n = 2)
  - Counting of respirations (n = 6)
  - Monitor Pulse (n = 5)

Other: Visual and auditory monitoring of breathing/respirations, circulation, eye contact, verbal responses, movement, complexion, blue around fingernails, difficulty breathing, pupils dilated, limp muscles or cold clammy skin, rapid shallow breathing, panting, or grunting

Monitoring

- All teach techniques for monitoring a student's physical and emotional state
- All instruct how to identify signs of physical distress.
- All teach criteria for discontinuing a restraint
- 14 programs actively teach participants to monitor breathing rate and/or pulse

Monitoring Time Limits

- Time limits are crucial to minimize safety
- Only use as long as danger is "clear and imminent"
- 12 programs teach time limits for restraint procedures
  - only 3 have a specific *required* time limit
  - Remaining are recommended time limits, or defer to state regulations, or advise each agency to establish its own limits

Adjustments for Special Populations

Adjustments - Special Populations

- All 17 include modifications for young children or individuals with small body weight.
- 12 address modifications for elderly subjects.
- 11 have adjustments for specialized residential or day treatment programs
- 8 have modifications for juvenile justice custodial settings
- 15 address adjustments for non-English speaking or nonverbal children and youth

Use of Seclusion

Risks of Seclusion

Risks differ from physical restraint

- Lack of Supervision
- Inadequate Safety of environment
- Suicide or self harm
- Psychological harm
- Electrocution, cuts, variety of other injuries…

Does not change behavior and overuse results in lack of access to instruction

Seclusion

- Most training programs don't include components on seclusion
  - Only 8 discuss & 4 train
- When included in basic training, no program spent more than 5% of overall time on seclusion; range 1-5%
- All 4 teach responsibilities and guidelines, including recommendations for time limits and knowing when to release students

Seclusion

"Seclusion **should be avoided**, if used it should be of a **short duration**, if possible a staff should be in with the client in the seclusion area, restoration should be going on while the client is in seclusion etc. **Supervision should be direct and continuous**" **(Safe Prevention Principles and Techniques)**

"The **re-traumatizing effect** of seclusion is well established in mental health practice, and must always be taken into account when deciding whether or not the risks of harm in not imposing seclusion is higher than the risk of harm of imposing seclusion.

At least one adult must be physically present to **continuously monitor** a student in seclusion. The student must be released when the student's behavior no longer poses an immediate risk of harm, or if the student is showing any signs of physical or emotional distress as taught in the training provided to monitors of restrictive practices" **(The Mandt System®)**

Documentation, Debriefing, & Follow-up

Documentation

- Large emerging issue in state policies
- Documentation important to review appropriateness of use
- **12 programs** document frequency, duration, and type of restraints
- Remaining **5 programs** leave this up to districts due to varying state requirements

De-Briefing & Follow-up

- Includes assessing emotional and physical state
- Problem solve to prevent future crises
- Review documentation and patterns of use
- 16 programs teach participants how to debrief or follow up

Staffing & Training Delivery

Training Strategies

- Included during **all** training programs:
  - live demonstration with adults
  - debriefing after demonstrations
  - live practice with other trainees
  - role playing for verbal and physical skills
- Continuous physical practice with supervision is crucial to develop "muscle memory" for crisis situations

Do extra staff make for increased safety?

- Requiring more than one staff person to be involved in a restraint is a potential safety practice (Couvillon et al., 2010).
- 6 programs require more than one person to be involved in restraints; only two programs (CES and Pro-Act) definitively stated that no single-person restraints are taught.

Certification/lengths of training

- All training programs provide and require certification
- Certification takes on 18 hours on average for basic training ; range = 12 – 28
- Re-certification or annual update to stay current; recommended annually on average
- Training of trainer; varied requirements
  - Related experience
  - Career in related field
  - Related degree, etc.

Conclusions

- These procedures do not lead to behavior change, and carry safety risks
- Prevention is key! Crisis de-escalation and positive behavior supports should be an emphasis of within this type of training
- Restraint & Seclusion should only be in cases of clear and imminent danger
- Movement away from more extreme holds or ones that have caused most danger (e.g. use of prone & supine have decreased)
- Adequate physical training crucial to minimize risk of harm
- Appropriate use of monitoring to identify distress
- Use documentation to improve current practices
- Re-certification and practice should occur as frequently as possible

Questions?

Research Collaborators

- Elisabeth Kane
  University of Nebraska-Lincoln
  elisabethjkane@gmail.com
- Reece L. Peterson, Ph.D.
  University of Nebraska-Lincoln
  rpeterson1@unl.edu
- Joseph M. Ryan, Ph.D.
  Clemson University
- Michael Couvillon, Ph.D.
  Drake University
- Brenda Scheuermann, Ph.D.
  Texas State University, San Marcos
- James Hogan
  University of Washington

- http://k12engagement.unl.edu/study-crisis-intervention-training-programs

64

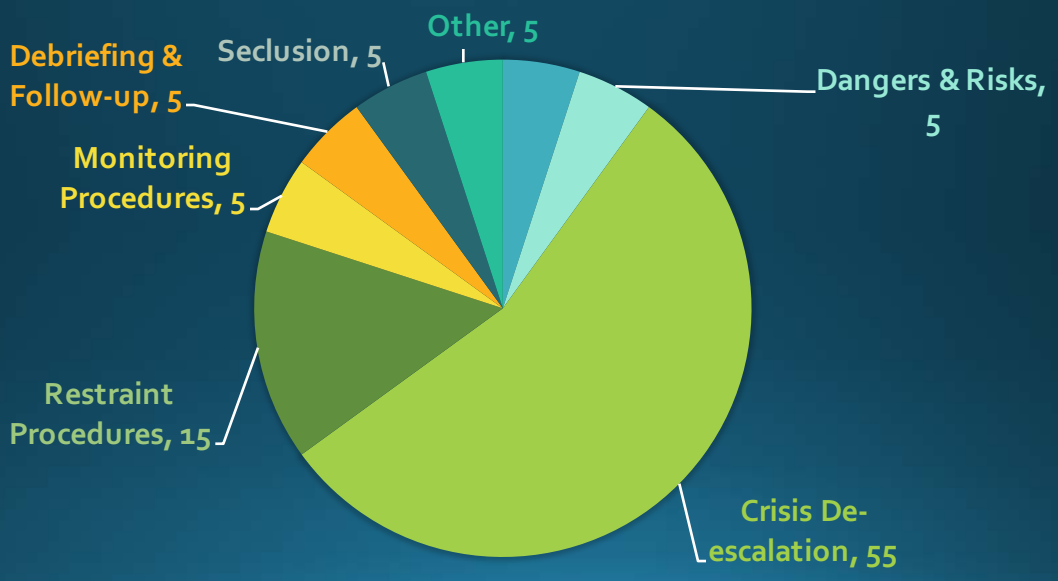
Individual Vendor Training Program Allocation of Time for Components (Pie Charts)

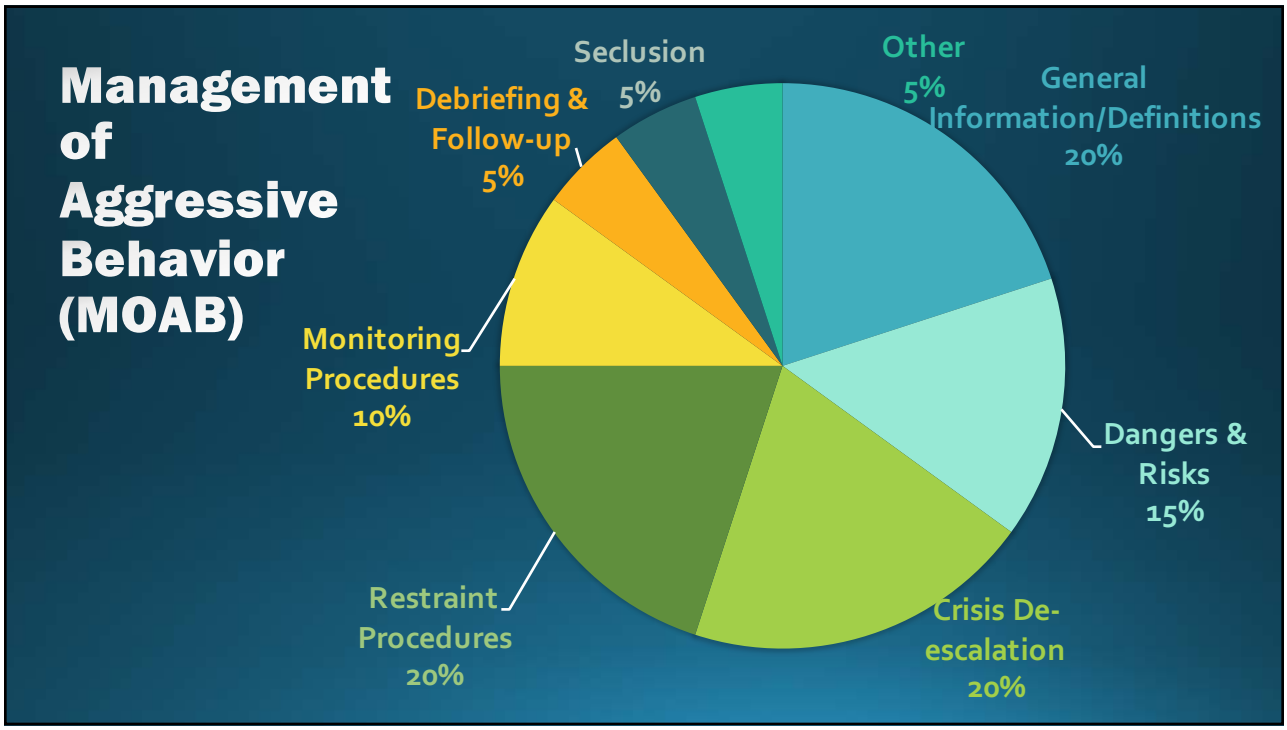
Note: Pie charts of all of the vendor training programs are provided in the handout to illustrate variations in time allocations across all eight topics.

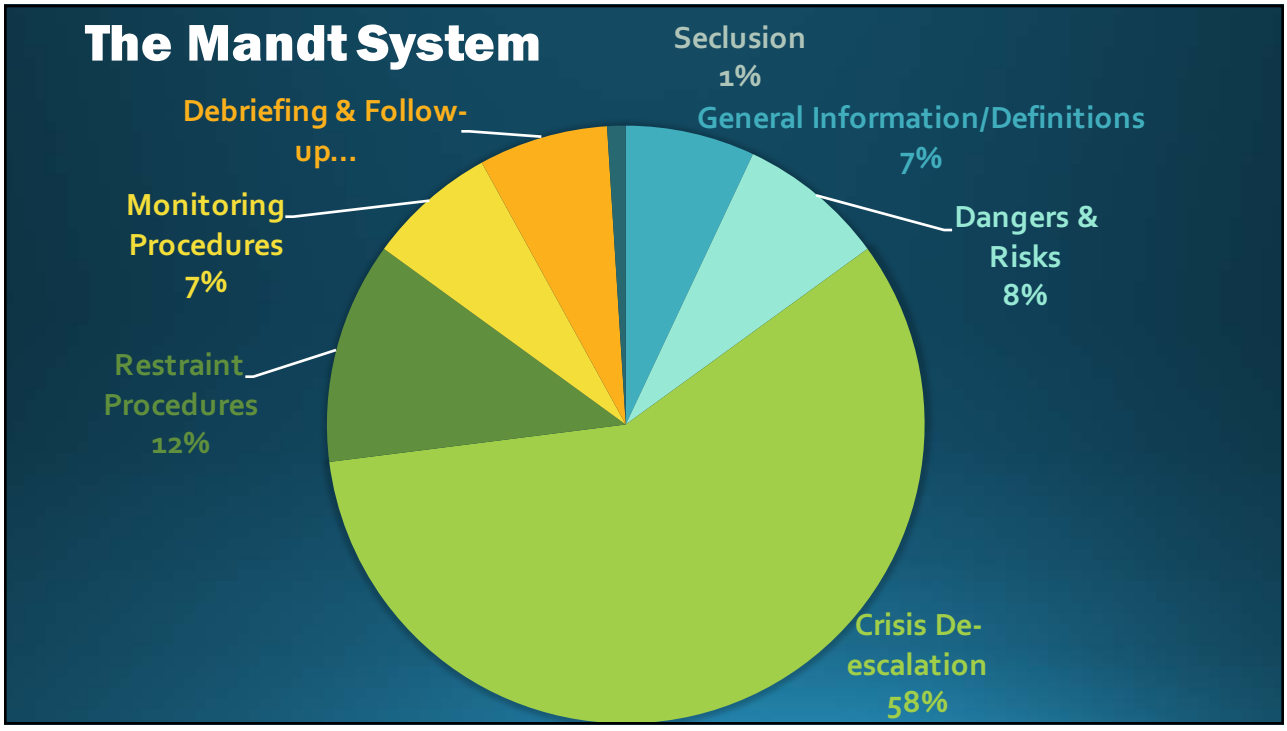
All and additional materials are available at:

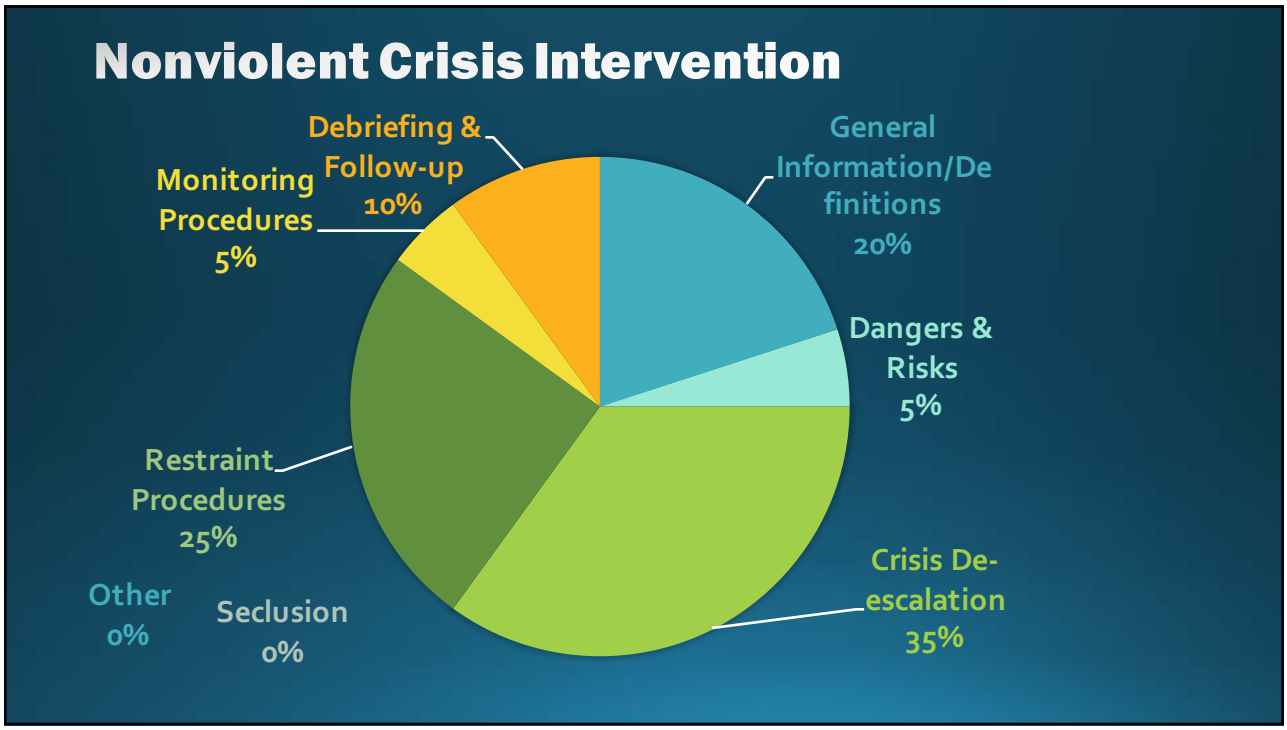
http://k12engagement.unl.edu/study-crisis-intervention-training-programs

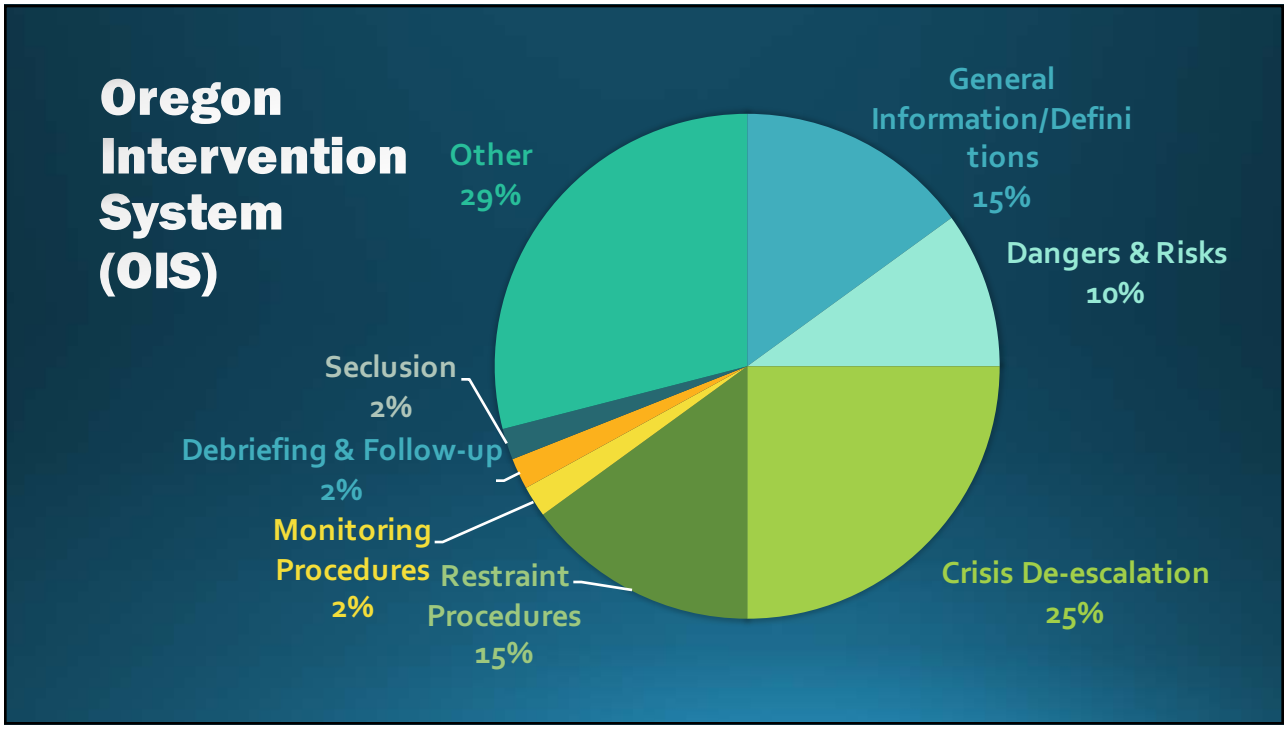
Calm Every Storm

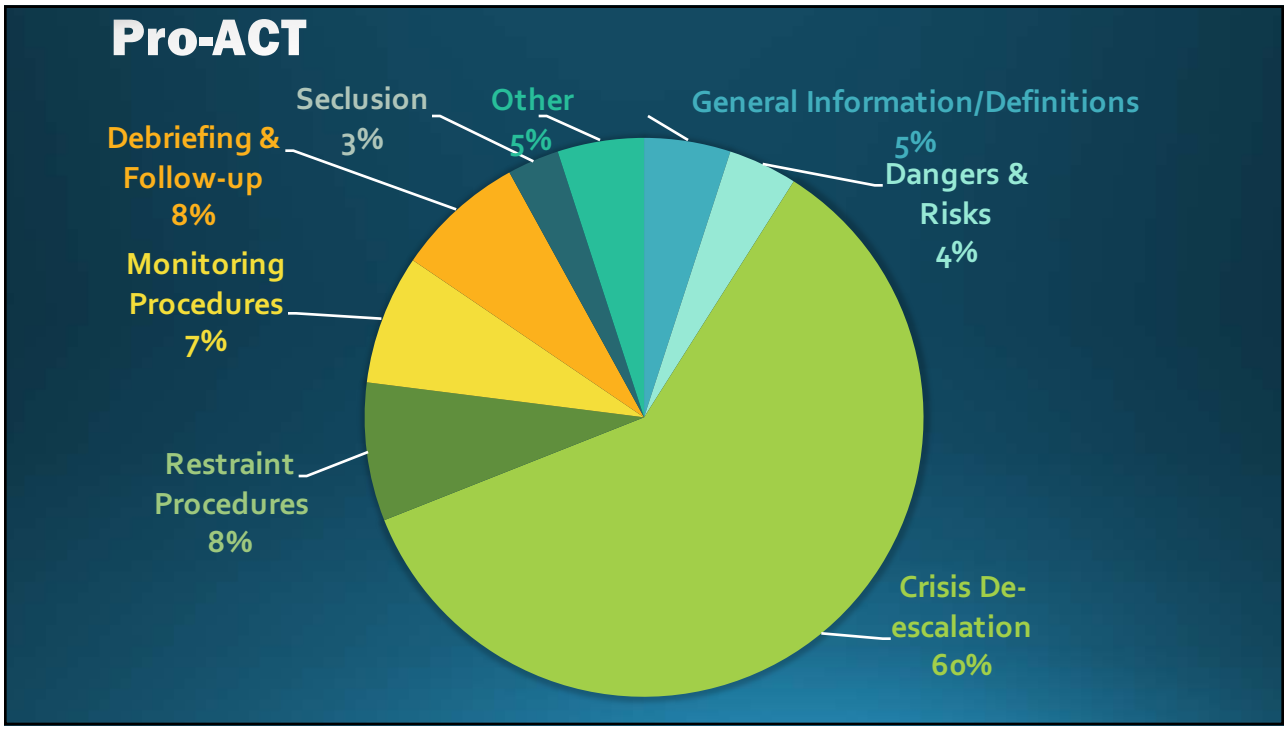


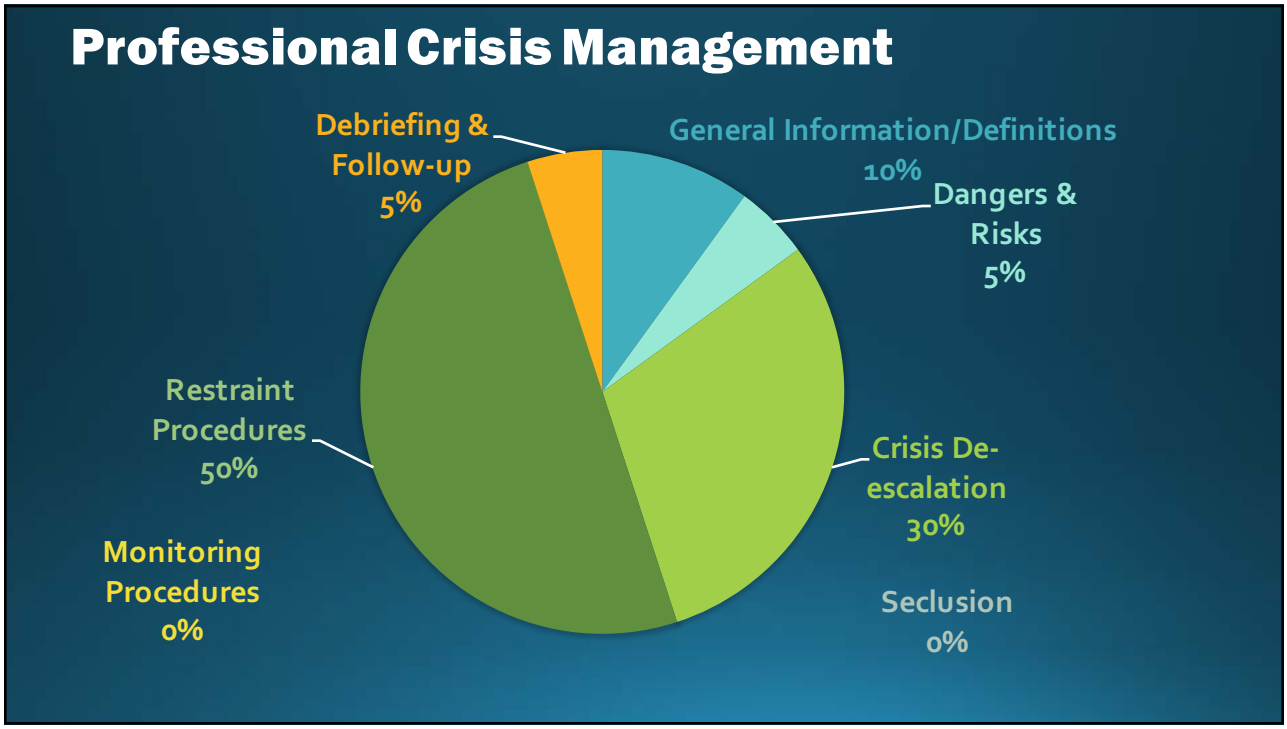

Management of Aggressive Behavior (MOAB)
Seclusion 5%
Other 5%
General Information/Definitions 20%
Debriefing & Follow-up 5%
Monitoring Procedures 10%
Dangers & Risks 15%
Restraint Procedures 20%
Crisis De-escalation 20%

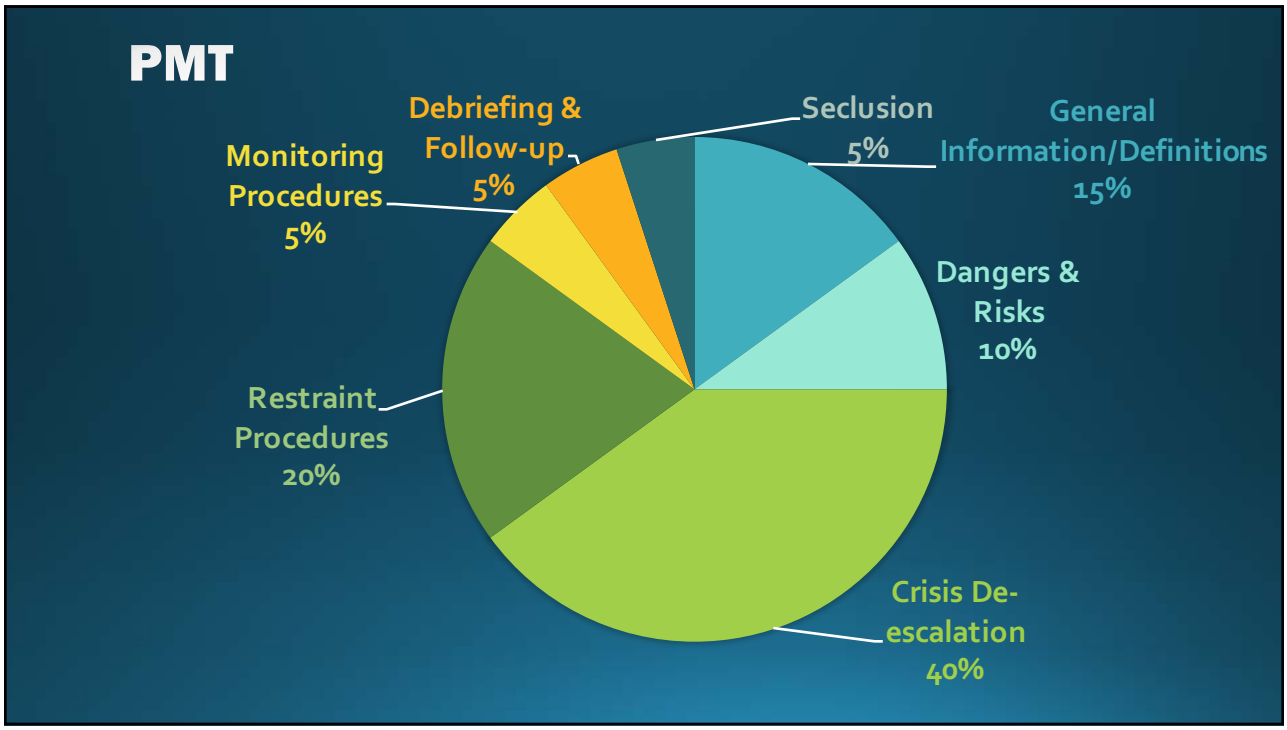

The Mandt System
Seclusion 1%
General Information/Definitions 7%
Debriefing & Follow-up...
Monitoring Procedures 7%
Dangers & Risks 8%
Restraint Procedures 12%
Crisis De-escalation 58%

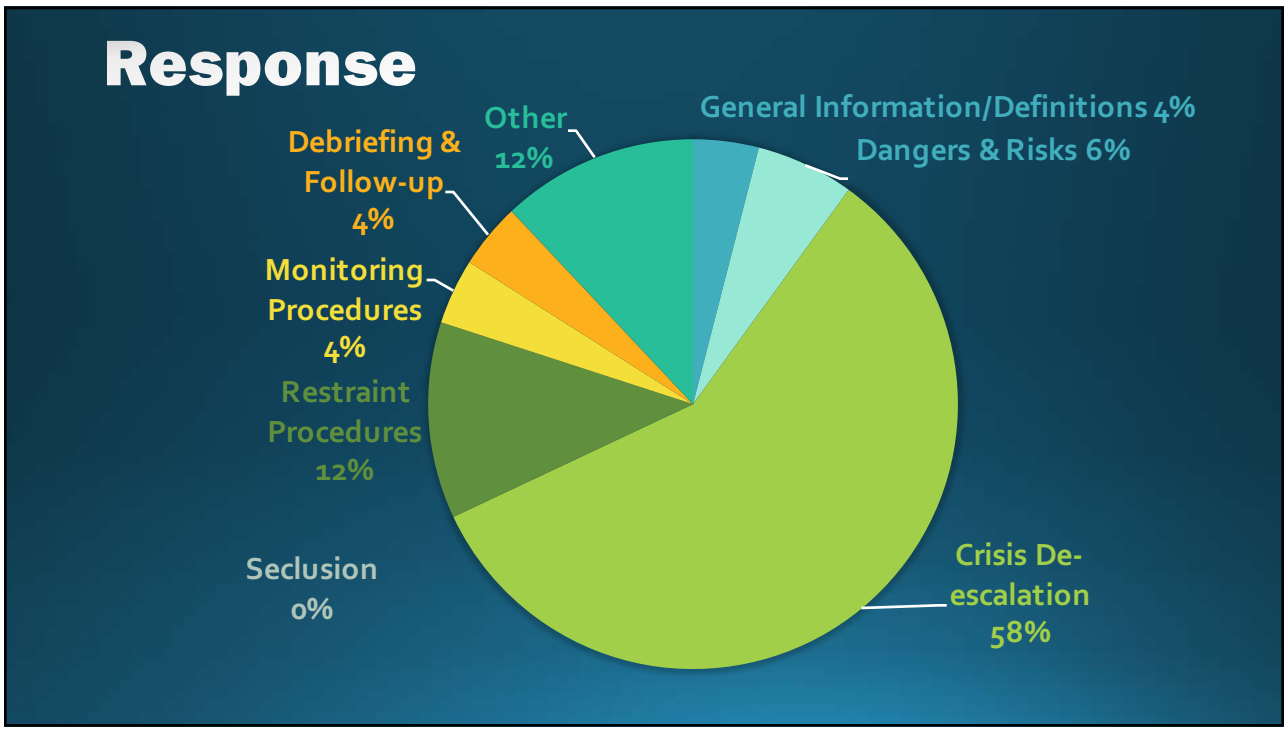

Nonviolent Crisis Intervention
Debriefing & Follow-up 10%
Monitoring Procedures 5%
General Information/Definitions 20%
Dangers & Risks 5%
Restraint Procedures 25%
Other 0%
Seclusion 0%
Crisis De-escalation 35%

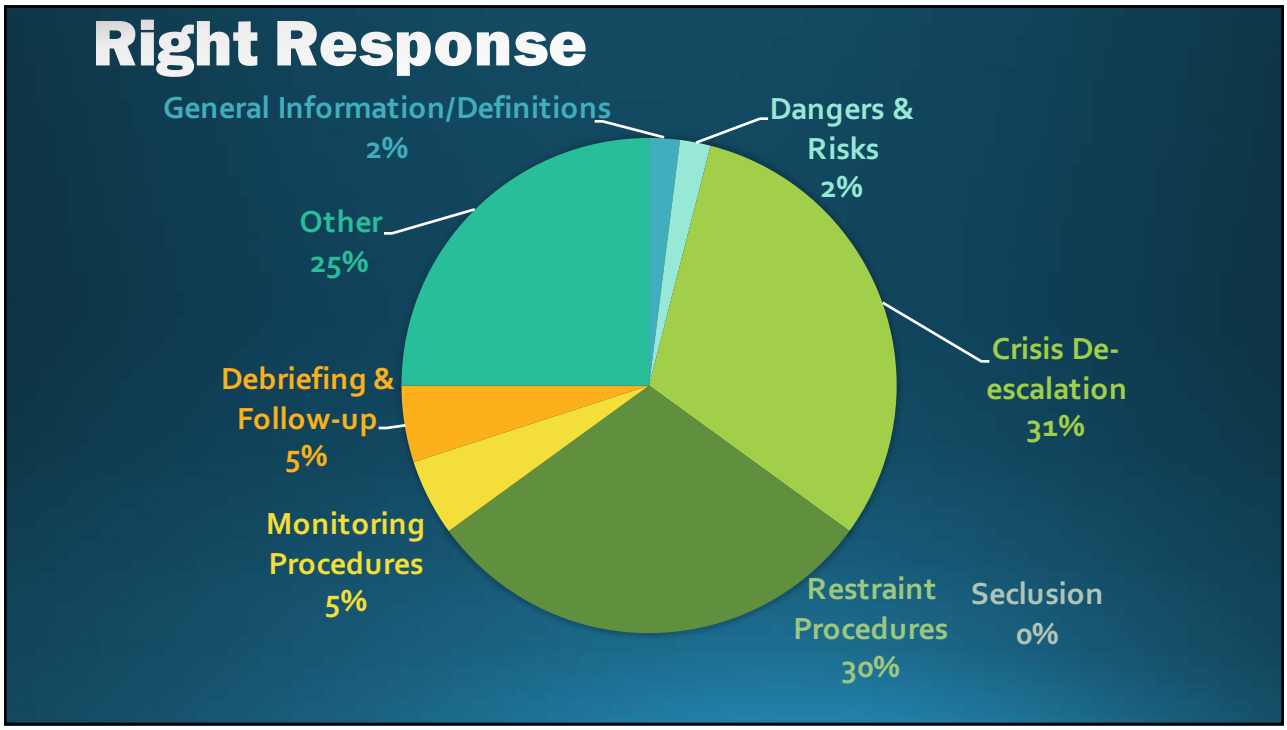

Oregon Intervention System (OIS)
Other 29%
General Information/Definitions 15%
Dangers & Risks 10%
Seclusion 2%
Debriefing & Follow-up 2%
Monitoring Procedures 2%
Restraint Procedures 15%
Crisis De-escalation 25%

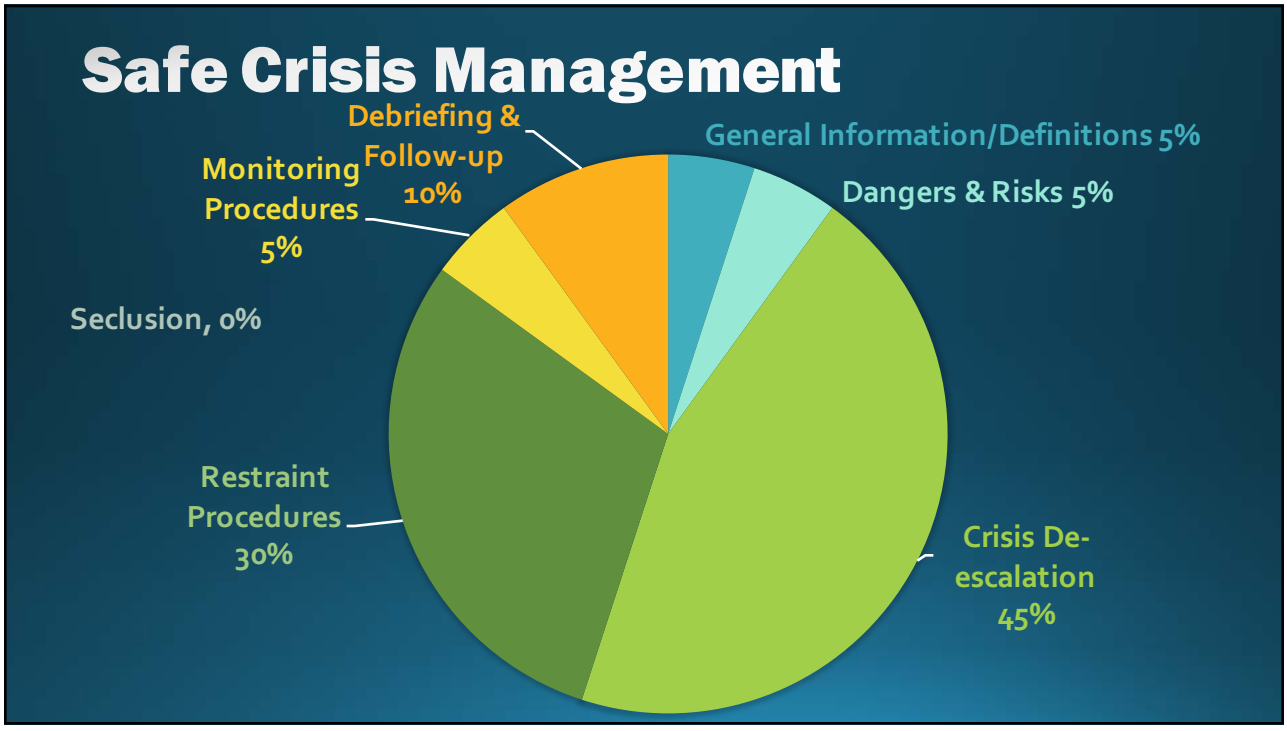

Pro-ACT
Seclusion 3%
Other 5%
General Information/Definitions 5%
Debriefing & Follow-up 8%
Dangers & Risks 4%
Monitoring Procedures 7%
Restraint Procedures 8%
Crisis De-escalation 60%

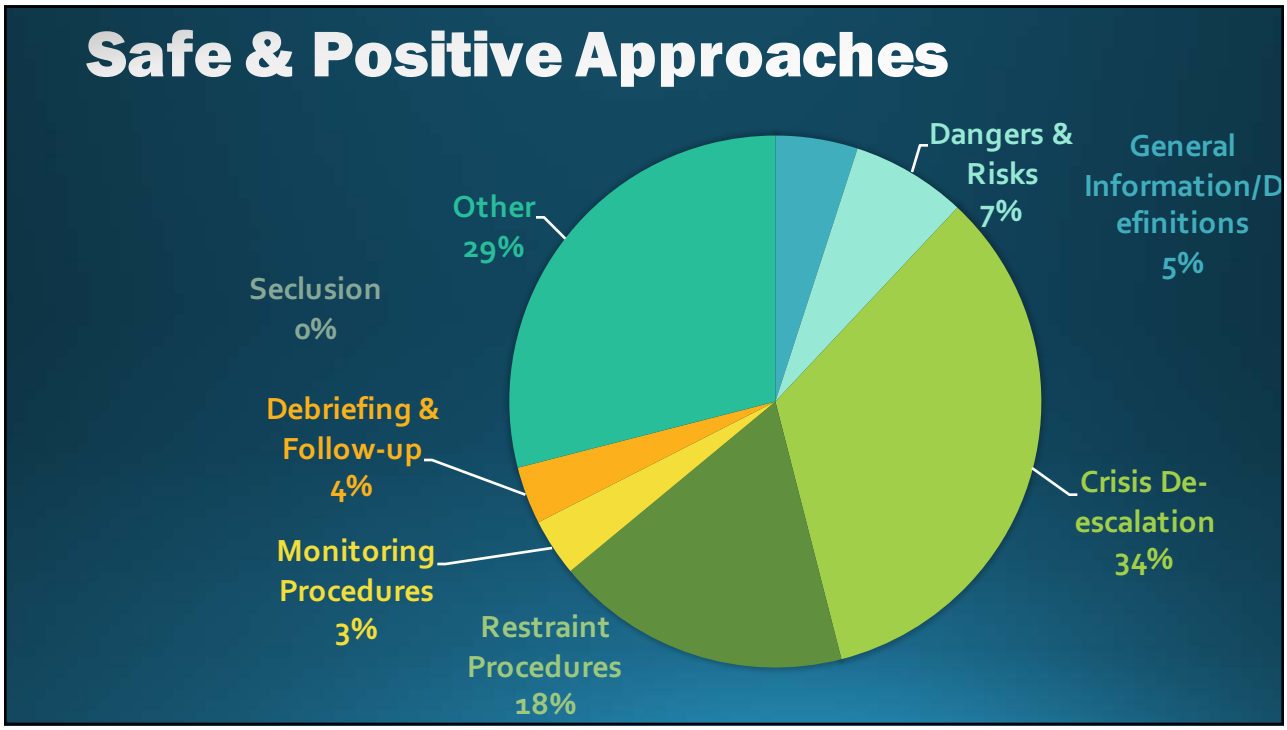

Professional Crisis Management
Debriefing & Follow-up 5%
General Information/Definitions 10%
Dangers & Risks 5%
Restraint Procedures 50%
Crisis De-escalation 30%
Monitoring Procedures 0%
Seclusion 0%

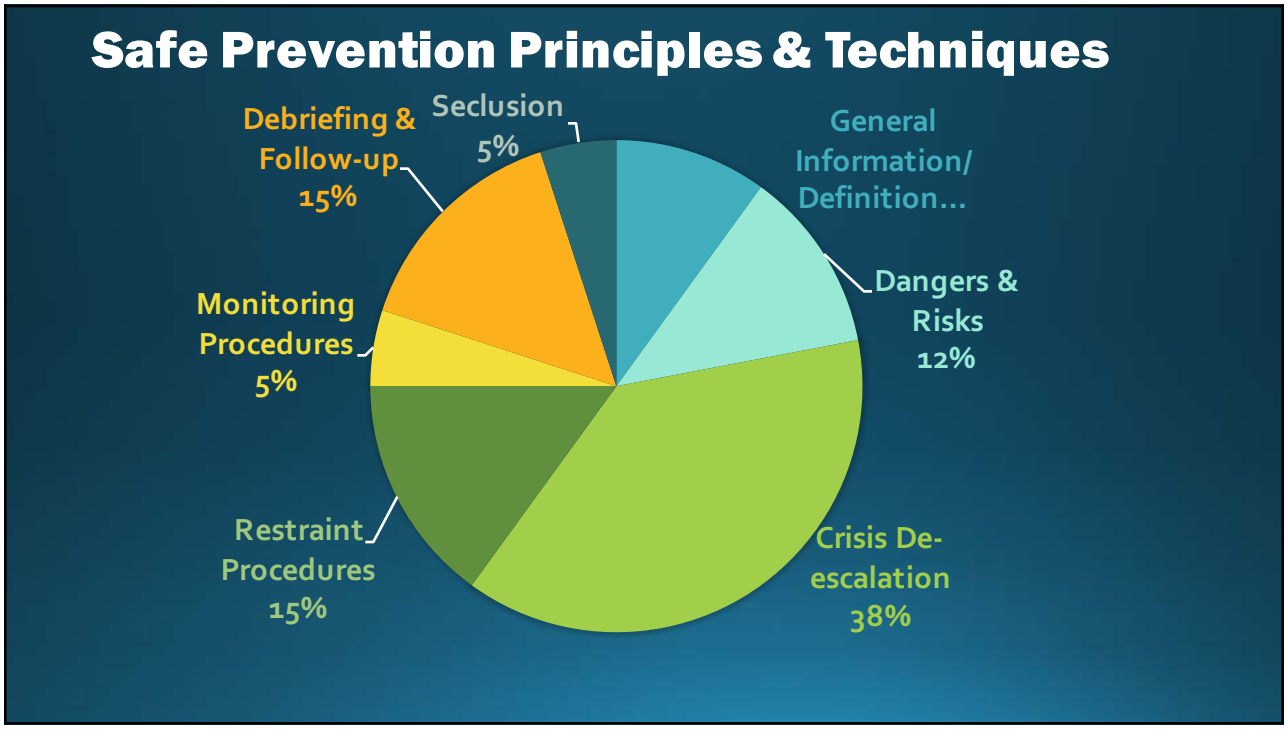

PMT
Debriefing & Follow-up 5%
Seclusion 5%
General Information/Definitions 15%
Monitoring Procedures 5%
Dangers & Risks 10%
Restraint Procedures 20%
Crisis De-escalation 40%

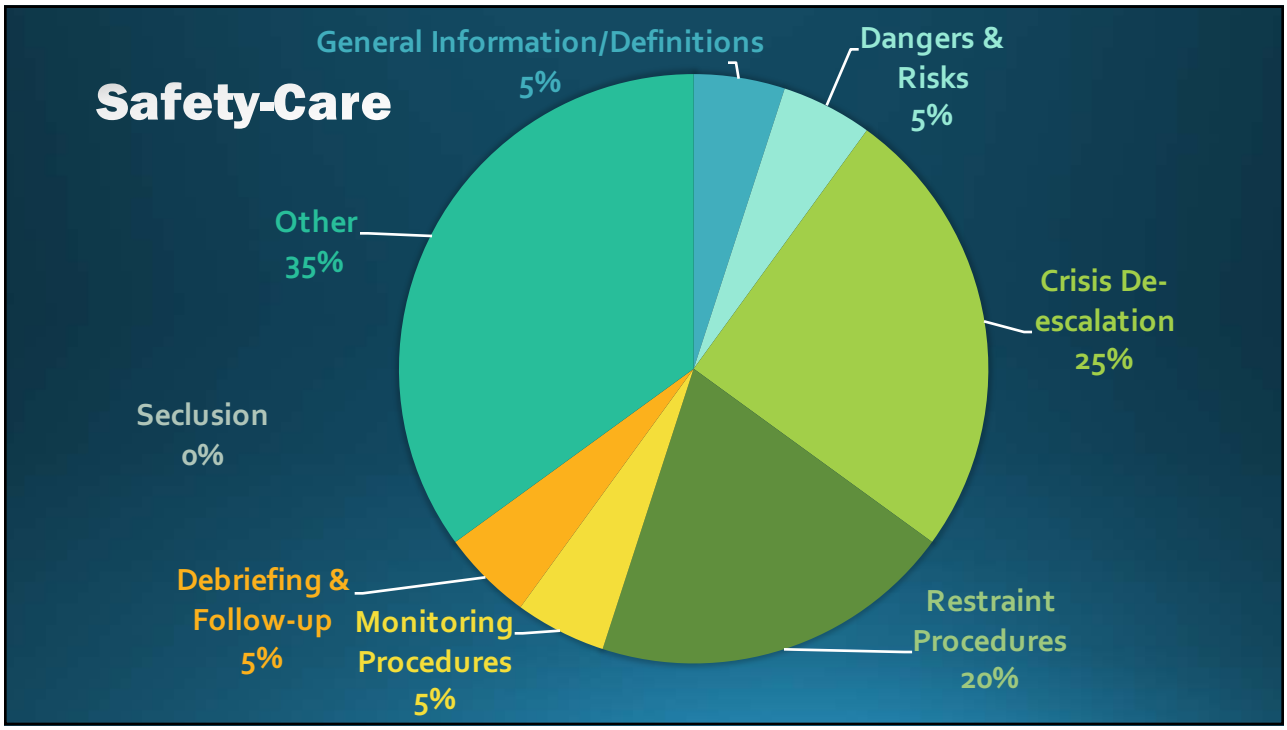

Response
Other 12%
General Information/Definitions 4%
Dangers & Risks 6%
Debriefing & Follow-up 4%
Monitoring Procedures 4%
Restraint Procedures 12%
Seclusion 0%
Crisis De-escalation 58%

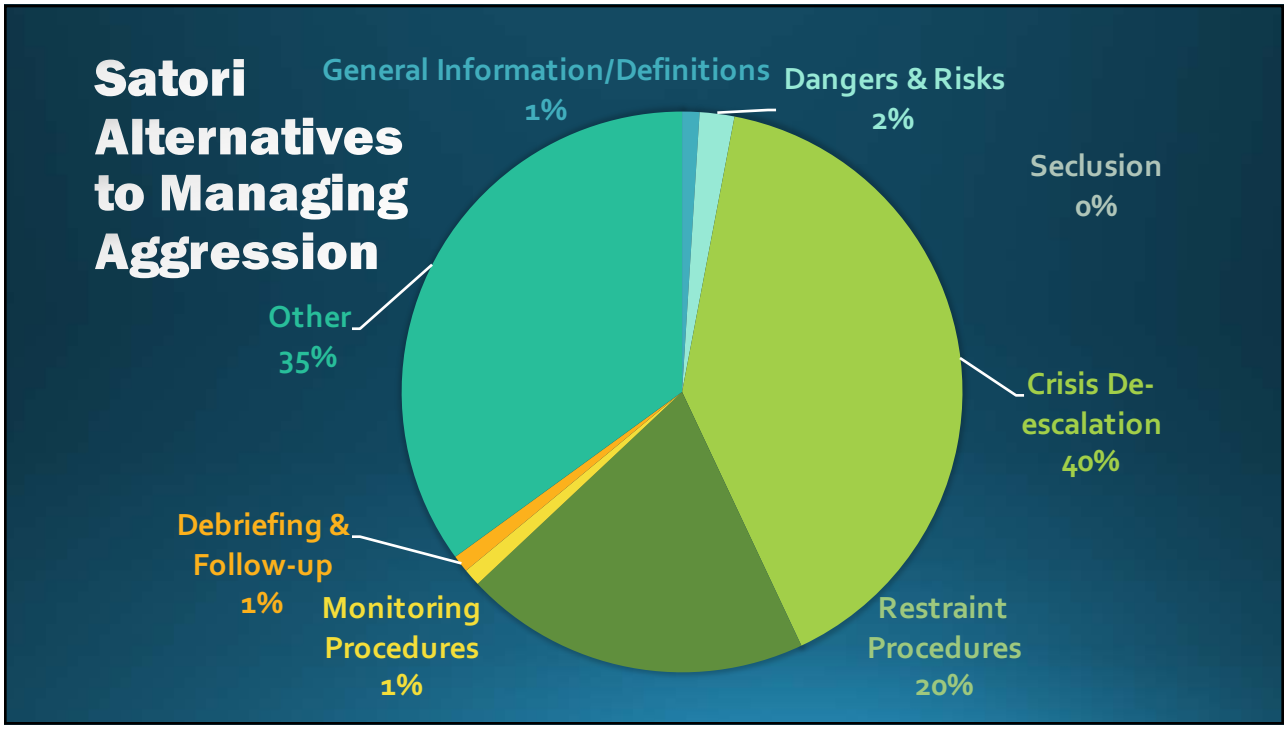

Right Response
General Information/Definitions 2%
Dangers & Risks 2%
Other 25%
Crisis De-escalation 31%
Debriefing & Follow-up 5%
Monitoring Procedures 5%
Restraint Procedures 30%
Seclusion 0%

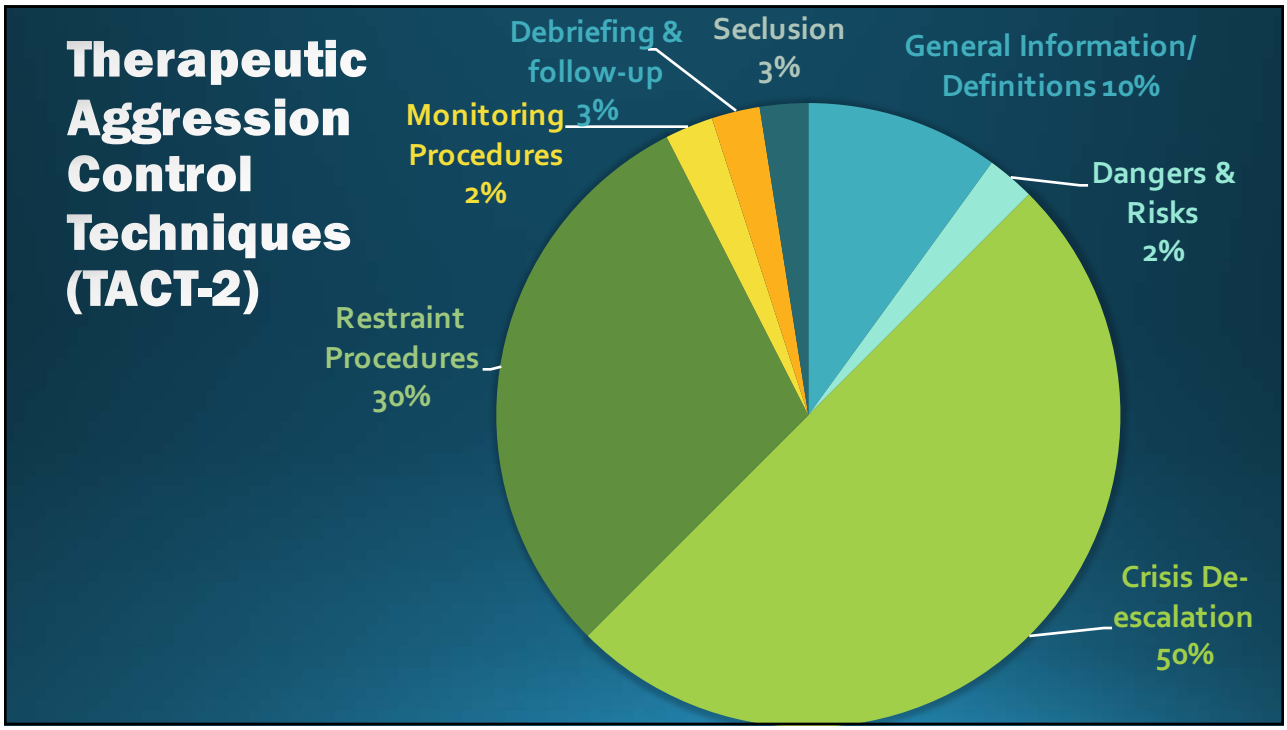

Safe Crisis Management
Debriefing & Follow-up 10%
General Information/Definitions 5%
Monitoring Procedures 5%
Dangers & Risks 5%
Seclusion, 0%
Restraint Procedures 30%
Crisis De-escalation 45%

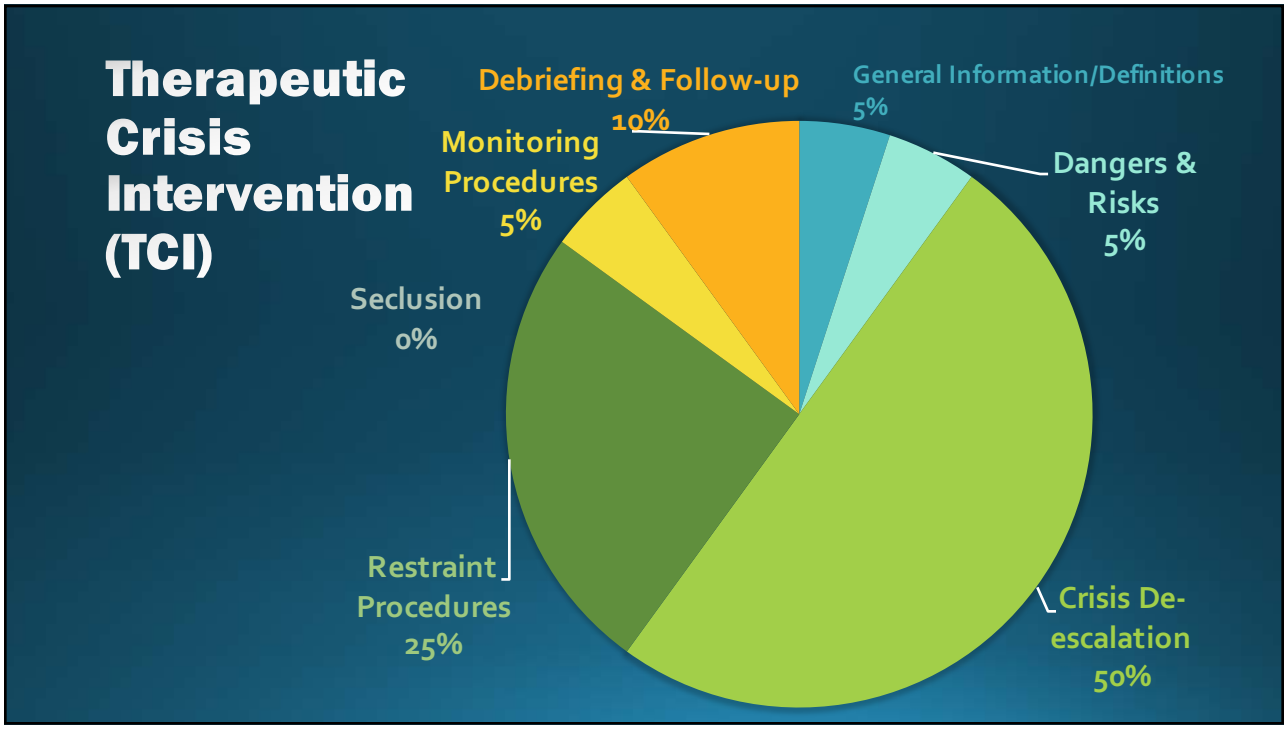

Safe & Positive Approaches
Dangers & Risks 7%
General Information/Definitions 5%
Other 29%
Seclusion 0%
Debriefing & Follow-up 4%
Crisis De-escalation 34%
Monitoring Procedures 3%
Restraint Procedures 18%


Safe Prevention Principles & Techniques
Debriefing & Follow-up 15%
Seclusion 5%
General Information/ Definition…
Dangers & Risks 12%
Monitoring Procedures 5%
Restraint Procedures 15%
Crisis De-escalation 38%


Safety-Care
General Information/Definitions 5%
Dangers & Risks 5%
Other 35%
Crisis De-escalation 25%
Seclusion 0%
Debriefing & Follow-up 5%
Monitoring Procedures 5%
Restraint Procedures 20%


Satori Alternatives to Managing Aggression
General Information/Definitions 1%
Dangers & Risks 2%
Seclusion 0%
Other 35%
Crisis De-escalation 40%
Debriefing & Follow-up 1%
Monitoring Procedures 1%
Restraint Procedures 20%


Therapeutic Aggression Control Techniques (TACT-2)
Debriefing & follow-up
Seclusion 3%
General Information/ Definitions 10%
Monitoring Procedures 2%
Dangers & Risks 2%
Restraint Procedures 30%
Crisis De-escalation 50%


Therapeutic Crisis Intervention (TCI)
Debriefing & Follow-up 10%
General Information/Definitions 5%
Monitoring Procedures 5%
Dangers & Risks 5%
Seclusion 0%
Restraint Procedures 25%
Crisis De-escalation 50%