

Out of Darkness ... Into the Light

New Approaches
to Reducing the Use
of Seclusion and Restraint
with Wisconsin Children

A joint report from Disability Rights Wisconsin,
Wisconsin FACETS and Wisconsin Family Ties.

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EXECUTIVE SUMMARY

Out of Darkness...Into the Light New Approaches to Reducing the Use of Seclusion and Restraint with Wisconsin Children

Children with disabilities in Wisconsin schools and treatment settings regularly and needlessly suffer from harmful practices done in a misguided attempt to manage their “challenging behaviors.” They are subject to physical restraints that include being placed in various holds by staff members—adults who sometimes bring a child to the ground face first and pin him or her at the shoulders and legs. Children with disabilities are strapped or tied to chairs or on backboards. They are secluded in locked rooms and, on occasion, deprived of basic needs like food and bathroom breaks.

All of this and more goes on despite research that shows these techniques clearly exacerbate challenging behaviors and do nothing to teach a child appropriate behaviors.

In Wisconsin, children experience seclusion and restraint in schools, residential treatment facilities, psychiatric hospitals, day treatment centers and other programs. Oversight of these practices from state government is insufficient and, too often, the results are tragic.

A Call for Change

Disability Rights Wisconsin, the state’s protection and advocacy agency for people with disabilities, Wisconsin Family Ties, an advocacy and support organization for families of children with emotional or behavioral disabilities, and Wisconsin FACETS, Wisconsin’s parent training and information center, produced and present this report as a call for change. We submit proof of the need for better public policy and state and federal laws that seriously improve the care and treatment of children.

As advocates who work closely every day with and for people who feel the greatest impact from inappropriate use of seclusion and restraint, we offer specific recommendations for strategies that can prevent untold harm to children. Families and children throughout the state also give voice to their experiences in this report.

We summarize information from current literature about the adverse effects of seclusion and restraint on children and outline how other states and programs successfully reduce the use of these measures. The report compares federal law and Wisconsin laws and regulations to progressive laws in other states.

Depending on the setting, Wisconsin’s laws regarding seclusion and restraint of



Angellika died in May 2006 from complications associated with chest compression asphyxiation, the result of restraint use at a day treatment center in northwestern Wisconsin.

children are nonexistent or out of date. There is no state law or regulation governing the use of seclusion or restraint in public or private schools. A Department of Public Instruction directive is the only “order” on the books and it does not have the force of law or sufficient enforcement. The state law that governs the use of seclusion and restraint in residential and community treatment facilities dates to the mid-1970s.

As discussed here, we know much more about the adverse effects of seclusion and restraint use on children and there is dramatic change in the standard of care regarding use of these measures.

Studies Document the Consequences

Numerous studies and cases document the harsh consequences of seclusion and restraint use. Children, including a 7-year-old Wisconsin girl, have died as the result of restraint use. Others have suffered physical injuries, such as broken bones, and psychological harm, including post-traumatic stress disorder.

Research shows that seclusion and restraint use fails to teach a child more appropriate behavior. It also interferes with their chance to develop trusting relationships with school and program staff members.

During the summer and fall of 2008, 26 families responded to a survey conducted by Disability Rights Wisconsin, Wisconsin Family Ties and Wisconsin FACETS. We asked these families to share their stories and concerns about seclusion and restraint use in schools and residential and community treatment programs.

The majority of responses described seclusion and restraint use in schools. School districts reported as having applied seclusion and restraint on children ranged from small rural districts in the far northern part of the state to large urban and suburban districts in southeastern Wisconsin. We also received reports of seclusion and restraint use in one of the state’s mental health institutes, in day treatment programs, a day-care center and residential treatment facilities. The children ranged in age from 3 to 17 years old, and most were in elementary and middle school. Diagnostically, the majority of the children have an Autism Spectrum Disorder. The second largest group has significant mental health problems such as bipolar disorder, ADHD, anxiety or depression.

When parents learned about the seclusion and/or restraint use with their children, many reported feeling “angry,” “horrified,” “scared,” “frustrated,” and “extremely upset.” They reported seeing a range of effects on their children as a result of the seclusion and/or restraint—including physical injuries, extreme mental health problems, like a suicide attempt and psychosis requiring hospitalization, the development of post-traumatic stress disorder, loss of trust in school and staff, fear of small places, social regression, self-injurious behavior and fear of adults. A number of children needed psychological counseling to help them deal with these issues.

New Models of Intervention

A growing body of experience and literature promotes alternative ways to address challenging behaviors in children and decrease seclusion and restraint use. The

Child Welfare League of America (CWLA) developed an approach that incorporates key strategies under seven headings:

- Family involvement
- Supportive leadership
- Consumer-centered organizational culture
- Written policies, procedures and practices
- Staff training
- Reforming the treatment milieu
- Continuous quality improvement.

In addition to these strategies, there is also growing consensus in the literature that Positive Behavioral Interventions and Supports (PBIS) are an effective way to prevent problem behaviors that lead to seclusion and restraint measures. Among supports defined as PBIS are reinforcement of appropriate behaviors, active teaching, clear communication of rules, consistent provision of corrective consequences, and ongoing monitoring of data about student behavior.

Given the significant numbers of children with histories of trauma and violence in their lives, it is critical to develop trauma-informed and sensitive approaches. Trauma-informed care is built on an understanding of the role of trauma and violence in the lives of children and their families.

Strategies seek to do no further harm, to create and sustain zones of safety for children, and promote coping, resilience, strengths-based programming, growth and healing. Failure to recognize the effects of trauma and its impact on behavior creates a situation where programs may retraumatize children through the use of punishment, restrictive measures, multiple placements and inappropriate programming.

At least 20 states have legislation or administrative rules that regulate the use of seclusion and restraint in schools. Wisconsin is not one of them. In addition, there is no federal law governing the use of seclusion and restraint in schools.

Federal legislation does govern seclusion and restraint use in hospitals and certain residential treatment programs. Wisconsin's patient rights law also regulates use of these measures, but it is more than 30 years old and does not meet current standards of care.

What Needs to be Done...Now

Based on the information in this report, Disability Rights Wisconsin, Wisconsin Family Ties and Wisconsin FACETS urge Wisconsin lawmakers and other policy makers to act *now* before more children die or are permanently scarred by the oppressive use of seclusion and restraint. Specifically, we recommend passage of federal and state laws governing seclusion and restraint use in schools. We also advocate substantial revision of Wisconsin's existing law on the use of seclusion and restraint in treatment settings. Changes in law and policy must include these actions:

- Develop programs and policies that emphasize Positive Behavioral Interventions

and Support programs for children in schools and residential and community treatment programs;

- Require evidence-based training for staff in schools and treatment programs that teaches them about Positive Behavioral Interventions and Supports, crisis de-escalation, trauma-informed care, and ways to reduce the use of seclusion and restraints;
- Develop a policy on crisis management and regulation of the use of seclusion and restraint by each school/facility that uses these measures;
- Limit the use of seclusion and restraint to situations where a child's behavior presents an imminent danger of serious physical harm to self or others;
- Provide prompt notification to parents whenever these measures are used;
- Require documentation and reporting of each episode to school/agency administrative and supervisory personnel, parents and the appropriate state agency with oversight;
- Specify who is authorized to allow the use of seclusion or restraint, dictate the length of time these measures are used, the required monitoring and documentation, and implementation of other safety procedures;
- Require mandatory debriefing after each use of seclusion or restraint, including discussion of strategies to prevent future use; and
- Institute data reporting to state oversight agencies and meaningful enforcement mechanisms for use by these agencies when violations of the law occur.

The authors of this report believe all children with disabilities have the right to grow up free from the use of restraint, seclusion or coercive interventions to control their behavior. Wisconsin must act now to replace existing outmoded measures with positive approaches that do not harm children and lead to better long-term outcomes.



Bruising injuries alert parents

Calvin is a child with autism who experienced the use of restraints in both school and treatment settings. When his parents noticed bruising on his arms and chest, they questioned school administrators about unauthorized restraint use. The school subsequently changed its approach and eliminated restraints. In a similar incident at a mental health institute, staff members attributed the boy's bruises to self-injury. The injuries ceased once Calvin's parents confronted those in charge and demanded better documentation of the practices used with their son.

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