

TESTIMONY

H.409 Ending Prone Restraint and Seclusion in Vermont

**ALLIANCE
AGAINST**

**SECLUSION
&
RESTRAINT**

PRESENTED BY GUY STEPHENS

MARCH 21TH

HOUSE COMMITTEE ON EDUCATION



HELLO!

I AM GUY STEPHENS



Father

I am the father of two amazing children, who are the inspiration for my work.



Founder

I am the founder and executive director of the Alliance Against Seclusion & Restraint.



National Expert

I am a national expert on the issue of restraint and seclusion.



Focus

I believe we can do better for our schools' students, teachers, and staff.

APPRECIATE THE OPPORTUNITY

Thank you for the opportunity to join you all today. This is an important topic and one that can make a positive difference for students, teachers, and staff in Vermont.





WHY THIS IS IMPORTANT

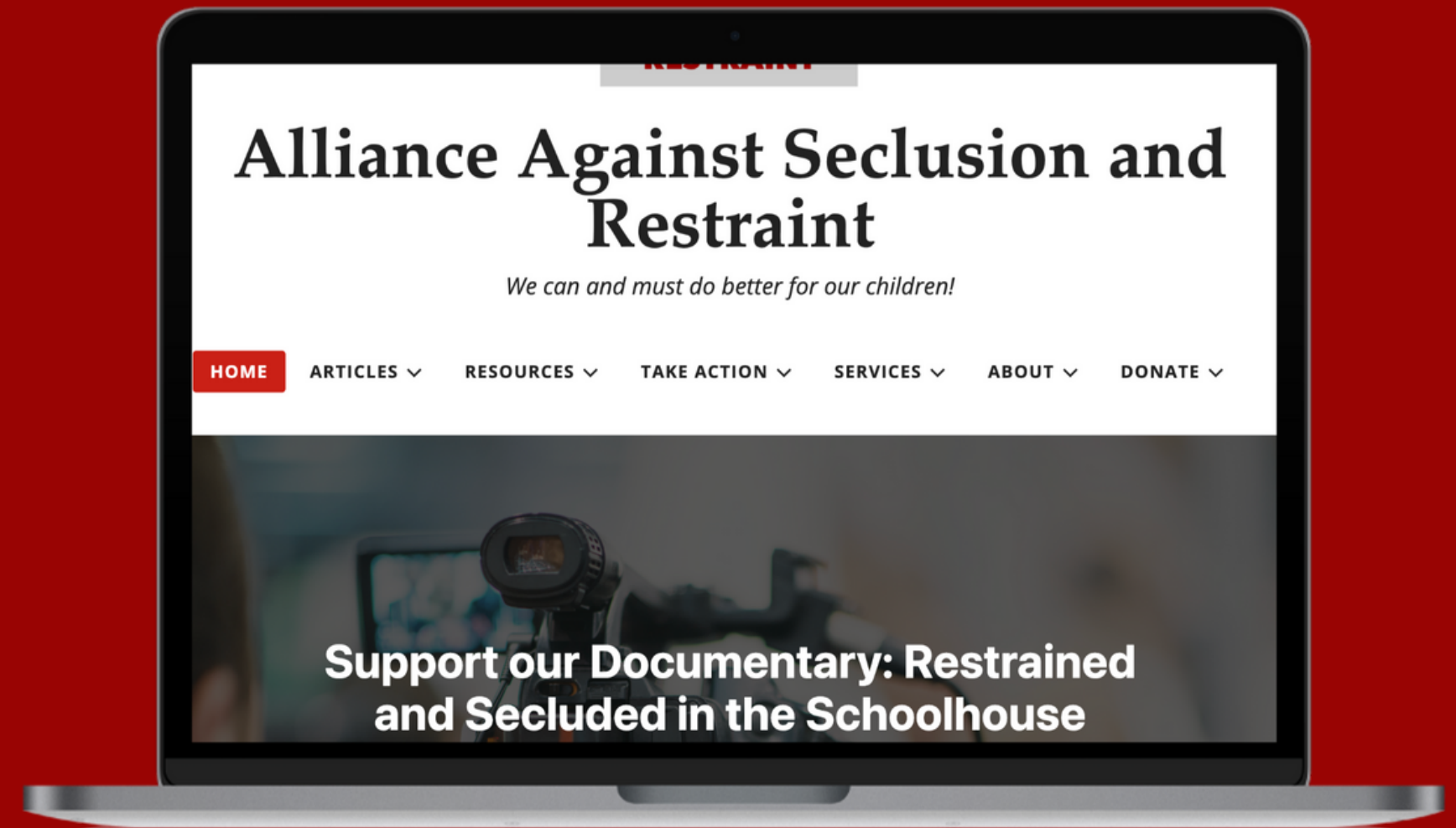
Personal Experience

My neurodivergent son was restrained and secluded in a public school in Maryland. This led to significant trauma for my son and family.

I promised my son that I would do everything in my power to make sure it never happened to him again. This led me down a road of advocacy where I learned the impact of punitive discipline on children and knew there had to be a better way.

THE ALLIANCE AGAINST SECLUSION & RESTRAINT

In March 2019, I started a nonprofit, the Alliance Against Seclusion and Restraint (AASR) to raise awareness about the use of aversive practices, including restraint, seclusion, suspension, expulsion, and corporal punishment in classrooms in schools across our nation (and beyond).





BECAME AWARE OF ISSUE

In May of 2022, I became aware of the issue in Vermont when a concerned educator reached out to our organization because he was concerned about the use of prone restraint and seclusion in Vermont.

I was surprised that Vermont still allowed prone restraint.

I have met many educators and families in Vermont that are supportive of this important legislation.

AGENDA

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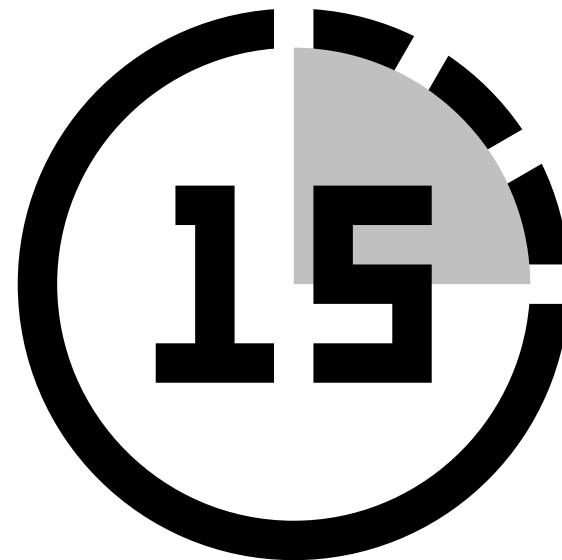
The Problem

2

Why Now?

3

Solutions





**“
DO THE BEST YOU CAN
UNTIL YOU KNOW
BETTER. THEN WHEN
YOU KNOW BETTER,
DO BETTER.”**

Maya Angelou

1

THE PROBLEM



WHAT IS A PHYSICAL RESTRAINT?

A personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term physical restraint does not include a physical escort.

It is not a hug...

It's not therapeutic...

It is a crisis management intervention.

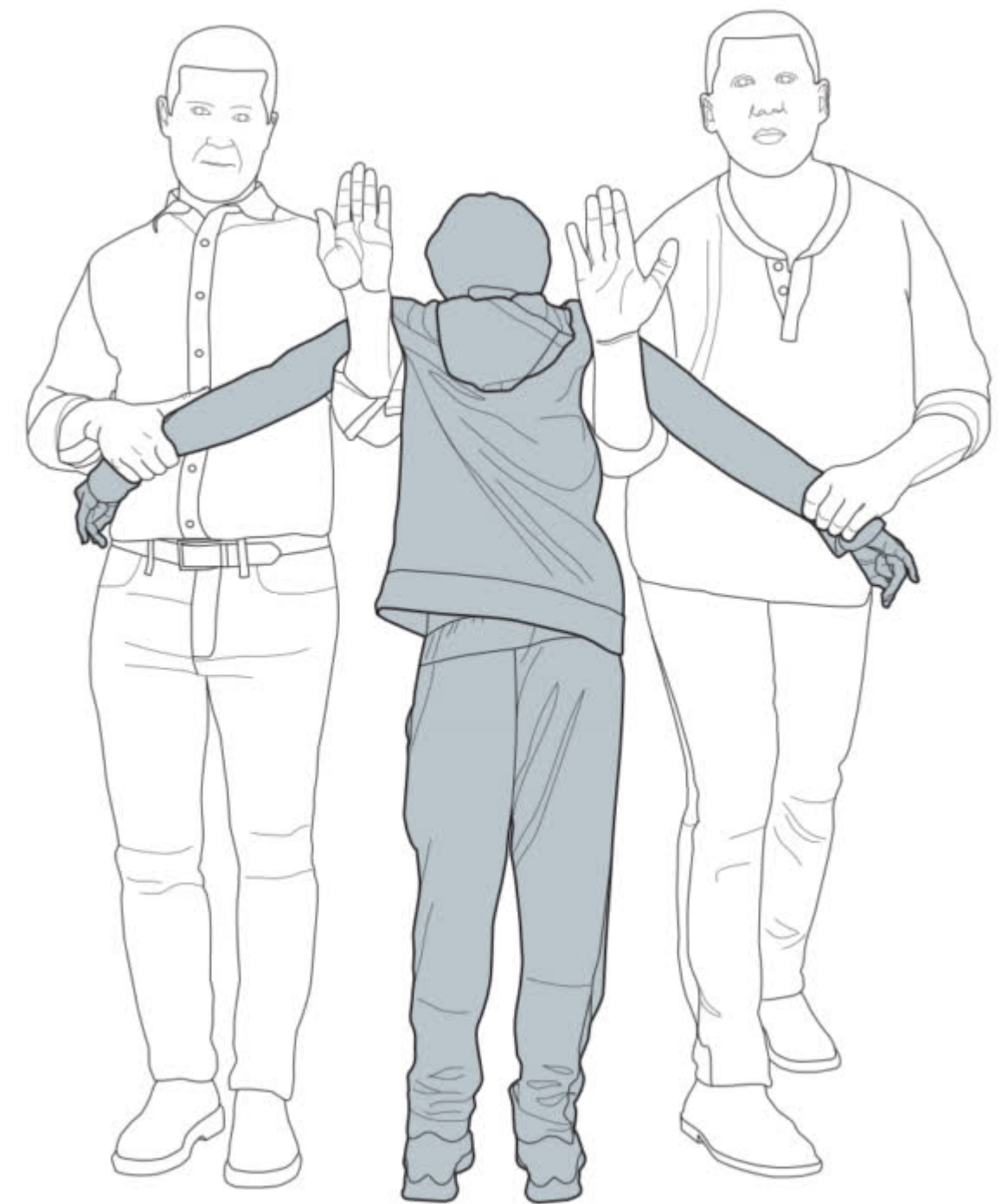


WHAT IS PRONE RESTRAINT?

Prone, or facedown, restraints begin like supine restraints. Employees then turn the student onto his front and secure his arms and legs. Workers are told to avoid putting pressure on the student's back, which can inhibit breathing.

34 states ban prone restraint in schools

Many deaths have occurred due to the use of prone restraint, as it can lead to positional asphyxia.



WHAT IS A SECLUSION?

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

Seclusion is not:

- A sensory room
- A self-directed break
- A timeout

Georgia, Texas, Pennsylvania, Nevada, Hawaii, Maryland, Florida, and Illinois all have laws prohibiting seclusion.





Definition

IMMINENT, SERIOUS, PHYSICAL HARM

Imminent, serious, physical harm has the same meaning as serious bodily injury as used in the Individuals with Disabilities Education Act (IDEA). It means bodily injury which involves:

- A substantial risk of death;
- Extreme physical pain;
- Protracted and obvious disfigurement; or
- Protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

This is an intentionally high standard.



MORE OFTEN

- **Non-compliance**
- **Disrespect**
- **Bad language**
- **Minor injury**
- **Punishment**
- **Property damage**
- **Convenience**
- **Staffing shortages**

WHO IS IMPACTED?



Restraint and seclusion are used disproportionately on **students with disabilities, Black and brown students, and boys.**

Elementary school students are more likely to be restrained or secluded.

Children who are placed in **more restrictive settings** are more likely to be restrained and secluded.

Children with a **trauma background** are more likely to be restrained and secluded.

TRAUMA, INJURY, & DEATH

Restraint and seclusion are aversive interventions that are used by school personnel in crisis management situations to manage behaviors of concern. It is most frequently used on the youngest and most vulnerable children.

Trauma



Students, teachers and staff are traumatized

Injuries



Students, teachers and staff sometimes injured

Death



Too many children have died being restrained

THE PUNITIVE TRAUMA CYCLE

Children/youth who have been traumatized may feel unsafe and enter a hypervigilant state. This can lead to distress behaviors when the child/youth becomes overwhelmed or triggered. The situation may escalate when demands are placed on the individual that they cannot meet. This may lead to fight, flight, or freeze behavior, which may lead to punishment and re-traumatization.



MYTH: RESTRAINT IS SAFE



Variations

- Safe when performed by trained staff.
- Safe and therapeutic.
- We are trained in safe restraint.
- Some kids like it.

Truth

Restraint is never without risks. When children are restrained both the child and adult are likely to enter a fight or flight mode. This increase risks to all involved. Often the adults involved are much larger than the children, elevating the danger.



MYTH: SECLUSION HELPS KIDS TO CALM DOWN

Variations

- Children need a space to self-regulate.
- Child needs a quiet place to cool down.

Truth

There is nothing calming about being forced into a small room, alone while the door is held shut. Imagine your reaction if you saw this while out shopping.

Children do not calm down in a seclusion room, and rather they may enter into a dissociative state.

MYTH: THE ONLY OPTION



Variations

- What else do you expect us to do?
- We need to protect the other students.
- We need to protect against self-harm.

Truth

There are many things that can be done differently to reduce and eliminate the use of restraint and seclusion.

2

WHY NOW?

THESE ARE DIFFICULT TIMES

The global COVID pandemic disrupted our lives and derailed our education system. The pandemic was traumatic for many children and families. It was a difficult time for education and educators. Children have missed out both on learning and key social growth. Our classrooms are dysregulated, we see more behaviors, and we need the right solution to move forward.





DEPARTMENT OF JUSTICE

Two years ago, the United States Department of Justice began investigating school districts nationwide over the use of isolation and restraint. Since they began this work, they have investigated several school districts. These investigations have led to settlement agreements that have found that schools have been violating the right of disabled children through the use of restraint and isolation.

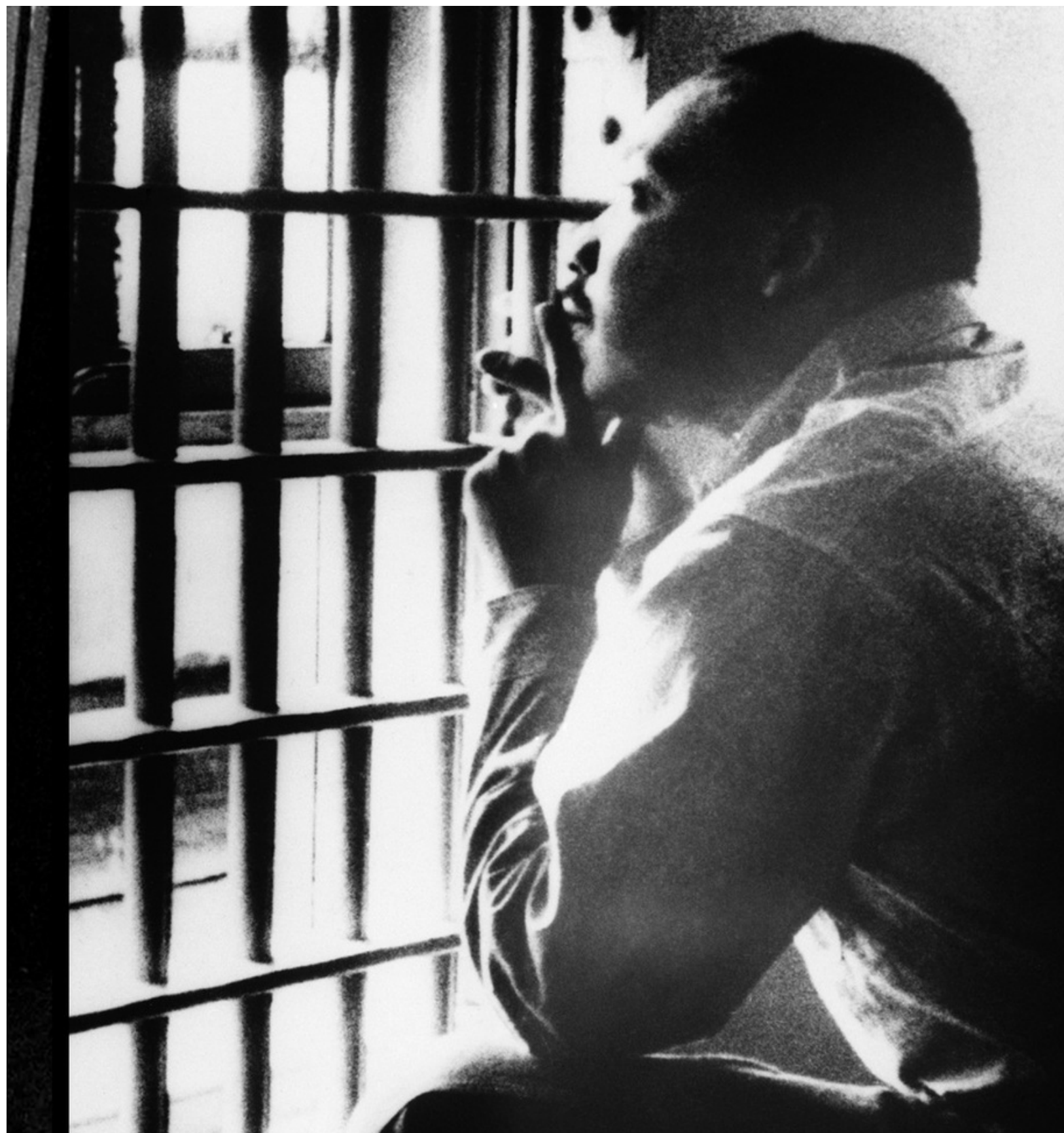
They have yet to find an appropriate use for seclusion in the schools they have investigated. All of the DOJ settlement agreements have required a prohibition on the use of seclusion in schools.

CRISIS PREVENTION INSTITUTE

CPI is the largest training company in the nation that provides crisis management training to schools. This includes training in the use of de-escalation and physical skills, including holds or restraints.

In December we announced a partnership that aims to accelerate progress on the shared goals of eliminating the use of seclusion and reducing the use of physical restraints in classroom environments nationwide





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**THE TIME IS ALWAYS RIGHT
TO DO WHAT IS RIGHT.**

Martin Luther King Jr.

3

SOLUTIONS



A BETTER APPROACH

Trauma-informed



The adverse childhood experiences study (ACES) tells us nearly 1 in 6 had experienced four or more types of ACEs. Today many children entering our classrooms have experienced trauma.

Neuroscience-based



Understanding stress-based responses helps us to understand that not all behavior is volitional. We need to focus on teaching about adults and children about brain state & co-regulation.

Relationship-driven



The more healthy relationships a child has, the more likely she will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.*

Collaborative



Rather than always doing things to children we need to shift to working with children. We should foster a collaborative partnership between adults & kids for solving the problems that affect their lives.



GRAFTON INTEGRATED HEALTH

Let me share a story about an organization that eliminated seclusion and drastically reduced the use of restraint.

- Eliminated seclusion
- Reduced restraint (does not use prone)
- Increased teacher satisfaction
- Decreased staff turnover
- Saved millions of dollars

STAFF TRAINING



What training is needed to end the use of seclusion?

None, it is a matter of discontinuing the practice. Many schools lack seclusion rooms. When you don't have a seclusion space, you find another way.

What type of training is needed to end the use of prone restraint?

None. School staff are currently trained in other methods of restraint that can be used in place of a prone restraint.

What type of training will help schools move away from these approaches?

- Trauma-informed practice
- Applied educational neuroscience
- Collaborative and Proactive Solutions
- Ukeru

QUESTIONS





THANK YOU!

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