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Effective Practices for Reducing the Use of Restraint and Seclusion

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Effective Practices for Reducing the Use of Restraint and Seclusion

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A Literature Review Presented

In Partial Fulfillment of the Requirements

For the Degree of Master of Education

May 2021

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Abstract

Restraint and seclusion are harmful practices that are often imposed upon vulnerable student populations. This literature review examines the prevalence of such practices, the ethical considerations associated with their use, and effective strategies for limiting their use. The research reveals the importance of evidence-based approaches in reducing restraint and seclusion practices. Models that utilize compassionate, trauma-informed care and promote emotional regulation strategies are shown to be the most successful in reducing the use of these detrimental behavior management practices. One specific approach, Collaborative and Proactive Solutions (CPS), was found to incorporate each of these elements into a model that minimizes the use of restraint and seclusion.

Keywords: Restraint and seclusion, evidence-based practices

Minimizing Restraint and Seclusion

For decades, educators have debated the most effective methods of managing student behavior. Some early theories focus on behavior modification through rewards and punishment. B.F. Skinner's work on behavior therapy is one such theory. His work demonstrated that behavior can be shaped through positive or negative reinforcements. Rewards can be used as a positive reinforcement to encourage behaviors, and punishment can be used as a negative reinforcement to discourage behaviors (Scott et al., 2021). The problem with this type of approach is two-fold. First, the use of consequences and punishments can be taken too far, even to the point of harming students either mentally or physically. Second, the practices based in such theories ignore the potential influence of interpersonal interactions on an individual's behavior.

The research of Dr. Stephen Porges was the first to provide some insight on the potential problems with such behavior modification theories. His work, often referred to as the Polyvagal Theory, identified behaviors as neurobiological responses to the environment. Certain neurobiological responses, or communications between regions of the brain known to regulate fear behavior, occur at both the conscious and unconscious levels. Porges concluded that the nervous system, independent of any conscious awareness, is continually evaluating the environment to determine if it is safe. A determination of safety results in positive, engaging social behaviors. A determination of risk results in negative, defensive social behaviors. This continual assessment of the environment for risk, danger, and safety outside of one's conscious awareness was referred to as neuroception (Porges, 2004). Dr. Mona Delahooke's research built upon the Polyvagal Theory: she shifted the paradigm from focusing on the need to eliminate undesirable behaviors to providing children with personalized signals of safety. This shift

highlighted the importance of interpersonal interactions (Delahooke, 2019). Her work identified practical applications of the principle of neuroception that can be used to guide interactions with students and minimize harmful disciplinary actions.

This literature review will examine the prevalence of aversive behavior management practices, such as restraint and seclusion, that can cause harm to students. The purpose of this review is to determine the common elements of alternative practices that have demonstrated effectiveness in the reduction of restraint and seclusion. This review will also consider which model effectively incorporates these identified elements. The potential of this approach to significantly reduce or eliminate harmful disciplinary procedures will be addressed.

This review will cover relevant topics in the fields of education, neuroscience, and psychology. A significant amount of the research focused on child psychology. Many studies identified practical ways to support children with emotional and behavioral difficulties both inside and outside of the classroom setting. For the purpose of this review, the terms “restraint and seclusion,” “evidence-based practices,” and “Collaborative and Proactive Solutions” were used as guides in searches of several databases, including ERIC and ProQuest. Government agencies and civil rights watchdog groups provided important data on the prevalence of harmful practices as well as a historical perspective on public awareness regarding the problems of restraint and seclusion. Sources ranged from 2004-2021 publication dates with older documents laying theoretical backgrounds and historical foundations instrumental in understanding the current issues. The intersection of education practices, brain science, and behavioral influences is a promising area of research. Each of these areas provided important data to support the need for and apparent effectiveness of applying relational psychology principles that are based in neuroscience to behavior management practices.

It is evident that the principles of the Polyvagal Theory as they relate to interpersonal interactions can be applied to the field of education. In schools and classrooms where these principles have been used, there has been significant reduction in the use of harsh tactics such as restraint and seclusion. In districts where evidence-based strategies (often rooted in the concepts of neuroception such as co-regulation) were introduced, administrators and teachers reported a marked decrease in the use of aversive discipline practices. These findings show that if the core principles of relational neuroscience are in place, student behavior can be managed in ways that greatly reduce and often eliminate forceful measures such as restraint and seclusion.

In this review, evidence will be presented showing the prevalence of aversive practices such as restraint and seclusion in schools across the country as well as the damaging effects on individual students and school systems. Next, evidence-based practices and strategies will be examined to uncover the importance of felt-safety and interpersonal relationships at their core. The impact of these strategies on the frequency of use of restraint and seclusion will also be investigated. Finally, a case will be made for use of the Collaborative and Proactive Solutions (CPS) approach. The CPS model is based on the premise that children do well if they have the necessary skills. The role of the adult in addressing difficult behaviors is to collaborate and problem-solve with the child to identify the lagging skills contributing to the child's struggles (Ablon & Pollastri, 2018). The principles of the CPS approach, which are rooted in the neuroscience of relationships, will be examined for potential impact on the reduction of restraint and seclusion.

Review of the Literature

Identifying the Need

Most educators agree that significantly reducing or eliminating the use of restraint and seclusion in public schools is important because the practice is detrimental to students, staff, and overall school culture. Its use can cause various forms of trauma with adverse effects and lasting consequences. Primary concerns regarding the use of restraint and seclusion include the possibility of psychological damage, physical injury, or even the death of a child (LeBel et al., 2012; Trader et al., 2017). Several advocacy groups, including the Council for Children with Behavior Disorders and the Council for Exceptional Children, have declared that the use of restraint and seclusion has traumatizing effects on children and therefore must be relegated to a last resort used only when physical safety is at risk. Many groups have also emphasized using alternative, positive methods to manage behaviors. These groups stress that efforts to maintain behavioral control of a child are of secondary importance to upholding the “dignity and humanity” of a child (French & Wojcicki, 2017).

Scheuermann et al. (2016) is an example of one study that identified ethical issues related to the use of seclusion or restraint in schools. These included concerns similar to previously mentioned studies: the potential for death or injury as well as the failure to use evidence-based practices to implement the least intrusive intervention. The disproportionate use of restraint and seclusion among certain groups was also found to be an ethical concern. These aversive practices tend to be used with the most vulnerable student populations more frequently. Students with significant emotional and behavioral needs are among those who are most often

involved with aversive discipline practices (LeBel et al., 2012; Trader et al., 2017; Zirkel, 2020; Larue et al., 2018; French & Wojcicki, 2017).

Additional studies have shown a trend of restraint and seclusion being used on younger students at a higher rate (Trader et al., 2017; French & Wojcicki, 2017; Katsiyannis et al., 2017). An examination of five years of archived data from a public school in Connecticut showed that 82% of their physical restraint procedures occurred in K-3rd grade, and 93% of their incidents of seclusion happened among K-6th grade students (French & Wojcicki, 2017). Comparable data showed that students with disabilities, between the ages of 6 and 10 with a diagnosis of a behavior disorder, emotional disturbance, or autism spectrum disorder, make up those most likely to be restrained or secluded as a response to their behaviors (Trader et al., 2017). Considering these statistics, there is a need to find alternative approaches that will reduce the use of restraint and seclusion in order to protect our most vulnerable student populations.

Restraint and seclusion are practices with potentially devastating consequences, but the problem did not gain public attention until the late 1990s. The *Hartford Courant*, a Connecticut newspaper, exposed the danger in an investigative report prompted by the deaths of two children in care facilities. The report led the U.S. Government Accountability Office to conduct its own investigation, which confirmed and expanded upon the findings of the Connecticut newspaper. Both inquiries revealed a lack of reporting and accountability for such events. These investigations motivated mental health advocates to lobby for improved practices and policies. Nearly ten years later, a similar investigative report by the National Disability Rights Network exposed fifty examples of inappropriate treatment of children in public and private school settings, including incidents of seclusion and restraint resulting in injuries and in some cases

death (LeBel et al., 2012). These reports increased awareness of the prevalence of these harmful practices.

Government agencies and civil rights organizations began to monitor and document the use of seclusion and restraint. In 2009, the ACLU called attention to the practice of restraint and seclusion as a human rights violation based on a United Nations Convention on Human Rights declaration. It was noted that these harmful practices had been banned from treatment facilities and youth detention centers, yet were still commonplace in the school setting (LeBel et al., 2012). The increased awareness fueled a push for regulations to prohibit the use of restraint or seclusion completely. Continued pressure led the U.S. Department of Education to urge individual states to develop policies and supports to help school districts move away from the use of restraint and seclusion. Currently only five states have prohibited the use of restraint and seclusion in their public schools (Stephens, 2019; U.S. Department of Education, 2019). The U.S. Department of Education (2019) has also issued related policy statements in response to numerous investigative reports. This recognition of the problem has led to increased calls for the banning of restraint and seclusion practices (Zirkel, 2020; U.S. Department of Education, 2019).

Despite increased awareness and pressure to eliminate these practices, they are still occurring at unacceptable rates. A 2017-2018 Civil Rights Data Collection (CRDC) report indicated that 101,990 students were subjected to restraint or seclusion measures during that school year. Some experts believe that the number may be even higher due to underreporting and variances in state regulations (U.S. Dept. of Education/CRDC, 2020). These current statistics reveal that there is a continued need to address the practice of restraint and seclusion.

Addressing the problem requires an understanding of what prompts teachers or caregivers to use these aversive techniques. A 2016 study in Quebec, Canada found that care providers tend

to resort to restraint or seclusion when they feel unable to meet the challenges of problematic behaviors. Their own limited abilities or the lack of resources to cope with behaviors were identified as contributing factors (Larue et. al, 2016). One study examining various educational inclusion models underscored the importance of relationships between staff and students—the need to tune in to student needs and remain positive and composed in difficult situations (Bilius et al., 2017). Lack of knowledge, experience, and training in such practices could certainly increase the likelihood of an incident of restraint or seclusion in the school setting. A second study on inclusion concluded that there was a significant need to improve upon current knowledge and practices in order to prevent restraint and seclusion, as well as the behavioral patterns associated with their use. Poor planning, ineffective training, and lack of supports needed to educate students with differing needs were surmised to be primary causes of the inappropriate usage of restraint and seclusion (Trader et al., 2017).

Finding Effective Practices

The literature demonstrates the potential for harm incurred by use of restraint and seclusion as well as the tendency for it to be used on the most vulnerable student populations. These findings suggest that it is imperative for educational leaders to find an approach that has the potential to eliminate or significantly reduce such actions in the school setting. A preliminary search for such an approach showed that evidence-based educational practices are essential in efforts to reduce restraint and seclusion. Trader et al. (2017) is one study that identified and closely examined five central themes of effective behavior support. These themes included 1) comprehensive academic, mental, and behavioral assessments; 2) individualized support with a focus on evidence-based practices that improve adaptive behavior; 3) support provided by trained professionals; 4) administrative leadership support; and 5) responsive

adaption of practices and procedures to meet the needs of both students and staff. The researchers conducted extensive interviews with the staff of a public school that had reported a decrease in the use of restraint and seclusion over a five-year period. The interviews revealed the importance of each theme in contributing to the district's success in reducing the practices of restraint and seclusion. The researchers determined that reducing the inappropriate use of restraint and seclusion will require that schools implement evidence-based practices to educate staff and support students with significant needs (Trader et al., 2017). Additionally, the literature revealed approaches that incorporate principles of felt safety within the context of interpersonal relationships as highly effective. Models that support students in self-regulation and emotional regulation were found to be beneficial for all students and effective in reducing aversive discipline procedures. It was also apparent that programs promoting compassion and trauma-informed care are some of the most successful in reaching students with behavior challenges, preventing aggressive incidents, and thus avoiding the use of restraint and seclusion.

Evidence-based practices. A central theme was that an effective educational model must include evidence-based interventions or strategies. Evidence-based simply means that the strategy has demonstrated effectiveness through research studies such as randomized controlled trials. Evidence-based approaches help prevent behavioral issues by affecting certain influences or specific risk factors (Fagan et al., 2019; Smith & Bradshaw, 2017). Evidence-based strategies can be beneficial for both preventing and remediating problem behaviors (Fagan et al., 2019; Katsiyannis et al., 2017; Trader et al., 2017). According to one team of researchers, "There is a plethora of evidence-based practices available to school principals for curtailing undesirable behavior in children and youth with disabilities in the schools without subjecting them to unwarranted physical or emotional mistreatment" (Katsiyannis et al., 2017).

Trader et al. (2017) documented one school district's efforts to implement such an approach. The purpose was to see if evidence-based approaches could be linked to a reduction in, or possible elimination of, the number of times restraint and seclusion were used in its schools. In the district survey, records showed that a total of 16 students had experienced either seclusion or restraint across 52 separate incidents over the three-year period from 2011-2014. Students in special education with Individualized Education Plans represented 75% of the students and 69% of the incidents. The researchers found that even with comprehensive, evidence-based practices in place, some students still experienced a behavioral crisis that required staff to implement immediate safety measures. However, the district's focus on prevention, training, and evidence-based behavior support made such situations extremely rare and focused on safety rather than controlling the student.

Implementation of evidence-based practices to support positive behaviors in students is a requirement of certain federal legislation. The Individuals with Disabilities Education Act (IDEA) and the Every Student Succeeds Act (ESSA) mandate that educators make every effort possible to implement evidence-based academic and behavioral practices. Both pieces of legislation call upon districts to employ scientifically based instructional strategies and research-based intervention practices (Fagan et al., 2019; U.S. Department of Education, 2021). There is an abundance of information regarding evidence-based practices available to school administration and staff to help manage student behaviors without subjecting children to unnecessary, aversive disciplinary tactics. These resources are available to aid districts in their implementation of evidence-based strategies (Fagan et al., 2019; Katsiyannis et al., 2017). The use of evidence-based practices is not only a recommendation in the literature, but a legal requirement of public schools that receive federal funding as well.

Compassionate and trauma-informed practices. The literature supports the use of compassionate educational practices. Compassionate educational practices are centered around relationships and trust. They are focused on the educator having a deep understanding of their students' challenges and/or suffering paired with the desire to help however possible (Bilias et al., 2017; Jazaier, 2018). Building this climate of compassion can be beneficial for students with special learning or behavior needs, including those who cope with mental health difficulties, acute stresses, and trauma. A compassionate climate increases their opportunities for learning because students tend to feel better understood, embraced, and supported (Bilias et al., 2017).

The literature shows clear support for trauma-informed practices as well. These practices follow a relational model similar to the compassionate model. They promote safety, trustworthiness, support, collaboration, and empowerment. The core of trauma-informed practice is the goal of creating a nurturing learning environment. This is achieved by promoting empathy, compassion, and respect for all students. The aim is to improve children's social-emotional competencies and work toward building resilience (Bilias et al., 2017; Hutchison et al., 2020).

Practices incorporating self-regulation. A recurring theme in the discussion of efforts to improve student behavior and thereby reduce the use of aversive discipline practices is the importance of self-regulation for students. Poor self-regulation can manifest as hyperactivity, inattention, and even aggression. Difficulty with self-regulation is often associated with behavioral, emotional, and social problems in school (Healey & Healey, 2019). Several studies showed that explicit instruction in self-awareness and self-regulation was useful for improvement of student behavior. A 2019 study of preschool students found that an evidence-based, structured, play-based intervention called ENGAGE (Enhancing Neurobehavioral Gains

with the Aid of Games and Exercise) was just as effective as the traditional behavior management program Triple P (Positive Parenting Program) in helping students improve self-regulation. Despite the starkly different approach, overall ENGAGE was found to be as effective as Triple P in reducing hyperactive, inattentive, and aggressive behaviors to within typical age ranges as reported by both parents and teachers on behavior rating scales. Follow-up reports by parents showed that improved behaviors were maintained over a 12-month period with greater consistency by students who learned self-regulation tools in the ENGAGE program (Healey & Healey, 2019). A study on improving after-school environments by Smith & Bradshaw (2017) found that appropriately structured programs were effective in improving academic achievement and socio-emotional development as well as reducing problem behavior. These programs typically focused on teaching youth to recognize their emotions, identify triggers to their emotions, and choose healthy options for dealing with those emotions. The approach was found to increase children's social and emotional competence and reduce incidents of violence and aggression.

Self-regulation is a complex process. Recent studies have shown a correlation between the nervous system and self-regulation. One pair of researchers, Rudd and Yates (2018), found that certain functions of the nervous system are instrumental in helping children adjust to stressful environments. Their research revealed the connections between physiological self-regulation and positive development. They surmised that although it may be difficult for teachers to influence autonomic biological systems through specific interventions, working to help children regulate their physiological responses through practices such as mindfulness may be an effective intervention with lasting effects. In a similar study, Rudd and Yates were joined by a third researcher, Coulombe, as they investigated how the reactivity of the nervous system

during emotional challenges influenced expressions of prosocial behavior over a year later. Their findings suggested that a child's ability to respond to social stimuli in a flexible manner promotes prosocial development (Coulombe et al., 2019). Their work affirms the use of interventions such as promoting mindfulness and self-regulation skills to increase students' abilities to navigate stressful situations and manage emotional responses. This important finding is helpful for educational professionals seeking to improve students' social-emotional competencies through self-regulation and therefore prevent scenarios in which adults might resort to restraint or seclusion.

An important component of self-regulation is emotional regulation. The literature supports promotion of emotional regulation as an important factor in helping children maintain positive behavior (Seckman et al., 2017; Ting and Weiss, 2017; Verret, 2019). One study examined the social emotional competencies of K-8 urban students with trauma histories. Students and their families participated in an intervention program designed to teach emotional regulation strategies. Students in the intervention group showed improved competency in managing stress, anxiety, and anger as reported by teachers and parents on behavior rating scales (Hutchison, 2020). In addition, the previously noted study of Coulombe et al. (2019) detailed the relationship between the nervous system and behavior. The study found that the functioning of the nervous system can be an indicator of emotional dysregulation, which often leads to impairments in function or even risk-taking behaviors (Coulombe et al., 2019). Such behaviors can be interpreted as disrespectful, or even threatening, and be met with aversive disciplinary action aimed at controlling the situation. Children who have experienced maltreatment are more likely to demonstrate aggressive behaviors and high levels of negative emotions. These states of

mind can lead to dysfunctional coping and problem-solving abilities that can contribute to emotional dysregulation (Lavi et al., 2019).

Some studies have also demonstrated a connection between the physical environment and a child's ability to regulate. Sensory rooms equipped with calming tools were shown to have a positive impact on emotional regulation (Seckman, 2017; Verret, 2019). These findings suggest that it is imperative for educators to understand the possible physiological basis of such behavior, meet it with responses that improve emotional regulation, and refrain from using restraint and seclusion to gain control of a situation.

Collaborative and Proactive Solutions Model

Further review of the literature revealed a particular model called Collaborative and Proactive Solutions (CPS) as an effective evidence-based approach that has the potential to reduce the unfavorable practices of restraint and seclusion. This model has been applied and studied in a variety of settings over the past 20 years, including in public schools (Greene & Winkler, 2019). CPS is a non-punitive, non-adversarial, trauma-informed, evidence-based approach. The framework of this model requires adults to be more responsive to the needs of students by shifting the focus away from the need to modify behaviors (Munson, 2021). The focus is centered on the lagging skills and unsolved problems keeping students from meeting the demands of the environment. Rather than impose a punishment for a behavior, teachers work with students to solve the problem collaboratively. Instead of deciding upon a consequence for the child (which tends to cause conflict and can promote negative exchanges), the adult works on finding a solution with the child (Greene & Winkler, 2019).

The CPS approach calls for three steps to be followed in the problem-solving process. First, the adult uses empathy to gather information and understand the student's perception of the situation. Second, the adult expresses the concerns that they hold about the behavior. And third, the adult caregiver or staff member and the child collaborate to reach a solution that addresses the concerns of both parties (Greene, 2016, 2018). The goal of the approach can be summarized by the following quotation: "Proactively identifying unsolved problems proactively facilitates their proactive solution" (Greene & Winkler, 2019).

The literature shows evidence of the CPS model being effective across settings, including examples of its use in parenting, therapeutics, and classroom management. A study by Tschida et al. (2021) surveyed the caregivers of autistic children about their experiences with various interventions. The survey covered at least six intervention strategies that targeted reducing behavior challenges. Results of the study indicated that CPS was a preferred strategy, rating the highest in efficacy as well as in the amount of improvement maintained over time. L. Redmond (2016), a clinical psychologist, presented evidence of his successful experience with CPS at a behavioral and cognitive therapy symposium in Australia. He reported a significant reduction in the client's rating on an oppositional defiant rating scale. Initial ratings indicated the child's behaviors as severely disabling, but post-CPS implementation, the ratings dropped into the subclinical range.

Recent research has examined the effectiveness of CPS in the school setting. Two projects documenting its use in several schools in Maine showed that schools that participated fully in implementation experienced reductions of discipline referrals, detentions, and suspensions (Greene & Winkler, 2019). In a presentation on these findings, Dr. Ross Greene (the creator of the model) reported that in one school the data also showed a significant reduction

in scenarios of peer aggression, defiance, and disruption. Discipline referrals for peer aggression decreased from 173 incidents in the 2010-2011 school year to 13 incidents in the 2012-2013 school year. Referrals for defiance and disruption decreased from 103 to eight incidents during the same time period (Greene, 2016). The conclusion can be made that the reduction of these types of occurrences in the school setting would lead to fewer opportunities for the use of restraint and seclusion.

CPS encompasses the foundational principles of each of the best practices in reducing restraint and seclusion: evidence-based, compassionate, trauma-informed, and focused on self-regulation. Most importantly, CPS is evidence-based. The California Evidence-Based Clearinghouse for Child Welfare has designated CPS as being supported by research evidence for the treatment of disruptive behaviors (Greene & Winkler, 2019). The CPS model also incorporates the use of self-regulation and emotional regulation in its framework. Throughout the collaborative process, both students and teachers are engaged in interactions that promote self-awareness. The discussion process of CPS can support both parties in identifying their emotions, their triggers, and options for moving forward. CPS also favors the compassionate educational model, which focuses on building relationships and trust (Jazaeri, 2019).

Throughout the collaborative process, adults work on developing empathy and students are given the opportunity to feel heard. Adults convey a message to students that their difficulties are important and that they have an ally in facing their challenges. The CPS model aligns with the relational model of trauma-informed practices as well. Throughout the collaborative process, the focus on trust and collaboration is crucial. In addition, use of the CPS model provides for the student's need to feel safe, which is an important aspect of trauma-informed practices (Biliias, 2017).

Many schools are seeing a need to move toward frameworks that prevent problem behaviors from occurring and that respond respectfully when problems do occur. The importance of developing social competency requires that these efforts should include methods that teach and promote social skills that will help students be successful in the school setting and beyond (Common et al., 2019). The literature has provided documentation that the CPS model is successful in improving social competencies and behaviors in the school setting as well as other environments. Considering this effectiveness and the capacity of CPS to incorporate the recommended best practices found in the literature, CPS appears to be a reliable model for reducing the practices of seclusion and restraint in the school setting.

Despite the research detailing many negative effects, there are those who advocate for the use of restraint and seclusion. Such arguments are based on the idea that the procedures are sometimes necessary and a belief that, if used properly, these practices can be therapeutic as they provide a safe containment of aggressive behavior (French & Wojcicki, 2017). Those in favor of this view suggest that there are numerous situations where preventative efforts are unsuccessful and that the use of restraint and seclusion is necessary to prevent injuries of students or teachers. Thus, these practices cannot be totally eliminated from school settings. Due to the fact that a certain amount of the student population will have disabilities causing them to be volatile and reactive, public education staff need to have the option of using seclusion or restraint in order to protect themselves and other students (Pudelski, 2013).

The literature offers support for Collaborative and Proactive Solutions as an effective tool to reduce the use of restraint and seclusion in the school setting. However, it is important to note that a sizable portion of the research has been conducted by Dr. Greene, who is also the creator of the approach. One might conclude that Dr. Greene could be influenced by bias and/or a

conflict of interest rooted in promoting his own resources or programs for personal gain. However, a closer look at the resources section of his website (livesinthebalance.org) reveals an abundance of free resources specifically designed for educators. The site includes a section titled “Learn How to Reduce (or Eliminate) Restraints and Seclusions” with an additional link to another site (truecrisisprevention.org) that offers free video training modules. Given this transparency and effort to provide educators with free tools to implement CPS, his research is less likely to be tainted by personal profit. It should also be noted that his own research concludes that the small number of studies of CPS specifically in schools makes it difficult for a sophisticated, comprehensive review of the approach (Greene and Winkler, 2019).

Conclusion

The current review of the literature revealed several studies and analyses regarding the use of CPS across various settings. Many of the studies pertained to use of the model in youth treatment facilities, clinical therapy situations, and parent-child interactions (Greene and Winkler, 2019). There were some studies that examined the use of CPS specifically in the school setting. These studies focused on the positive impact of CPS in reference to discipline referrals and aggressive or disruptive behaviors (Greene, 2016). However, there was no discussion about the fact that this approach is very time consuming and requires allotted time for the adult and child to collaborate and problem solve. The literature lacks adequate study of the impact that this method could have on a typical public school or individual teachers. Case studies have demonstrated efficacy based on improved behaviors of students, but the research neglects to address the possible and probable difficulties when applying the model in the average classroom (Greene, 2018). Future research is needed to determine the practicality and feasibility of implementation in the school setting.

Restraint and seclusion are harmful practices that can have devastating consequences for students. Negative effects include both psychological damage and physical injury of a child. As public awareness of the problem has grown, civil rights groups and federal legislation have called for renewed efforts to reduce these practices. This literature review reveals that the most effective approaches for minimizing such practices are evidence-based, compassionate, trauma-informed, and focused on emotional regulation. One specific model, Collaborative and Proactive Solutions, was found to incorporate all of these elements into one approach. The CPS model has demonstrated promising preliminary success in reducing the use of restraint and seclusion in the school setting. The CPS framework also coincides with national priorities to dramatically reduce the use of all aversive disciplinary procedures (Greene, 2016).

The use of the CPS model as a tool to reduce restraint and seclusion in a school setting would impact many stakeholders, including students, teachers, and districts. The application could benefit not only students who have behavioral struggles; it could provide a practical life skill to the student population as a whole. All students would benefit from learning how to engage in a collaborative process to solve problems that affect their lives (Greene, 2018). Educators would also benefit from the implementation of CPS. It could reduce behavioral challenges that might occur due to a student's overlooked or unsolved problems. CPS could even be applied to the interactions between teachers and parents, providing both parties with the tools of collaboration and problem solving, to improve educational outcomes for students (Greene & Winkler, 2019). Treatment center staff have reported less concern for their own safety in environments where CPS has been implemented (Greene, 2016). Therefore, implementation could improve school climate due to an increased sense of safety among staff and students. School districts could also see a positive impact as a result of applying the CPS

model. As incidents of escalated behavior leading to restraint or seclusion become less likely, cases of litigation and costs to districts could be reduced (Connolly et al., 2019). In addition, districts could see increased retention of teachers and staff due to improved school climate. Implementation of the CPS model would require a great deal of structural and logistical changes in the current models of school discipline (Greene and Winkler, 2019). District leadership must ask themselves if the probable impact in the reduction of aversive disciplinary practices, including restraint and seclusion, is worth the effort and likely benefits to all stakeholders in the education system.

Minimizing the use of restraint and seclusion in the school setting is a challenge that requires increased awareness and understanding. These aversive practices can have devastating effects on individual students and entire school districts. Educational leaders hold a responsibility to educate and support teachers and staff members in effective practices for reducing such detrimental methods of managing behavior. A choice must be made to rely on a simplistic behavioristic approach or embrace a relational approach based in neuroscience. An approach in which adults impose consequences and punishments on children leads to increased incidents of aggression and an increase in the use of restraint or seclusion measures. An approach in which adults problem-solve and collaborate with students leads to mutually agreed-upon solutions and thereby reduces incidents of restraint and seclusion.

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