

UNDERSTANDING BEST PRACTICES TO SUPPORT STUDENTS WITH INTERFERING BEHAVIORS

Department of Pupil Services

Office of Special Education

In collaboration with the Parent Resource Services and SEAC

SETTING EXPECTATIONS

- Purpose: Share information about LCPS approaches for behavior and to share Guidelines for Physical Restraint and Seclusion.
- Meeting Norms:
 - Using established “hand waving” gestures to show support
 - One speaker at a time
 - Even with your permission, we are not able to discuss individual situations
 - Notecards available to request follow-up since time is limited

MAKING YOUR VOICE HEARD

- Town Hall meetings, parent coffee events, presentations
- Special Education Advisory Committee
- Surveys from LCPS-SEAC and VDOE
- We encourage a solution-oriented approach

WHERE TO TURN FOR QUESTIONS

- Special Education Supervisor
 - Assigned to each school
 - Designee for the Director
 - Email/voicemail may be referred to the Supervisor
 - Works closely with the school staff (designee, dean, department chair, SALT)

TIERED APPROACH

- Tier One: PBIS, Counselor classroom lessons (elementary), Counselor presentations (secondary), classroom management, Restorative language
- Tier Two: PBIS Interventions, Pupil Services student development/support small groups, Functional Behavior Assessment (FBA), Behavior Intervention Plan (BIP), Pupil Services Support Team consultation, Child Study process with consideration for evaluation, Restorative Circles
- Tier Three: PBIS Intense Interventions, Restorative conferences, FBA/BIP, cons
- ideration of additional supports or smaller learning environment, Pupil Services

STRUCTURE AND STAFF

Supports for academic and social-emotional development:

- Administrators, teachers, assistants, and Pupil Services staff (counselors, school social workers, school psychologists, special education supervisors and specialists, specialized instructional facilitators, student assistance specialists, school nurse/health clinic specialists, attendance officers, educational diagnosticians and eligibility coordinators)

Typical progression for student with behavior concerns:

- Referral to Pupil Services Support Team, to individual intervention staffing, or to Child Study;
- Parent is notified and the FBA/BIP process may be discussed or decided;
- Team meets to review results, develop a BIP when appropriate;
- Depending on where the student is in the process, an intervention plan may be developed, the child may be referred for evaluation or if an IEP is in place, an IEP meeting may be called to discuss any needed changes.

RESPONDING IN SCHOOL

Behavior Intervention Teams

Each school has identified team of 6-7 members, including an administrator, all trained in MANDT Level 1 (Relational) and Level 2 (Technical)

Quarterly review of skills and procedures

Regular training and monitoring as well as review of concerns/questions through Pupil Services Support Team

Provide rapid responses to students in crisis

RESTRAINT AND SECLUSION

Guidelines for Managing Restraint and
Seclusion

PREVENTION

- Loudoun County Public Schools (LCPS) advocates a Positive Behavioral Interventions and Supports (PBIS) approach to addressing the needs of students with behavior challenges and strives to apply PBIS principles and strategies to behavior interventions implemented in LCPS.
- **Behavior Intervention Team (BIT)** is a school-based team comprised of administrative and instructional personnel who have been trained in both relational and technical levels of the **Mandt System**. The team's primary function is to respond to building level behavioral crises that involve the potential for physical restraint and/or seclusion.
 - **Mandt System**[®] refers to a formal training program designed to teach staff how to effectively manage a potentially negative or even dangerous situation by first calming their own emotional responses and managing their own behavior so that they can interact with other people positively.

DEFINITION OF RESTRAINT

- **Restraint** is any method or device restricting another person's freedom of movement, physical activity, or normal access to his/her body, including but not limited to physical, mechanical, or chemical methods.

RESTRAINT GUIDELINES:

- Physical restraint should **only be used in an emergency**, i.e., a sudden, urgent, usually unexpected situation that requires a person(s) to take immediate action to avoid harm, injury, or death to a student or to others when there is immediate danger to the student and/or to others. Less restrictive interventions should be employed first unless in an emergency when, in reasonable judgment of school personnel, less restrictive intervention would be judged to be ineffective.

RESTRAINT GUIDELINES

- Physical restraint is not a teaching procedure or behavioral intervention and should **NOT** be administered as punishment or to address behaviors for non-emergency reasons, such as noncompliance, disrespect, disobedience, misuse of property, disruption, threats, etc.

RESTRAINT GUIDELINES CONTINUED

- Mechanical restraint should never be used to restrict a student's freedom of movement, and drug or medication should never be used to control or restrict freedom of movement (except as authorized by a licensed physician or other qualified health professional).

RESTRAINT GUIDELINES CONTINUED:

- Physical restraint should only be conducted by a team of trained school-based personnel (**Mandt® trained**) with at least one additional staff member present and in line of sight.
- Staff trained in the use of **cardiopulmonary resuscitation (CPR) and First Aid** must be available in the event of an emergency related to the use of physical restraint. A portable automatic electronic defibrillator (AED) should be available in the school.

RESTRAINT GUIDELINES CONTINUED

- Whenever possible, first **move other students from the immediate area** rather than trying to either remove a student engaging in dangerous behavior to another location or restrain a student while other students are in the immediate area.
- In circumstances involving an extreme hazard or emergency where the person is at risk of harm (i.e., fire, bomb threat), it may be necessary to move or transport the student to another area using at least two trained staff members.

RESTRAINT GUIDELINES CONTINUED:

- Physical restraint **MUST** only be used for the period of time necessary to accomplish its purpose of ensuring safety, using **only the force that is necessary and no longer than 3 minutes per restraint** at which time the student must be released before the hold can be reapplied.
- The specific technique used should be appropriate to the student's age and be safe for the student.

RESTRAINT GUIDELINES CONTINUED:

- Following the use of physical restraint, the student **MUST be seen by a health clinic staff member**. An injury incident report form is to be completed and submitted to Risk Management if staff and/or students are injured.

RESTRAINT GUIDELINES CONTINUED:

- By the end of the **same school day**, the incident and any related first aid **MUST** be reported to the principal/designee.
- The **case manager or school administrator MUST make reasonable effort to ensure direct contact (in person or on the phone) with the parents of the student immediately** (within one calendar day) for each and every use of physical restraint and related first aid.

RESTRAINT GUIDELINES CONTINUED:

If the student has a history of dangerous behavior, **the use of planned physical restraint as an emergency safety procedure should be discussed with the student's parents** if it is anticipated that such use will be necessary to address the student's behavior. As part of the discussion, parents will be provided information on:

- When and how planned physical restraint will be used
- Specific techniques to use with the student
- Physical, medical, and psychiatric concerns and the effects of medications when physical restraint is used
- Written documentation of parental concerns about the use of physical restraint should be maintained in the student's file. If there were no prior indications that physical restraint might be a necessary safety procedure for a student, a meeting should be convened as soon as possible after the first instance.

DEFINITION OF SECLUSION:

- **Seclusion** is the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving until the student no longer presents immediate danger to self or others or poses immediate threat of damage to property. This includes any time a student is involuntarily alone in a room and prevented from leaving regardless of the intended purpose or the name of the area where the student is secluded.

DEFINITION OF SECLUSION

- Seclusion **does not** include the following activities:
- Supervised in-school suspension or detention;
- Out of school suspension;
- Time-out, which is a behavioral management technique;
- Removal from classroom by the teacher for disruptive behavior;
- Student-requested breaks in a different location in a room or in a separate room;
- Removal of student for short period of time from room or separate area of room to provide student with opportunity to regain self-control so long as student is not physically prevented from leaving except during investigation and questioning by school employees regarding student's knowledge of or participation in events constituting violation of student conduct code; or
- Placement decisions made by IEP teams, such as one-on-one instruction.

SECLUSION GUIDELINES:

- Seclusion should **only be used in an emergency**, i.e., a sudden, urgent, usually unexpected situation that requires a person(s) to take immediate action to avoid harm, injury, or death to a student or to others when there is immediate danger to the student and/or to others.
- Less restrictive interventions should be employed first unless in an emergency when, in reasonable judgment of school personnel, less restrictive intervention would be judged to be ineffective.

SECLUSION GUIDELINES CONTINUED

- Seclusion is not a teaching procedure or behavioral intervention and should NOT be administered as punishment or to address behaviors for non-emergency reasons, such as noncompliance, disrespect, disobedience, misuse or destruction of property, disruption, threats, etc.

SECLUSION GUIDELINES CONTINUED:

- Seclusion should only be conducted by a team of trained school-based personnel (**Mandt® trained**) with at least one additional staff member present and in line of sight.
- Staff trained in the use of **CPR and First Aid** must be available in the event of an emergency related to the use of seclusion. A portable automatic electronic defibrillator (AED) should be available in the school

SECLUSION GUIDELINES CONTINUED:

- Seclusion should last only as long as necessary to resolve the actual risk of danger or harm while awaiting the arrival of other trained staff. Once the trained staff person using the seclusion has determined that the student is no longer a danger to him/herself or others, the student should be released.
- Students **MUST** have adequate access to bathroom facilities, drinking water, necessary medication or medical interventions, and regularly scheduled meals.

SECLUSION GUIDELINES CONTINUED:

- The seclusion area or environment, if used, **MUST** meet the following requirements:
- Be of reasonable size permitting students to lie or sit down
- Have adequate ventilation including heat and air conditioning as appropriate
- Have adequate lighting
- Be free of any potential or predictable safety hazards
- Permit direct continuous visual and auditory monitoring of the student
- Permit automatic release of any locking device if fire or other emergency in the school exists

SECLUSION GUIDELINES CONTINUED:

- Maintain **constant adult supervision and observation** (e.g., visual and auditory contact) of the student for the entire period of the seclusion.
- If seclusion is used, the student must be continuously monitored and the entire seclusion area can be adequately viewed.

SECLUSION GUIDELINES CONTINUED:

- Seclusion **MUST last only as long as necessary** to resolve the actual risk of danger or harm while awaiting the arrival of other trained staff. Once the trained staff person using the seclusion has determined that the student is no longer a danger to him/herself or others, the student should be released.
- Students must have adequate access to bathroom facilities, drinking water, necessary medication or medical interventions, and regularly scheduled meals.

SECLUSION GUIDELINES CONTINUED

- Following the use of seclusion, the student **MUST be seen by a health clinic staff member.**
- By the end of the same school day, the incident and any related first aid **MUST** be reported to the principal/designee.

SECLUSION GUIDELINES CONTINUED

- The case manager or school administrator **MUST** make reasonable effort to ensure direct contact (in person or on the phone) with the **parents of the student** immediately (within one calendar day) for each and every use of seclusion and related first aid.

SECLUSION GUIDELINES CONTINUED:

- A *staff debriefing* MUST occur within 48 hours after a behavioral incident necessitating emergency seclusion.
- The purpose of the debriefing is to review the events leading to the use of seclusion, identify additional preventative strategies to avoid the future use of seclusion, and assess the need to develop or revise an FBA/ BIP/Crisis Plan.

SECLUSION GUIDELINES CONTINUED

- If the student has a history of dangerous behavior, **the use of planned seclusion as an emergency safety procedure should be discussed with the student's parents** if it is anticipated that such use will be necessary to address the student's behavior. Parents should be in agreement with the plan prior to implementation. As part of the discussion, the parents will be provided information on:
 - When and how planned seclusion will be used
 - Specific techniques to use with the student
 - Physical, medical, and psychiatric concerns and the effects of medications when using seclusion
- Written documentation of parental concerns about the use of seclusion should be maintained in the student's file. If there were no prior indications that seclusion might be a necessary safety procedure for a student, a meeting should be convened as soon as possible after the first instance.

NEXT STEPS

- For schools:
 - BIT check-up and quarterly reviews
 - Team and school training
 - Ongoing MANDT training for staff
 - Summer MANDT -TTT to build capacity in each building
- For families:
 - SEAC – meetings and subcommittees
 - MANDT for Parents – Elementary – March 12th 6-8 pm Room 100B
 - MANDT for Parents – Secondary – March 22nd 6-8 Room 100B
 - VDOE and SEAC survey – family input and satisfaction survey (each spring)

