"I'm Tough, It's Fine": Prohibiting Restrictive Procedures and Seclusion in

Educational Settings

by

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Abstract

The intent of this qualitative study was to explore participants' stories and experiences of safety when working in a Federal Setting 4 Special Education environment with students who have disabilities and aggressive behaviors. This study utilized a qualitative, phenomenological research approach to better understand experiences participants have been through firsthand or witnessed in regards to their safety. The participants consisted of 10 professionals who all currently work in a Federal Setting 4 environment in two different Intermediate School Districts in the state of Minnesota. The participants included teachers, social workers, mental health professionals, and a psychologist. The participants were asked 10 open-ended questions.   All of the interviews were audio recorded and then transcribed. Once the interviews were transcribed the researcher discovered themes that were consistent across the interviews. Five dominant themes and one sub-theme arose from the data and included: proactive behavior plans, injuries and safety concerns for students and staff, prohibition of prone restraint and potential prohibition of seclusion, law enforcement within school environments, reasonable force, and staff burnout and secondary trauma. Implications for the field of social work and policy change were discussed, as well.

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Introduction

For some people their dream growing up is to become a teacher for the reasons of impacting and educating kids in schools. As a teacher your focus ranges from making sure the students learn alphabet sounds, addition and subtraction, to capitals of the world, writing a paragraph, and the periodic table of elements. Never is it a thought that one of the students joining the class could be suffering from a mental illness and also display aggressive behaviors towards staff, peers, or themselves.

Students in the United States that attend public school spend on average180 days of the year in school for about 7 hours a day (National Center for Education Statistics, 2008). Within a school setting students that struggle academically, emotionally, and behaviorally may qualify for special education services. Special education services are defined as specially designed instruction that is of no cost to parents and meet the unique needs of a child with a disability. Special education services are categorized into eight different federal instructional settings based upon how much of their academic day is spent outside of a regular classroom. The eight settings are broken down into percentages of time spent with non-disabled peers such as Federal Setting 1 Special Education qualification being outside of the regular classroom 21% of the day, Federal Setting 2 Special Education qualification being outside of the regular classroom 21%-60% of the day, Federal Setting 3 Special Education qualification being outside of the regular classroom more than 60% of the day, and Federal Setting 4 Special Education qualification being served in a separate public facility. Students who exhibit higher needs may access settings 5-8. A Federal Setting 5 Special Education student will be served in a private and separate facility. At times students may access Federal Setting 6 and 7,

which are Public Residential Facility and Private Residential Facility. Lastly there is

Federal Setting 8 where a Special Education Student is placed on homebound or hospital

programs. (Hastings School District, 2011).

Currently there are two of the four Intermediate School Districts in the state of

Minnesota that are working to implement Special Education Federal Setting 4.5 for

students. The reason behind a Special Education Federal Setting 4.5 is due to the current

educational structures not accommodating for students who have little or no external

support for severe mental and behavioral health, students with disabilities who lack

access to community mental health resources, students who show aggressive and

dangerous behaviors, complex pharmacological profiles and/or multiple developmental,

cognitive, and neurobiological disorders, and because out-of-school placements is

creating a crisis for Setting 4 schools. According to Northeast Metro Intermediate School

District 916 (2016), the role of a Special Education Federal Setting 4.5 "will concurrently

address young students' mental health/medical and educational needs and necessitate a

multidisciplinary team of highly skilled educators, dedicated mental health providers and

medical providers in unison to treat and serve students at school.

Many teachers and schools are attempting to educate students who display

aggressive behaviors towards peers, staff, or themselves. When these situations occur it

may result in an emergency or crisis, which could result in the use of a restrictive

procedure or seclusion to ensure safety for all involved. According to the Minnesota

Department of Education (2016c), a restrictive procedure is defined as a physical

intervention intended to hold a child immobile or limit a child's movement where body

contact is the only source of physical restraint, and where immobilization is used to

effectively gain control of a child in order to protect the child or the person from injury.

Some examples of when a restrictive procedure can be used is in emergency situations

where a student may be continuously banging their head against a brick wall, a student is

physically aggressive towards peers or staff, or a student is not being safe by trying to run

into the middle of a road. The use of restrictive procedures and seclusion rooms in

educational settings continue to be a controversial topic based upon the different

perspectives of parties involved.

Literature Review

In the state of Minnesota in year 2014-15, 128,064 students had qualified for and

received special education services (Minnesota Department of Education, 2016a). The

Minnesota Department of Education (MDE) has a specific vision and mission for the

state of Minnesota and how special education is treated. The vision statement from the

Minnesota Department of Education (2016b) for special education is "all children get

necessary support for healthy development and lifelong learning (p.1)." The mission

statement from the Minnesota Department of Education (2016b) for special education is

to "provide leadership to ensure a high quality of education for Minnesota's children and

youth with disabilities (p.1)."

Within the state of Minnesota, there are four Intermediate School Districts. The

Intermediate School District's prime responsibility is to serve special education students

that can no longer be served in their mainstream school settings due to needs that cannot

be met. Many of the students that access the Intermediate School Districts often-present

aggressive behaviors and mental health issues that need a more intense level of

intervention and support. The Intermediate School Districts in the state of Minnesota

have trained and certified staff throughout their buildings to ensure all students have a

safe environment in which to learn. This includes having staff that are trained and

certified to implement appropriate safety procedures when necessary. Even though there

are only four Intermediate School Districts in the state of Minnesota, many schools

throughout the state of Minnesota have their own Federal Setting 4 programs, which they

access, within their own districts. Larger school districts like Minneapolis and St. Paul

have Setting 4 programs such as Harrison Educational Center and Bridge View School

and Journeys Secondary School. If a school district has their own Federal Setting 4

program, they then do not have to pay an Intermediate School District for their students

to be serviced.

Sometimes throughout the school day the use of various restrictive procedures

and/or locked seclusion rooms are often needed. For example, one restrictive procedure

could be the use of a transportation procedure to move a student displaying aggressive

behaviors away from the specific setting that could be triggering the student into a safer

space. Staff could also utilize the need for a vertical immobilization procedure when a

transportation procedure no longer becomes safe. This literature review will provide

detailed information about commonly used restrictive procedures and why staff would

need to implement a restrictive procedure.

The Minnesota Department of Education has started moving in the direction of

prohibiting the use of restrictive procedures in educational settings. As of August 1st,

2014 MDE prohibited the use of the prone restraint (Minnesota Department of Education,

2012). The prone restraint is a procedure where certified staff members would position a

student horizontally on a mat face down and hold the student in a safe position until the

student had showed calm and safe behaviors. Currently, MDE is working with

legislation to remove the use of seclusion rooms from educational settings. In this

literature review, you will read about how public education systems must stand ready to

serve all children due to federal policies. You will also read about the history of restraint

and seclusion as the use of restraint and seclusion has been used in many different

settings for a large part of history and explores the debate about the use of these

procedures within an educational setting.

Federal Policies and Guidelines

Every Student Succeeds Act

In 1965, President Lyndon B. Johnson passed the Elementary and Secondary

Education Act (ESEA). The role of this act served as a funding source called Title I that

helped educational settings cover the cost of educating disadvantaged students. Since the

beginning of this act, it has been changed and reauthorized more than a half dozen times.

With each change, the focus still continues to be how to expand the federal role in

education by holding schools accountable for student outcomes (Klein, 2015).

Moving many years forward to 2002, President George W. Bush signed into law

the No Child Left Behind Act (NCLB). The movement of NCLB came from the

realization that the American education system was no longer internationally competitive.

At that time, the federal role significantly increased for holding schools responsible for

the academic progress of all students. The NCLB Act put a specific focus on certain

groups of students, including special education, poor, and minority students, because on

average their achievement trails their peers. When the act was implemented, individual

states had the choice to comply with the new requirements, but if they did not, they risked

losing federal Title I money (Klein, 2015).

Fast forward another 13 years to 2015 when President Barack Obama signed the

Every Student Succeeds Act (ESSA). One of the major focuses of ESSA is the national

education law and commitment to equal opportunity for all students. The Every Student

Succeeds Act includes provisions that will help to ensure success for students and

schools. An example of the provisions would be the upholding of critical protections for

America's disadvantaged and high-need students and accountability and action towards

positive change in our lowest performing schools, where groups of students are not

making progress, and where graduation rates are low over extended periods of time (U.S.

Department of Education, 2016).

Individuals with Disabilities Education Act (IDEA)

In 1975 the Individuals with Disabilities Education Act (IDEA) was signed into

effect to ensure children with disabilities have the opportunity to receive a free and

appropriate education. With IDEA, schools are required to provide special education and

related services to every child with a disability if the child meets eligibility requirements.

In order to qualify for special education services schools will complete an initial

evaluation. The evaluation process will determine if the child meets special education

requirements and then give them one or more categorical labels. If a child qualifies for

special education services, their programming for education will be specifically designed

to meet the needs of the child. An example of specifically designed programming would

be reflected on the students Individual Education Program (IEP).   Any student in the

state of Minnesota who has qualified for special education will have an IEP that has

specific goals, objectives, and progress notes tailored to the students' academic and social

emotional needs. For a student who is serviced under an IEP, the IEP is only good for

one calendar year. The IEP must be re-wrote every year providing updated information

in regards to the students' goals and objectives. Special education evaluations are also

completed every three years. At that three year mark, the student will go through a wide

variety of testing to see the progress or digression the student has made and what services

would be appropriate for that student and to determine if a child continues to qualify for

special education services.

An example of accommodations made for a student who qualifies for special

education services with a categorical label of Autism Spectrum Disorder could be the use

of sensory tools throughout the school day and an example of a goal could be that the will

student be able to identify and verbalize their feelings as their occur and apply coping

skills when needed. Special education services for a child with a disability can take place

in different locations such as schools, homes, hospitals, and institutions (Disability.gov,

2016).

Restraint and Seclusion

Definition of Restraint and Seclusion

According to the Council for Exceptional Children (2009), a physical restraint is

defined as any method of one or more persons restricting another person's freedom of

movement, physical activity, or normal access to his or her body. According to the

Minnesota Department of Education (2016c), a restrictive procedure is defined as a

physical intervention intended to hold a child immobile or limit a child's movement

where body contact is the only source of physical restraint, and where immobilization is

used to effectively gain control of a child in order to protect the child or the person from

injury. The Council for Exceptional Children (2009), defines seclusion as the involuntary

confinement of a child or youth alone in a room or area from which the child or youth is

physically prevented from leaving. This includes situations where a door is locked as

well as where the door is blocked by other objects or held closed by staff. In the state of

Minnesota, the Minnesota Department of Education (2016c), defines seclusion as a

means of confining a child alone in a room from which egress is barred.

History of Moral Treatment and the Use of Restraints and Seclusion

In today's society, restraints and seclusion are used on people in institutions,

schools, nursing homes, and hospitals. How did it become that restraints and seclusion

would be safety tools within these settings, but so controversial as time goes on?

Restraints and seclusion have been used since the mid 1800's. In 1839, Dr. Conolly was

appointed as the Superintendent of Middlesex County Asylum at Hanwell in England

where he reported that it was "normal" to have 40 of the 800 patients restrained at the

same time (Ferleger, 2008). Three months after appointed Superintendent, all forms of

mechanical restraint were removed. The Quakers in England and post-French Revolution

reformers in France began the "moral treatment" movement in the late 1700's into the

1800's, which was the push behind removing restraints (Ferleger, 2008).

As the "moral treatment" movement continued through the English countries, the

United States had a divided view on restraints. At this time in the United States restraints

were viewed as "a form of therapeutic treatment and was an accepted practice for dealing

with violent patients," (Ferleger, 2008).

In 1863, Dorothea Dix traveled through England not aware that she would soon

be making an impact on the mentally ill in the United States and how they were treated.

She traveled to England and met prison reformer, Elizabeth Fry and Samuel Tuke,

founder of the York Retreat. According to Wood (2000), Dix also spent time learning the

work of Philippe Pinel, a French doctor who campaigned for prison reform.

It was not until 1841 that Dix witnessed the inhumane and neglectful treatment of

mentally ill people while teaching Sunday school to female convicts in East Cambridge

Jail. According to Viney & Zoriach (1982), Dix observed that prostitutes, drunks,

criminals, retarded individuals, and the mentally ill were all housed together in unheated,

unfurnished, and foul-smelling quarters. While observing at the jail, an official told her

the insane do not feel heat or cold.

Now that you have read about what a restrictive procedure is and some general

history information about restrictive procedures, we will move on to the use of restrictive

procedures in the educational setting. The historical background demonstrates the

context of treatment of mentally ill people and how it continues to be a controversial

topic today. The mental health system continues to make strides in how the mentally ill

are treated and cared for, while still keeping them and their caregivers safe.

Restraint and Seclusion in Educational Settings

Restraint and locked seclusion rooms are used within educational settings due to

students who are physically aggressive, self-injurious, or display high magnitude

disruption. Restraints and seclusion within educational settings continues to be a

controversial topic as advocates feel that it is inhumane to use such procedures within

schools.

The United States Department of Education (2012) stated:

"physical restraint or seclusion should not be used except in situations where

the child's behavior poses imminent danger of serious physical harm to self

or others and restraint and seclusion should be avoided to the greatest extent

possible without endangering the safety of students and staff (p.1)."

School staff throughout the United States are trained and certified through various

trainings, but many utilize a crisis management system called Professional Crisis

Management Association (PCM). PCM provides training not only in verbal de-escalation

tactics, but Fleisig, Winston, L. & Winston, M. (2009) state "also in a well thought out

hierarchy of physical interventions including transportation (escorts), vertical (standing)

immobilization and horizontal immobilization laying down in either a prone (face down)

or supine (face up) position on a soft foam mat (p. 1)." When going through the course,

no matter the level of certification, PCM defines "crisis" as continuous aggression,

continuous self-injury, and continuous high magnitude disruption. In order to use a

transportation or physical procedure from the PCM perspective, you must first have a

crisis where the students' behavior meets criteria of being continuously aggressive, self-

injurious, or displaying high magnitude disruption. The state of Minnesota has moved

away from recognizing high magnitude disruption and the repeated demonstration also

known as the PCM definition "continuous" as a reason for using a restrictive procedure

or seclusion. What would high magnitude disruption look like in an educational setting?

High magnitude disruption could be a student "destroying" a teacher's classroom by

shredding pieces of paper, ripping items off of the wall, or tipping desks and chairs with

no other students' safety being at risk. High magnitude disruption could also look like a

student who could be in the hallway or common area screaming, yelling, kicking and

punching doors.

So, in the state of Minnesota, when would staff implement a restrictive procedure

or seclusion? Often time students in special education have aggressive behaviors towards

other peers, staff, or themselves. These behaviors can range anywhere from hitting,

kicking, punching, biting, hair pulling, head butting, or cutting with sharp objects. When

a student has exhibited these behaviors on a continuous pattern, staff can implement a

restrictive procedure in order to keep the student themselves, other students in the area,

and staff safe. There are students within special education settings that exhibit the need

for a seclusion room due to their strength and endurance. The use of a seclusion room

might be considered if the restrictive procedure staff is using is continuously breaking

down due to the students' strength and endurance. When the restrictive procedure is no

longer considered to be safe, staff can implement the use of a locked seclusion room as

an intervention to help calm the student. Seclusion rooms are often rooms that can be

locked or held shut with the student being in the room alone. Staff is blocking egress

until the student has showed they have calmed down and presents safe behavior. Even

though the student is in the room alone, staff is to never leave visual sight of the student

and must monitor the entire duration the student is in the seclusion room. When a student

has been placed into a locked seclusion room, staff has to follow specific procedures.

Every 15 minutes staff are checking the status of the student and seeing if it is safe for the

student to be released.

After staff has used a restrictive procedure or locked seclusion room, many

procedural practices must happen. Staff must write a report that explains the situation in

detail. It is important that the staff is communicating with parents during the emergency

situation. If appropriate and there are enough staff able to manage the emergency

situation with the student, often times another staff will make a phone call to the parent or

guardian updating them on the current situation. If staff is not able to communicate to the

parents or guardians at that time about the situation, state protocol mandates parents or

guardians must be notified within 24 hours. When there is the use of a restrictive

procedure or locked seclusion room, the staff involved in the situation will need to

complete a debriefing meeting within 24 hours as well. The school staff team will meet

to discuss what the students triggers were, what happened during the emergency

situation, and how staff best plan to prevent the behavior from happening again. With the

reports written and collected within the school setting, all the data gets collected into one

large reporting spreadsheet that is reported to Minnesota Department of Education on a

yearly basis.

Positives of Using Restraint and Seclusion in Educational Settings

Using a restraint or seclusion for a student with a disability can be a stressful and

fearful situation for both the student and staff, but often times is needed due to safety

concerns. For majority of staff within educational settings, to use restrictive procedures

they have to be trained and certified in a crisis management system that their specific

district uses. The common crisis management systems in the state of Minnesota are

Crisis Prevention Intervention (CPI) and Professional Crisis Management (PCM). In

both programs, trainees spend a long portion of time completing the training and in order

to be certified trainees must test out on both a written and physical test before they are

certified to implement physical procedures. With both of these programs, in order to

maintain certification, a yearly refresher course is mandatory. Training staff how to

appropriately and safely use the physical procedures when needed eliminates the risk of

injury to the student and staff involved. The PCM system is a system that was developed

to assist in crisis situations for children and adults with a large variety of disabilities and

mental health. The PCM approach allows for the client or student who is placed in a hold

to be in control of the procedure by calming their body. The PCM system has step-by-

step procedures to use if a child or adult continues to escalate.

 If there is no training and a restraint is needed, staff has a higher chance of

injuring the student and themselves due to the lack of knowledge and experience.

Fleisig, Winston, L. & Winston, M. (2009) state "being immobilized in a prone position,

held only by the peripheral limbs, on a soft foam mat, with no pressure on the torso, with

the arms out to the sides (not under or behind the student), is radically different from

lying on top of a student with multiple staff or choking the student (p. 2)." Training staff

in crisis management systems is important and can decrease the chance of injury for both

the student and staff.   Fleisig, Winston, L. & Winston, M. (2009) states, "a common

problem with banning anything is that the ban may prohibit the act but it does nothing to

eliminate the need for the act. When staff feel unsafe or doubt the effectiveness of an

intervention they will often improvise (p. 5)."

The American Associate of School Administrators (AASA) believes that the use of seclusion and restraint in schools has allowed children with emotional and behavioral problems to continue to be educated in the public school setting (Pudelski, 2012). Pudelski (2012), states:

> the AASA believes that if IEP teams compromised of both parents and school personnel agree that the use of seclusion and restraint will enable a student to remain in the least restrictive environment possible and to educationally benefit from the teaching and services the student needs, then these techniques should be allowed to be written into the student's IEP. (p.5)

Jane Meredith Adams (2015) wrote an article titled *Inconsistent Training Leaves Special Education Staff Struggling*. Adams (2015) states:

> narratives describe intense physical and emotional battles between special education staff and students, with both sides reporting cuts, bruises, and injuries. Students punch staff members, run out of the classrooms or bang their heads against walls or cabinets. In turn, staff members may attempt to calm students through conversation but often end up physically restraining students or isolating students in rooms that they cannot leave, known as seclusion. (p.1)

Staff members who are trained and certified rely on restrictive procedures to have a sense of safety in emergency situations for their students and themselves. As educational settings continue to move away from being able to use restrictive procedures and seclusion rooms, staff members can become scared for what potential injuries students and staff could be facing without proper training.

Negatives of Using Restraint and Seclusion in Educational Settings

Throughout the United States many people want educational settings to move away from using restraints and seclusions. Fleisig, Winston, L. & Winston, M. (2009) report there are three problems in regards to using restraints. The first two problems relate to each other in regards to the numerous deaths associated with the prone hold and how there is no scientific empirically derived data describing the exact causes of all the fatalities. The third problem is addressing the lack of understanding of the general public regarding the need for restraint in general. Fleisig, Winston, L. & Winston, M. (2009) report many advocates who do not work with children who display very aggressive behaviors deem the use of restraint and seclusion as unnecessary and dehumanizing. Fleisig, Winston, L. & Winston, M. (2009) discussed how some advocate that the use of restraint and seclusion should never be used for any reason. Through the lens of some advocates who are against restraint and seclusion neglect to see all sides of the situation and do not understand ways to stop dangerous behaviors (Fleisig, Winston, L. & Winston, M., 2009).

The United States Government Accountability Office (GAO) completed a study in 2009 addressing the use of restraints and seclusion and the treatment of students with disabilities in educational settings. GAO (2009), stated:

recent reports indicate that vulnerable children are being abused in other settings. For example, one report on the use of restraints and seclusion in schools documented cases where students were pinned to the floor for hours at a time, handcuffed, locked in closets, and subjected to other acts of violence. (p.1)

The GAO study examined 10 cases of the use of restraint and seclusion in the

United States that resulted in a criminal conviction, finding of civil or administrative

liability, or financial settlement. The GAO (2009) reported:

> these cases share the following themes: the children were not physically
>
> aggressive at the time of being restrained or secluded, parents had not given
>
> consent, restraints were used that blocked air to the lungs, and teachers and
>
> staff were often not trained on the use of seclusions and restraints.

These themes highlight why the use of restraints and seclusion continues to be a

controversial topic and is moving in the direction of being prohibited in educational

settings.

Challenges of the System

The Role of Mental Health

For many of the students who receive special education services, especially in the

Intermediate School Districts, mental health plays a big role in the student behavior. The

National Alliance on Mental Illness (NAMI) (2015), claims "our mental health system is

not broken, it has never been built (p.3)." President John F. Kennedy challenged our

country to build a community mental health system 54 years ago. President Kennedy

signed the Community Mental Health Act in 1963, but 50 years later people were still

waiting for the mental health system to be funded. The Community Mental Health Act

was not sustained as only half of the centers was ever built, none were fully funded, and

there was no money to operate facilities long-term. According to NAMI (2015), in 1970

the Nation counted more than 400,000 public psychiatric hospital beds, but by 1998, the

number had decreased to just over 63,000, an 85 percent decline.

In the past 10 years, Minnesota has made progress in helping build the mental

health system, especially for children with disabilities and in school settings. In 2006,

2007, and 2013 the Minnesota Mental Health Action Group Initiative and Children's

Mental Health Initiative both provided funding and support for Adult Rehabilitative

Mental Health Services, Assertive Community Treatments, Children's Therapeutic

Services and Supports, Crisis Teams, and School-linked Grants that increased workforce

shortages. As advocacy work and legislation continues to happen in building the mental

health system so more services and supports can be provided, it is important to

understand how mental health can affect the behaviors of students with disabilities in

educational settings.

According to Reback (2010), "mental health interventions could potentially

improve student's behavior, emotional well-being, interpersonal skills, and the ability to

cope with problems, leading to improved physical health, academic performance, and

future earnings (p.4)." Reback (2010), claims that schools may serve as a convenient

location to effectively reach children in need of mental health services.

Dr. Raul Silva (2016) is a child psychiatrist who states aggression can be a

symptom of many different underlying problems and before the aggression is treated you

must first figure out what is driving the aggression. It is important that staff understand

where the student is currently functioning in regards to their mental health. According to

Koppleman (2004), a consultant for National Health Policy Forum, "about one in five

children suffer from an emotional or behavioral problem in which their symptoms meet

the psychiatric community's criteria for a diagnosable disorder (p.2)." These children

often have a harder time trying to enjoy life, do well in school, and form relationships

with others. Koppleman (2004) continues to discuss that disorders can range from mild

to severe and if left untreated can be life limiting or crippling.

Koppleman (2004) reported that in 1999 the surgeon general estimated nearly 21

percent of 9-to-17-year-olds had a diagnosable mental disorder. Of those kids within that

age range diagnoses of anxiety, depression, conduct disorder, learning disorders, and

attention deficit hyperactivity disorder are the most common. Silva (2016) discussed

several different psychiatric disorders and how their symptoms can lead to aggression. If

a student is presenting mood disorder symptoms such as bipolar they could be in a manic

stage, which is going to provoke more aggressive behaviors (Silva, 2016). A student

going through psychosis may become mistrustful or suspicious, which results in

increased aggression due to their fear and lack of trust (Silva, 2016). Many students

receiving special education services are diagnosed with conduct disorder meaning that

they are intentionally malicious (Silva, 2016). Koppleman (2004) reports, "four to six

percent of 9-to-17-year-olds meet criteria for oppositional defiant and conduct disorders.

These children seem in constant conflict with authority, have a general disregard for rules

of society, and often "lash out" at adults and peers (p.4)." Trauma is also a large reason

why many present aggressive behaviors. A stressor that causes an aggressive episode

often provokes children and teenagers in schools.

Increase in Hospitalizations

According to Firth (2014), more than 4 million American children and
adolescents have mental illness and mental health hospitalizations have increased by 24%
between 2007 and 2010. Firth (2014), reports that hospitals charge nearly as much for
treating children who are hospitalized for depression-about $1.33 billion per year as they
do inpatient care of children with asthma- about $1.5 billion.

Joseph C. Blader, Ph.D., of Stony Brook University evaluated data from 1996-
2007 from the National Hospital Discharge Survey. Blader assessed the hospitalization
length of stay data among children, adolescents, adults, and older adults due to
psychiatric diagnosis. From the study, Blader found that for children ages 5-12, rates
increased from 155 per 100,000 in 1996 to 283 per 100,000 in 2007 (Blader, 2011). All
categories with the exception of elderly had an increase. Teens had a rate increase from
683 to 969 per 100,000 and adults from 921 to 995 per 100,000 (Blader, 2011). So what
does this study say about the use of hospitalizations for children and adolescents with
psychiatric needs? Blader (2011) stated, "this time period roughly corresponds to the
decline in use of long-term inpatient services for psychiatric illnesses, decrease in number
of psychiatric bends made and available, and stricter criteria for insurance authorization
of hospital admission (p.1)."

Increase of Law Enforcement in Educational Settings

As schools begin to move away from using restraints and seclusion, law
enforcement officials are becoming employed in schools, which has resulted in an
increase of students accessing the criminal justice system. Law enforcement officials

within schools are often referred to as Student Resource Officers or SROs. According to

Anderson, Rosiak, Thomas, and Towvim (2013), SROs are defined as "law enforcement

officers who are specially selected and trained to promote safety within schools. The

school environment is the SRO's "police beat," or patrol territory, where he or she fulfills

a multifaceted role, proactively promoting safety by building trusting relationships with

students, staff, and caregivers (p.2)." When a SRO is present within a school setting it is

important to have effective dialogue between the school and SRO due to the differing

missions of each entity and how they interact and relate with the youth. According to

Spencer (2016), since the 1990s, at least 11 states have enacted legislation that funnels

state funds into school policing programs. As time continues to fast forward to 2014,

Spencer (2016) reports that 30% of public schools had school resource officers or Student

Resource Officers. After the Congressional Research Service completed a study many

parents, community members, and civil rights activists believe the presence of police

officers inside classrooms does more harm than good (Spencer, 2016). Often time's

police officers are disciplining students when it should be a school administrator and the

police are justifying the behaviors as criminal activity when sometimes it is "typical

teenage behavior" (Spencer, 2016, p.5).

Anderson, Rosiak, Thomas, and Towvin (2013) make a point to state the three

roles of an SRO being an educator, informal counselor, and law enforcer. SROs can

serve as an educator to staff and students in areas such as crisis intervention and

promoting crime prevention. SROs can also play the role of being an informal counselor

as they build positive relationships between students. Students may often seek out the

SRO to discuss issues. Lastly the role of an SRO is law enforcer. The latter, may be the

SROs top priority in the school. The law enforcer role is to protect students and staff

from threats of violence. Within this role, a SRO may have to follow through on

deterring on-campus violence and issuing citations and making arrests as needed. When

working in a Federal Setting 4 Special Education building the role as an SRO can become

difficult as the students within that building have a different level of needs and

understanding. Another concern that many have with police officers being employed

within an educational setting is their lack of training on disabilities and mental health

(Spencer, 2016). Law enforcement officials have knowledge and experience to protect

and serve and have access to control tactics that a teacher or staff member would not

have. If a police officer becomes involved with a student due to aggressive behaviors

that has a disability or mental illness they may not know the correct or appropriate

approach in helping that student calm down. If the police officer is unaware or does not

have experience in working with those students, the situation could continue to escalate

causing for the use of reasonable force and potential for criminal charges. Koppleman

(2004) states:

> of all children with disabilities, those with serious emotional disturbance have
>
> the highest high school dropout rate. They also have the highest likelihood of
>
> landing in jail. Between 60 to 70 percent of children in the juvenile justice
>
> system have a psychiatric disorder. The cost of incarceration for one year is
>
> upwards of $35,000.   (p.2)

When an SRO is implemented in a school building, there are often chains of

commands as to when a SRO would become involved in a situation to help intervene.

SROs are brought into situations as a "last resort" to deal with offenses that cannot be

handled through traditional school procedures. When an SRO becomes involved, the

SRO has different training and procedures to follow through on then what school officials

have. An SROs job is to stop the threat of harm to the student or others involved even if

that means coercive, painful holding of a student. Once an SRO intervenes in a situation,

school staff is no longer able to make decisions as they have turned it over to law

enforcement. If the SRO is in need of assistance and asks for help in implementing a

procedure, school staff is allowed to step in and assist.

Staff Burnout and Injuries

Another area of concern is for the safety of the staff who work with children and

adolescents that present aggressive behaviors in the schools. It is not uncommon for staff

to become hurt or injured due to a student behavior. Chen and Neben (n.d). state, "day-

to-day work in this environment requires a significant emotional commitment and these

unique demands are thought to increase the risk of burnout (p.94)." According to

Treatment and Services Adaptation Center (n.d), "it is not uncommon for educators who

deal with traumatized children to develop their own symptoms of traumatic stress (p.1)."

Staffs who work with the population of aggressive special education students in school

settings are often putting themselves in harm's way. It is not uncommon to be hit,

punched, kicked, bit, head butted, spit on, or have their hair pulled and items thrown at

them. For some staff the severity of the situations results in being seriously hurt or

injured. School staff from throughout United States have reported injures such as large

chunks of hair being "ripped" from their scalps, black eyes, bites removing chunks of

skin, broken bones such as noses and fingers, and traumatic brain injuries (Tardif, 2014).

Some staff have been unable to return to their jobs and have had negative impacts on

functionality in their daily life. As staff witness the physical aggression, and mental

health in students continues to be a significant concern, staff sometimes feel their safety

is being jeopardized with prohibiting the use of restraints and seclusions in schools.

The purpose of this study is to look at the impact of student and staff safety when

working with students receiving special education services who present aggressive

behaviors in educational settings.

Methods

Method Design

This qualitative study was guided by using the phenomenological approach.

According to Padgett (2008), a phenomenological approach explores the lived experience

of a person. The phenomenological approach puts the focus on deeper meanings of an

individual's particular life experience. The researcher found this method to be most

effective when conducting research in regards to staff and student safety when working

with special education students who display aggressive behaviors. This research

approach allowed for the participants to speak freely about their experiences and how

safety continues to be a concern in order for them to effectively do their jobs of educating

students with significant learning and behavioral needs.

Data Collection

The participants, who voluntarily agreed to be part of the study, completed a

semi-structured interview. The interviews took place at locations that were mutually

agreed upon and comfortable for the participant and researcher. For nine of the ten

completed interviews, they took place in enclosed office spaces. The one remaining

interview was completed at a Panera Bread Restaurant during an early morning time at

the participant's request. The interview was able to be completed in an area with no

public members in close proximity to over hear the content being shared. All participants

were provided a copy of the consent form. The researcher allowed participants time to

independently read the consent form. Once the participants completed independently

reading the consent form, the researcher highlighted main points such as the risks

associated with this study, voluntary agreement, could withdraw at any time and no direct

benefit to their participation. The interview with each participant was about 30 to 35

minutes in length, with the exception of one interview lasting 53 minutes. The interviews

consisted of 10 open-ended questions. All participants were notified that as the interview

was being conducted the researcher could use probing questions for clarification of

information or to receive more information based upon a response. The primary

interview questions asked the participants to explain student needs within their

classrooms, biggest challenges teachers face within their classrooms in regards to

aggressive behaviors, staff and student safety, support for staff after behaviors occur, and

the use of law enforcement within educational settings (See Appendix B for a complete

list of the interview questions). When completing the interviews, the researcher used a

password protected audio recorder and the researcher then transcribed the audio

recordings.

Data Analysis

The researcher used a phenomenological approach for the data analysis. The

purpose of this study was to explore the impact of student and staff safety within Federal

Setting 4 Special Education buildings. The reason behind using a phenomenological

approach is the researcher wanted to analyze the participants' stories and experiences

from the working with special education students who display aggressive behaviors. The

data collected was transcribed, read, and then re-read for manifest and latent content.

The researcher examined the data to find common themes amongst the interviews. The

researcher searched for quotes and statements that were illustrative in meaning. The

researcher proposed a main theme and sub theme from the quotes the researcher chose, to

formulate the findings.

Protection of Human Subjects

Based upon the template provided by the University of St. Thomas Institutional

Review Board, a consent form was written by the researcher and was subsequently

approved by the course instructor and Institutional Review Board. The consent form for

this study addressed the following: the purpose of the study, why the individual was

selected as a possible participant, information about the researcher, the procedures

involved in completing the interview and how the materials will be used, the risks and

benefits of being in the study, issues of confidentiality, the voluntary nature of the study,

the contact information for the researcher and the course instructor, and consent to

participate in the study (See Appendix A for complete consent form). The consent forms

were completed prior to conducting the interview.

Findings

Recruitment

Before any of participants could be recruited, the Institutional Review Board

mandated permission from each of the three Intermediate School Districts the in the state

of Minnesota that the researcher selected. The researcher contacted each districts'

Director of Special Education and had them complete a permission agreement (See

Appendix C for permission agreement). Once those were completed, the researcher had

permission to contact staff within each of the Intermediate Districts. The researcher had

specific contacts from each of the districts to assist in recruiting participants.   The

researcher e-mailed two Assistant Directors, a Social Worker, and a Board Certified

Behavioral Analyst. Those people then forwarded the researcher's recruitment letter with

contact information (See Appendix D for recruitment letter). The participants for this

study were from two different Intermediate School Districts in the state of Minnesota; the

researcher was able to complete 8 interviews with employees from one district and 2

interviews with employees from the other. The researcher contacted 3 additional

potential participants, but due to scheduling and time constraints those interviews were

unable to be completed.   Another 4 professionals contacted the researcher and

scheduling conflicts meant those interviews were not possible. The participants included

in this study currently hold a professional license in the state of Minnesota and work in

Federal Setting 4 buildings. There is a new Intermediate School District in the state of

Minnesota, but that was not included in the research study due to it being in the first year

of servicing students. The researcher completed 10 interviews including teachers, social

workers, mental health professionals, psychologists, and a board certified behavior

analyst.   (See Appendix A for complete consent form).

There were five dominant themes and one sub-theme that emerged from the data

for this study. Throughout the findings section you will see how the dominant themes

and sub-themes were divided up with evidence from the participants' statements. In this
section the researcher will be using the participants' language.

The first dominant theme was many different strategies and approaches used by
respondents to help students stay regulated throughout their academic day. These
proactive behavior plans are implemented for students within Federal Setting 4 Special
Educational environments. For the purpose of this study, a proactive behavior plan was
defined as strategies implemented to help students maintain safe and calm behavior.

When asked, "What types of proactive behavior plans do you use within your
classroom to help prevent aggressive behaviors?" participants responded with different
programs and approaches they used. One participant stated, "we are a PBIS school."
Positive Behavioral Interventions and Supports (PBIS) is a framework or approach to
help schools select and organize evidence-based behavioral interventions into an
integrated continuum that enhances academic and social behavioral outcomes for all
students (Minnesota PBIS, n.d.). A participant stated "we do a lot of Nurtured Heart at
our school, so we ignore junk behavior that usually serves the function of getting
attention from." The Nurtured Heart approach is a set of core methodologies originally
developed for working with the most difficult children. It has a proven, transformative
impact on every child, including those with behavioral diagnosis such as ADHD, Autism,
Asperger's Syndrome, Oppositional Defiant Disorder and Reactive Attachment Disorder
(difficult child, 2015). Many participants spoke of using level systems, token economies,
or reward systems with students. A participant stated, "myself and my classroom, I use a
level system. If the kids show appropriate school behavior they get a score on a sheet
that goes home every day. They can either be high trust, medium trust, or low trust."

Another participant stated, "within our classroom we do a lot of reward systems. We

have a token economy, so essentially kids who are doing what is expected can earn

tokens throughout the day and then weekly they get to purchase things with them."

Lastly a participant spoke of their approach used with students stating, "we use a, we try

to use an unconditional positive regard with them, so really no punishment, but rewarding

the behaviors we want to see."

The second dominant theme was addressing the injuries and safety concerns

participants have for students and staff in Federal Setting 4 Special Education

environments. For the purpose of this study, injuries were defined as having harm or

damage such as a wound, bruise, cut, gash, laceration, scratch or trauma that resulted in

hurt, pain, suffering, impairment, or damage. Safety was defined as freedom from

danger, risk, or injury.

The researcher asked "Have you personally received a physical injury due to a

student behavior?" and some participants answered with powerful statements about the

injuries they have endured while working within a Federal Setting 4 environment. When

discussing an injury, one participant stated, "well, lots of times getting hit and kicked.

I've had my glasses broken a couple of times. I've been bitten. One time part of my

fingertip was bitten off. Then I was also hit in the head and had a significant head

injury." Another participant reported being injured so often, it was difficult to recall each

incident and offered some examples, "I wouldn't be able to count the number of times

I've been just hit or kicked and spit on. It's just a regular occurrence." Another

participant stated, "I've seen several head injuries, which are probably the scariest. I've

seen one co-worker get hit in the head with a metal pipe, one get her head smashed in a

door, and then most recently I watched one get punched pretty good right in the face." A

participant shared their personal experience of working with this population stating:

> but I guess my most significant injuries, I've had 4 concussions, I have been
>
> bitten I don't know how many times to the point of drawing blood and having to
>
> go and take medication and get shots and draw blood and stuff. I was kicked in
>
> the knee and had a torn MCL. I was choked and had nerve damage in my neck. I
>
> was at one point stabbed by a student who had a bloody safety pin in their lip and
>
> had to go on the HIV triple cocktail for a week waiting for tests results to come
>
> back. I've had numerous black eyes and fat lips. I've seen other staff get
>
> concussions, traumatic brain injuries, and broken bones. Typically staff
>
> intervenes, but staff gets hurt.

> Lastly a participant spoke to their experience stating:

> but he looked me dead in the eye and kicked me in the chest were my pace maker
>
> was implanted and then I was out of work some more. I had to go in and make
>
> sure the wires were still connected and there was pretty significant bruising. That
>
> probably hurt the worst. I had the wind knocked out of me.

The third dominant theme that was found through this study was the discussion

around prohibiting the prone restraint and potential prohibition of seclusion rooms. As

described in the literature review, a restrictive procedure was defined as a physical

intervention intended to hold a child immobile or limit a child's movement where body

contact is the only source of physical restraint. In this case immobilization is used to

effectively gain control of a child in order to protect the child or the person from injury

and the prone restraint specifically defined as placing a student in a face down position

(Minnesota Department of Education, 2016c). Seclusion was defined as a means of

confining a child alone in a room from which egress is barred (Minnesota Department of

Education, 2016).

When the researcher questioned participants about the prohibiting of the prone

restraint and the potential of seclusion, one participant began to cry. The participant

spoke about how this job continues to become scarier and scarier as the resources

continue to be taken away and they do not know how they can continue to do this job

with knowing at any minute their life could be changed forever. This was a sentiment

shared by other participants. One participant stated, "I think it was a mistake that prone

got taken away. That prevented a lot of staff and student injuries," and "prone helped

everyone stay safe." One participant stated, "I will say that without any kind of prone

restraint allowed, I don't know how people are going to be safe." Many other

participants became what the researcher observed to be angry during this question.

Participants expressed feeling limited in how they are able to respond to students in order

to maintain safety for all those involved in their buildings. A participant described the

importance of understanding that the purpose of these techniques are often confused with

punishment and stated, "I think that just emphasizing that it's not a punishment. What

we're doing is techniques to help teach how to calm their own bodies without getting to

the point of getting hurt. It's not a punishment. It's for safety." Some participants spoke

about of the size and strength of the students and that without being able to use a prone

restraint, it would be more unsafe to hold the student in standing position because there

would not be enough staff or manpower to maintain a safe hold, which is potentially

putting more people in harm's way, including the student.

Participants used the word "unfair" as the lawmakers who do not work in these

settings are the ones making the changes and do not have a firsthand experience to see

how quickly a situation can escalate. As one participant captured, "I guess I feel very

unsure about the whole process and frustrated that legislators really don't know what it

means in regards to our safety and even the students' safety," and

I feel like they're making decisions that affect day-to-day work lives and personal

lives because of the injuries and the emotional stress that comes with doing a job

like this. They've affected us so heavily without really even having to witness or

experience for themselves and it's infuriating to me.

The fourth dominant theme that emerged from this study was the use of law

enforcement with students in Federal Setting 4 Special Education schools. Due to the

laws changing that restrict staff from implementing restraint techniques, law enforcement

often has to become involved. These officers have different tactics they use to keep

people safe. In this section the use of law enforcement will be defined as law

enforcement officers who are specially selected and trained to promote safety within

schools.

As participants expressed their concerns about safety within these buildings,

many brought up having to use law enforcement officials within their buildings to help

maintain safety. Some participants spoke of how law enforcement has a variety "tools"

such as special restraints, handcuffs, tasers, and pepper spray that they can use to regain

control of a situation. One participant stated, "there are some students that are capable

and have displayed a level of aggression so intense that staff are not able to maintain

safety for themselves or the student and that is when law enforcement is involved."

Another participant stated:

> because law enforcement can do things to contain a dangerous situation that we
>
> cannot. You know there was a situation and I know it sounds horrible. A 15
>
> year-old getting tased 3 times, it sounds horrible. It sounds like it should never
>
> happen and it should never ever happen and it had to happen, or else the other
>
> option would have been more staff getting hurt or that kid getting hurt.

Some participants spoke of how when law enforcement becomes involved it can

become a stressful situation because at that point in time, school officials are no longer in

charge. A participant spoke of a student in particular stating:

> and if my student gets tased he is not going to understand. I'm getting a little
>
> upset talking about this because he has an IQ of 60 and that's not fair for him.
>
> He's not going to understand why somebody would hurt him because all we've
>
> done is kept him safe at school, even when he has hurt us many times.

Participants spoke about how when law enforcement becomes involved, students

often end up being "charged," which gets them involved in the criminal justice system.

Participants shared that they do not believe this should be an outcome because law

enforcement are only having to step in and help because school staff no longer have the

availability to control the situations themselves. One participant stated:

they're (law enforcement) not there to threaten kids and they're not there to lock

kids up. They're there to help and really recognize that often times that means

help getting kids off to the sides and talking to them and being available to them.

Respondents described additional challenges for students if law enforcement

becomes involved. They described that some students, do not understand their behaviors

or what happened, so now involving them in the criminal justice system becomes more

complex then what the outcome could have been if schools could have maintained the

situation using an alternative technique such as a prone restraint. A participant stated:

the kind of people that hear law enforcement in schools they think they're here to

arrest kid, and the opposite is true. They're here to help kids from getting

arrested. It's like child protection. The view of child protection is that a lot of

families that are in child protection, believe that the role of child protection is to

take your kid away and it's the opposite.

The fourth dominate theme, the use of law enforcement, continued to drive a sub-

theme the use of reasonable force. According to The Office of Reviser of Statutes,

Statute 121A.582 Student Discipline; Reasonable Force states that reasonable force is

defined as a teacher or other member of the instructional, support, or supervisory staff of

a public or nonpublic school use upon or toward a child when necessary to restrain the

child from self-injury or injury to any other person or property. Reasonable force is used

to prevent bodily harm or death to another. When asking participants about the use of

reasonable force some referred to their district considering the use of law enforcement to

be reasonable force. Participants stated, "Deputy's reasonable force is much, it's

different in a way because he has tools, he has handcuffs, and he has a taser." Another

participant stated, "Deputy has reasonable force that we don't."

The fifth dominant theme that evolved from this study was staff burnout and

secondary trauma. For this study, burnout is defined as a state of emotional, mental, and

physical exhaustion caused by excessive and prolonged stress. Participants expressed

thoughts of secondary traumatic stress, which for this study was defined as the emotional

duress that results when an individual hears about the firsthand trauma experiences of

another. When asked about burnout and secondary trauma participants spoke about how

working with this population is exhausting and sometimes scary, but also had many

rewards. Some participants spoke of how they do not know how much longer they can

continue to do their jobs due to the needs of the students intensifying and increasing. A

participant stated, "I feel the needs of the students are getting more difficult and we're not

retaining the qualified staff that we need to really meet their needs. And that is burning

staff out quickly." Some participants spoke of how their lives outside of work have been

affected including developing problematic relationships with significant others, children,

and friends. One participant stated:

> depending on the person I think it starts to give people post-trauma symptoms. I
>
> think for some people it just changes their attitudes and the way they interact with
>
> the world. They might become less sensitive to emotions, less open emotionally.

Another participant stated, "I've heard people say they have relationship problems with

their own children or their spouse or partner or with friends because they get irritable."

Other participants acknowledge that they just do not know how much longer they can

handle watching their co-workers get beat up and hurt. A participant stated, "I don't

know if even I can work here and watch people get beat up every day."

<u>Discussion</u>

The purpose of this study was to interview professionals currently working within

Federal Setting 4 Special Education environments and their lived experiences working

with this population. The study focused on the perspective of staff members who work at

two different Intermediate School Districts in Minnesota. Participants included teachers,

social workers, mental health professionals, and psychologists. The researcher intended

to focus specifically on the safety of students and staff within these settings when it

comes to aggressive behaviors and the movement towards not being able to use restraints

and seclusion in educational settings. In the following discussion section the findings

will be discussed as to how they relate to literature. Also, the researcher will address

strengths and limitations within the study, as well the implications that this study has on

social work practice, policy, and future research.

Comparison to the Literature

The literature reflects safety as a concern for both students and staff. As stated in

the research, using a restraint or seclusion for a student with a disability can be stressful

or fearful for all involved, but is often times needed due to safety concerns. As stated by

Fleisig, Winston. L. & Winston, M. (2009):

> being immobilized in a prone position, held only be the peripheral limbs, on a soft
>
> foam mat, with no pressure on the torso, with the arms out to the sides (not under

or behind the student), is radically different from lying on top of a student with

multiple staff or choking the student. (p.2)

This is consistent with participants' discussion about the prone being a safe

procedure that helped keep students and staff safer because it was a controlled procedure

where all parties involved were trained. Fleisig, Winston, L. & Winston, M. (2009) state,

"a common problem with banning anything is that the ban may prohibit the act but it does

not eliminate the need for the act. When staff feels unsafe or doubt the effectiveness of

an intervention they will often improvise." (p.5)

Another area that aligned with literature and the study is the use of law

enforcement within the school setting. As stated by Anderson, Rosiak, Thomas, and

Towvim (2013), Student Resource Officers are defined as "law enforcement officers who

are specially selected and trained to promote safety within schools."(p1) After a study

completed by the Congressional Research Service many parents, community members,

and civil rights activists found the presence of police officers inside classrooms does

more harm than good (Spencer, 2016).   Participants shared the same viewpoint on this

as they stated since staff can no longer intervene in a safe manner with the prohibition of

the prone restraint, law enforcement becomes involved and then the school is no longer in

charge of making decisions about how to handle that situation. Anderson, Rosiak,

Thomas, and Towyim (2013), described three roles of an SRO, which include educator,

informal counselor, and law enforcer. Participants also spoke of the positives in having

law enforcement present in their schools. A participant felt that just having them present

and visible is helpful and another participant referred to law enforcement in schools as

beneficial when they are trying to keep kids out of jail.

Implications for Policy

There are many different policy implications that could come about. When

addressing the needs of safety for students and staff within these educational

environments, advocating for change through state legislation and the Minnesota

Department of Education is critical. Another important policy response should include

addressing the mental health needs of students as well as the resources and services

required to support students with multiple significant needs.   For example, it is extremely

important that additional support services such as social workers, mental health

professionals, behavioral analysts, and occupational therapists would have a positive

impact for both students and staff in these settings. Lastly, working with law

enforcement on mental health and behavioral health crises would be important to help

lessen the chance of the students becoming involved in the criminal justice system.

Policies are needed to better train officers in these settings. If more preventative actions

were taken in regards to helping students with such significant needs work through tough

situations, staff would better be able to provide the academic supports and services.

Another reason that policy implications are important is due to the high intensity

of aggressive behaviors, some students are unable to be served within the public school

setting. Students are to be served within the least restrictive environment and if a Federal

Setting 4 is unable to provide that level of support, often students are removed placed on

"home bound" where they receive minimal academic and social supports during their

day. Home bound services, do not provide the student the day-to-day exposure and skills

they need in order to overcome challenges. Lastly, another reason that advocating for

policy change is important is due to the safety of the students and staff within these

building environments. If staff are continuously getting hurt and having their personal

lives affected, it is going to become an issue when there is no longer staff who want to

work in this environment. Many people who work in these environments do it because

they want to help kids with significant needs succeed, but not be injured on a regular

basis. If it continues to be a challenge to recruit and maintain qualified staff, it will

continue to be a disadvantage to our students who count on and deserve people to show

up every day to help them.

Implications for Social Work Practice

This study links to social work in many ways. As a public school, an expectation

and priority is academic achievement. As a school social worker in a Setting 4

environment, I witness on a daily basis the challenges, complex trauma, and mental

illness that impact our students. With all the needs our students have, it makes managing

academic success a struggle and appears to be secondary to the behavior and emotional

needs. As a social worker, it is my job to help students understand their mental health

challenges and help them develop different skills that support their ability to understand

and regulate their emotion.

This study aligns with social work values such as service, social justice, dignity

and worth of the person, and competence. When it comes to service it is our job as social

workers to help people in need and address the social problem. The next value of social

justice would relate in pursuing social change for a vulnerable population that often times

did not ask to be in their current situation. As the social worker within this type of

setting, I find myself often having this discussion with fellow co-workers about how we

continue to fight for change for students to get their needs met, as well as, providing a

safe and welcoming school for all. When looking at the value of dignity and worth of the

person, staff are constantly pulling out the strengths of each student and working to meet

all their needs. Staff is working to improve students' skills and opportunities to change

and address their own needs. In a Federal Setting 4 environment, many parties involved

including administration, teachers, paraprofessionals, outside services, and families look

to the social work profession to help break down barriers and challenges that are holding

people back from accomplishing their potential. Lastly, in the area of competence it is

my duty to continue to work as a professional in serving my students by applying the

skills and knowledge I have to help them manage through life.

As the researcher, this study has activated a new passion in advocating for

legislation and law change when it comes to the use of restraints and seclusion in

educational settings, which is a major role of a social worker. Not only did this study

activate passion within me, but many participants as well. As a participant of the

Restrictive Procedure Committee through the Minnesota Department of Education, I feel

that this study will be a valuable resource of information to inform our policy makers

increase their understanding of how they are impacting many students' and staffs' lives.

Many of the stakeholders implementing new law changes in regards to prohibiting

restrictive procedures and seclusion are not working on a regular basis with this

population. The experiences described in this study can inform those policy discussions.

Implications for Research

Throughout this research project a respondent spoke movingly about the complex trauma that many of our students have experienced. After listening to the participant speak about trauma, another area of study would be to explore and address the complex trauma students are presenting and how to best meet those needs within an educational setting. If our students were able to have those trauma needs addressed through their day in school, it could help them benefit in many different aspects throughout their lives. As a future research project, I would use the Adverse Childhood Experience (ACE) Study guidelines to collect the data of the students though out Intermediate School Districts in Minnesota and then to analyze the results. The results would then be able to be used as a training tool for staff and help schools understand the need of employing more mental health professionals such as social workers, and therapists to help address the complex trauma a student is experiencing. Research is also needed to see if there is an increase in criminal charges to students within these settings due to law enforcement involvement to maintain safety. This would be an important study for stakeholders.

Strengths and Limitations

The qualitative study conducted had strengths and limitations. To begin with, a strength of this study was having a large pool of participants that included different professional views and experience levels. A second strength of this study was support of the Director's and Assistant Director's in contacting potential participants. Another strength to this research project was the researcher having insight to the topic as they have worked with this population for the past three years. The researcher was aware of the terminology that participants were using, which helped the researched ask better follow up questions.

This qualitative study also has some limitations. First, the researcher conducted ten interviews, but another seven potential participants had e-mailed and wanted to participate. This indicates there is a great deal of interest in this topic and the additional participation may have strengthened this study's findings. For one participant interview, they had requested the interview to be at Panera Bagel Restaurant due to a meeting they had to attend after the interview, which the researcher felt was a difficult environment to conduct the interview. The interview took place in the early morning, which was a busy time, so the researcher felt it was loud and noisy, which became distracting at times. Lastly, the researcher was only able to connect and interview with participants from two of the three Intermediate School Districts. The researcher would have like to interviewed participants from all three Intermediate School Districts.

Conclusion

Throughout the state of Minnesota, Intermediate School Districts are challenged with serving the needs of students with Special Education Services and potentially aggressive behaviors. From this study, the impact of prohibiting the prone restraint and the potential of prohibiting the use of seclusion will impact student service delivery models and how staff is able to respond in those emergency crisis situations. Without the use of restrictive procedures restraints and seclusion, staff is limited in their response, which often times has to then involve law enforcement and then creates a chance for the student to become involved in the criminal justice system. With having a limitation in staff responses to crisis situations, increases the chance for more injuries to staff and students that are involved. Due to the intensity of the students' behaviors, staff is

regularly being injured on the job. Often times those injuries are affecting staff's day-to-

day lives and increasing the burnout level and secondary trauma responses in staff.

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Appendix A-University of St. Thomas IRB Consent Form

UNIVERSITY OF
St.Thomas

Consent Form

[993561-1]

Prohibiting the Use of Restrictive Procedures and Seclusion: The Impact on Staff and
Student Safety

You are invited to participate in a research study about the use of restrictive procedures and
seclusion with special education students in regards to the safety of both students and staff. I
invite you to participate in this research because you currently work with students receiving
Federal Setting 4 Special Education services. You are eligible to participate in this study because
you currently possess a professional license through the state of Minnesota. The following
information is provided in order to help you make an informed decision whether or not you would
like to participate. Please read this form and ask any questions you may have before agreeing to
be in the study.

This study is being conducted by Kaitlin Speedling under the supervision of Dr. Melissa
Lundquist through the University of St. Thomas and St. Catherine's University School of Social
Work. This study was approved by the Institutional Review Board at the University of St.
Thomas.

Background Information

The purpose of this study is to explore the impact on staff and student safety when
restrictive procedures and seclusion are prohibited in Federal Setting 4 educational
institutions. Students who display significant physical aggression and do not have the
skillset to regulate themselves often are transitioned into a Federal Setting 4 educational
programs and receive special education services 100% of their day. In 2014, the
Minnesota Department of Education and state legislation implemented that schools were
prohibited to use the prone restraint and is consider legislation that will prohibit the use
of locked seclusion rooms as well. With these intervention tools and procedures being
prohibited, staff are concerned for student and staff safety is paramount and staff are
continously working to find the best way to meet the students needs while keeping safety
of other students and staff a priority.

Procedures

If you agree to participate in this study, I will ask you to do the following things: participate in
one face to face meeting that will take approximately 60 minutes in a location where you as the
participant feel comfortable. When completing the interview, the researcher will use an iPad Air
2 device for audio recording. I will transcribe the interview.

Risks and Benefits of Being in the Study

The study has minimal risks that could include: the participant possibly having some emotional distress or the potential for recalling a traumatic or distressing event. Staff will be asked to talk about situations they have experienced or witnessed in regards to students who display physical aggression within an educational setting. With this information, there could be a potential for the retelling of the experience to cause some emotional distress. The situation could have also resulted in a significant injury to a staff or student, which may have been traumatic for that staff to experience first hand or witness.

There are no direct benefits for participating in this study.

Compensation

There is no compensation for participating in this study.

Privacy

As a participant in this study, your privacy will be protected. Any personal identifiers collected will be disguised. The location of the interview will be a mutually agreed upon location where the participant feels comfortable.

Confidentiality

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include audio recordings, transcripts, and computer record of the findings will be stored on the researchers password protected iPad Air 2 device. The audio recording will be deleted by May 1, 2017. The researcher will be the only one with access to the recordings.   All signed consent forms will be kept for a minimum of three years upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with employers or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used.   You are also free to skip any questions I may ask.

Contacts and Questions

My name is Kaitlin Speedling. You may ask any questions you have now and any time during or after the research procedures. If you have questions later, you may contact me at 507-251-5935 or kaitlin.speedling@gmail.com or spee8597@stthomas.edu. You may also contact my Chair, Dr. Melissa Lundquist, at 651-962-5813 or lund1429@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or muen0526@stthomas.edu with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

You will be given a copy of this form to keep for your records.

_____

Signature of Study Participant   **Date**

_____

Print Name of Study Participant   **Date**

_____

Signature of Researcher   **Date**

Appendix B-Qualitative Interview Questions

Qualitative Questions

1. Can you please describe the population you work with?

2. What is the biggest challenge you see with your students?

3. What types of proactive behavior plans do you use within your classroom to help prevent aggressive behaviors?

4. How safe do you feel in your current position?

5. Have you ever had a student injure another student or staff due to an aggressive behavior?
   a. If yes, can you please explain the situation and what the outcome of the situation was?

6. From the training you have received in order to implement a restrictive procedure, what changes would you make if any to the training to feel adequate in implementing a restrictive procedure?

7. Can you tell about a time that your assistance has been needed in implementing a restrictive procedure?

8. Have you personally received a physical injury due to a student behavior?

   a. If yes, how many times have you been injured in this setting and can you please describe the injury(s) you have received from student behaviors?

   b. How many times have sought medical attention for your injury(s)?

   c. Where there ever times when you were unable to perform independent daily living skills due the injury(s)?

9. After aggressive behavior has occurred by a student, how does your building or district support the situation?

10. Based upon the students within your classroom, do you feel that with some aggressive behaviors students are capable of presenting you would need to use law enforcement for safety purposes?

Appendix C- Permission Agreement

My name is Kaitlin Speedling and I am currently working to complete my Masters of Social Work through University of St. Thomas and St. Catherine's University. I am in the process of completing my GRSW 682 Research Project, Prohibiting the Use of Restrictive Procedures and Seclusion: The Impact on Staff and Student Safety. This project is a qualitative study focusing on the impact of student and staff safety in Federal Setting 4 education environments. With this study, as the researcher I am expecting 8-10 participants **total** from across the different Intermediate School Districts of 917, 916, and 287. The participants must hold a current professional license from the state of Minnesota and be working with Federal Setting 4 students. In order for me to continue moving forward with this study, the IRB has requested that I receive and submit permission from each of the Intermediate School Districts that I am hoping to recruit participants from. The participation for this study is voluntary.

If you are okay with me as the researcher proceeding to contact potential participants from your district please sign and date below.

Thank you for your time,
Kaitlin Speedling, LSW

Name:_____

Signature:_____

Title:_____

School District:_____

Date:_____

Phone and Email:_____

Appendix D- Recruitment Letter

Dear Participants,

My name is Kaitlin Speedling and I am a MSW Student from University of St. Thomas and St. Catherine's University in the School of Social Work department. Under the direction of Dr. Melissa Lundquist, I am conducting my research project examining the impact on staff and student safety when the use of restrictive procedures and seclusion in educational settings are prohibited.

The reason you are receiving this e-mail is because you could be a potential candidate for participating in this study. I am looking for any staff members who meet the following criteria: of currently working at a Special Education Federal 4 Setting and currently licensed through a professional entity such as the Minnesota Department of Education, Board of Social Work, Board Certified Behavior Analyst, etc. Your participation in this research is voluntary. If you chose to participate in the study, you may withdraw your consent and stop participation at any time without penalty.

 I will not collect your name or personal identifiers. The interview will be completed at a place that is mutually agreed upon and comfortable for the participant. The interview is expected to take about 1 hour. When I report and share the data to others, I will combine the data from all participants. The risks of any personal identifiers linking you to the response are minimal. However, there is a risk for your personal psychological status if sharing a personal story related to an incident at a setting that may cause secondary trauma; therefore I believe there is a mild level of risk to participating in this study.

While there are no direct benefits to you, I hope to gain more knowledge on how professionals in Special Education Federal 4 Settings continue serving students with significant physical aggression and maintain the safety of students and staff.   The research could help aid in future restrictive procedure policies and secondary trauma supports in these settings.

If you wish to participate in this study or have any questions about the research, please contact Kaitlin Speedling at spee8597@stthomas.edu.

Thank you for your time and consideration!

Kaitlin Speedling, MSW Researcher