BREAKING DOWN RESTRAINT AND SECLUSION

**Restraint:** “any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of an individual to move his or her arms, legs, body, or head freely.”

**Seclusion:** “the involuntary confinement of an individual alone in a room or area from which the individual is physically prevented from leaving.”

Due to the manifestation of their autism, people on the autism spectrum are more frequently subjected to physical restraint and seclusion. At times, the improper use of restraint techniques have resulted in death or serious injury to a person with autism. To address that issue, Autism Alliance of Michigan made it a goal to support efforts for Michigan to join a number of other states that place reasonable restrictions on a school’s use of these techniques with their students.

During 2016, through the efforts of our partners throughout the disability advocacy community, that goal was reached when the Michigan House and Senate agreed on a set of bills that modified the State School Code to place limits on the use of restraint and seclusion. On December 29, 2016, Lt. Governor Calley, one of the key advocates for the reform, signed the bills into law. Given the dramatic changes and staff training required, local schools and intermediate districts are not mandated to implement the required changes until the start of the 2017-2018 school year in September 2017. As some already have policies that address the use of restraint and seclusion within their local district it is possible that some will implement the new laws during the current 2016-2017 school year.

After signing the bill, for the remainder of the 2016-2017 school year, seclusion and physical restraint may only be used as a last resort in an emergency situation. Further, when used, it is subject to monitoring, documentation and reporting to parents.

The state policy created under these laws requires a clear statement that the following practices are prohibited: corporal punishment, deprivation of basic needs, child abuse and seclusion (other than the “emergency seclusion”). The policy eliminates the use of noxious substances, mechanical devices and drugs to control student behaviors. The end goal is to avoid physically and emotionally harming students, including minimizing the chance of death or serious injury.
Going forward into the next school year, restraint and seclusion will be limited to emergency situations when their use is essential to provide for the safety of the pupil or another. When used, consideration must be given to the severity of behavior, the student’s age, size, gender, medical conditions, etc. In each building key personnel will be specially trained and identified to be called upon in an emergency.

The justification for use of seclusion and restraint is not punishment, but to allow the student to regain control of their behavior. Therefore its use is generally limited to no longer than 15 minutes for an elementary school pupil or 20 minutes for a middle or high school pupil. During this time the student must be observed for signs of physical distress. If there is a need for longer duration, additional requirements apply, including adding specialized staff and creating written documentation regarding use.

Documentation requirements include that parents are briefed on each use. This should help parents better understand their child’s behaviors in school. Additionally, parents will be able to participate in the Functional Behavior Assessment process, which is used to create a Positive Behavior Plan, so as to minimize the need for repeated use of these techniques.

Parents and professionals with questions should connect with a navigator at (877) 463-AAOM or Navigator@aaomi.org.
An Educator’s Checklist

Contributed by Barb Brish, PsySP, NCSP, Education Specialist, AAoM

When challenging behaviors occur, before considering use of any type of physical restraint or seclusion, it is necessary to ask “why,” and not simply react to the behavior, but respond to the underlying causes.

Quickly scan the situation and ask the following questions:

• Is the child in pain or having a seizure?
• Is the behavior related to an allergy or bodily discomfort (headache, toothache, earache)?
• Did the child receive sufficient sleep?
• Was there an unexpected transition?
• Are the services and supports as outlined being implemented with fidelity?
• Does the student have functional communication and are their needs being acknowledged?
• Are sensory needs being met? Is the student being overstimulated?
• Is there something new or unusual going on in the home or at school?

Next ask yourself:

• Is the student in immediate danger to self or others?
• What can we address or change immediately so that physical restraint or seclusion are not the only interventions to be employed?
  ○ Review the Behavior Plan. Is the plan being implemented with fidelity?
  ○ Is the child seeking a comforting object? Supply the object.
  ○ Is the child being overstimulated, and if so, how can the additional stimuli be reduced?
  ○ Is the schedule being followed? If not, what happened and what can be done to get back on schedule?

If necessary:

• All options for managing the behavior have failed, seclusion and or physical restraint are the only options left and the staff are trained in proper procedures. All procedures including documentation requirements are being followed.
# MARCH AT A GLANCE

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Please visit our community calendar for full event listings at [www.navigator.autismallianceofmichigan.org/events](http://www.navigator.autismallianceofmichigan.org/events).

### 3rd Annual Navigating Autism Today Conference
Thursday, March 9th 8:00AM-3:00PM
VisTaTech Center at Schoolcraft College
18600 Haggerty Rd. Livonia, MI 48152

### Navigating Autism Today Regional Conference
Friday May 12th, 2017
Bavarian Inn
1 Covered Bridge Ln, Frankenmuth, MI 48734

AAoM conferences are FREE for all families. Professionals are asked to pay $50 per person.
[WWW.AAOMCONFERENCE.ORG TO REGISTER](http://WWW.AAOMCONFERENCE.ORG TO REGISTER)