Early Intervention Teachers' Reference Guide:
Positive Behavior Supports and Interventions

Preventing the Use of Restraints and Seclusion in Early Intervention

Young children, with and without disabilities, exhibit challenging behaviors for a variety of reasons. Children who are in early care and education (ECE)/ Early Intervention programs present teachers with opportunities to understand the reasons these behaviors occur and to offer support and guidance in a nurturing environment. Classroom climate, home environment, disabilities, biological factors, and health all influence a young child's behavior. Children's challenging behaviors can be very disruptive for the entire classroom, and for families trying to cope at home.

In recent years, the field of early care and education (including Early Intervention) has had to examine the use of restraints and seclusion to control the behavior of children. There are major concerns with the use of restraints and seclusion with all children, and especially with children who have disabilities and/or challenging behavior. Incidents of children being harmed while using these techniques have prompted states and agencies that serve infants, toddlers, and preschoolers to establish policies and regulations that prevent the use of restraint and seclusion. These policies do not allow the use of restraints and seclusion except in cases of orthopedic necessity and emergencies where children are in danger. However, many early care and education staff are uncertain about the definitions of these terms. It helps teachers if they are clear about what is meant by the words "seclusion" and "restraint." *(TACSEI Policy Brief: "Preventing the Use of Restraint and Seclusion with Young Children: The Role of Effective, Positive Practices", Glen Dunlap, Cheryl Ostryn, Lise Fox, 2/2011)*

What is seclusion?

Seclusion refers to the involuntary confinement of a child **alone in a room or isolated area** from which the child is **prevented from leaving**. Seclusion may include having a door locked or blocked with the child being alone, or having a child placed away from peers and caregivers for a period of time with no access to social interaction; the child also may have limited contact with a caregiver. Seclusion can be confused with "time out;" however, time out is defined simply as an intervention that involves removing or limiting the amount of reinforcement or attention that is available to a child for a brief period of time. Time out does not require or imply seclusion. (For more information about time out, see *CSEFEL "What Works Brief # 14: "The Role of Time-Out in a Comprehensive Approach for Addressing Challenging Behaviors of Preschool Children", Dunlap, Fox, Hemmeter, Strain, 8/2004)*

Seclusion (involuntary confinement) is an extreme procedure that is not developmentally appropriate and should serve no purpose as an intervention with young children. Young children should never be alone in a room or isolated completely from social interaction. *(TACSEI Policy Brief: "Preventing the Use of Restraint and Seclusion with Young Children: The Role of Effective, Positive Practices", Glen Dunlap, Cheryl Ostryn, Lise Fox, 2/2011)*

What is restraint?

Restraint is the use of physical force (like holding a child), a mechanical device (a chair with straps to hold the child), or chemicals (like tranquilizers) to immobilize a child and to prevent the child from engaging in freedom of movement. Mechanical restraint is defined as the use of any device or equipment to restrict a child's freedom of movement. However, the term is not applied when devices are used or prescribed by trained medical or related service providers for the purposes for which the devices were designed. These include: (a) adaptive devices to achieve proper body position or alignment to allow improved mobility; (b) orthopedically prescribed devices, such as protective helmets, that permit a child to participate in activities without risk of harm; (c) restraints for medical immobilization; and, (d) the use of safety restraint belts when being transported in a vehicle or to prevent a child from falling out of bed or a chair.

Physical restraint is defined as a personal restriction that immobilizes or reduces the ability of the child to freely move his or her torso, arms, legs, or head. The term does not include a physical escort involving a temporary touching or holding for guiding a child to walk to a safe location. Brief physical guidance, instructional prompting, physical support, and comforting are not instances of restraint. Young children often wish to be held, and holding and soothing young children is not considered restraint. (See also: *Chapter 14: Special Education Services and Programs State Regulations, §14.133 Positive Behavior Support)*

Why prevent the use of seclusion and restraint?

According to Dunlap, Ostryn and Fox, there are a number of significant problems for teachers and other early care and education (ECE) staff in using seclusion and restraint. For that reason, teachers need to keep in mind the positive behavior approach, including maintaining a positive environment in the classroom, using positive strategies, teaching socially and developmentally appropriate skills, and developing positive behavior support plans for children who need them. As teachers, prevention should always be the first approach.

What are the primary problems associated with seclusion and restraint?

- Restraint carries a potential for injury to the child being restrained. There have been serious cases of injury and even death from a child being restrained in order to address an undesired behavior. There is also a possibility that the caregiver might suffer an injury due to physical contact with the child while restraining him or her.
- There is also the potential risk of psychological problems among young children who are exposed to restraint and seclusion. Young children can be very frightened, anxious or nervous because they do not have the skills to understand the procedures and their consequences. Use of restraints or seclusion involves the real risk that children inadvertently learn that their caregivers are responsible for placing them in a scary situation. This gets in the way of developing a safe and secure relationship with caregivers and adults in general. Children may associate their classrooms with invasive and traumatic experiences; and, a fear of going to school could develop.
- Because there is a lack of therapeutic benefit in using restraint and seclusion procedures, young children are not learning positive behavioral alternatives. This may leave children's undesirable behaviors unchanged. Use of additional and more and more intrusive behavioral control procedures might result.
- When restraint and seclusion are used to control behavior, there is a risk that such procedures may, over time, become the "normal" or routine practices in the classroom. Because restraint and seclusion can temporarily decrease the occurrence of disruptive behaviors, teachers may be reinforced for using them unintentionally, and find themselves using them more often and more routinely. With continued implementation of restraint and seclusion, the risk of abuse is greatly increased.

Promoting Positive Behavior Interventions and Supports

Young children, with and without disabilities, who are exhibiting challenging behaviors need positive approaches from teachers and caregivers. They need opportunities to learn new social strategies in a nurturing environment. Teachers can explore the Positive Behavior Interventions and Supports (PBIS) research and materials to assist them in building good positive programs for young children.

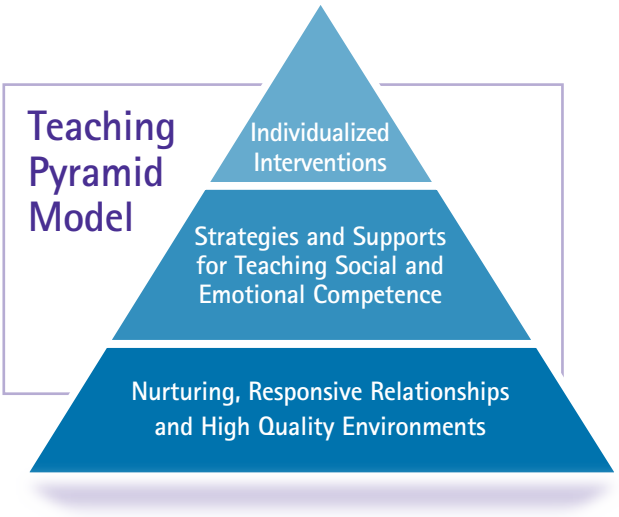
What do we know?

Teachers and others working in the field of early care and education should be aware of research about social emotional development and the link with later school success. These social skills have been identified as essential for later school success: getting along with others; following directions; identifying and regulating one's emotions and behavior; thinking of appropriate solutions to conflict; persisting on tasks; engaging in social conversation and cooperative play; correctly interpreting other's behaviors and emotions; and feeling good about oneself and others (Cimino, Forrest, Smith & Stainback-Tracy, 2007).

What should we do?

Developing instruction to support social-emotional development and effective research-based interventions to address challenging behaviors is an ongoing process in early care and education programs. Identifying teaching

strategies to use to decrease the challenging behaviors while building social competence should also have positive outcomes in children's daily life in the classroom and home and community. For instance, teachers can maintain a predictable schedule, minimize transitions, provide visual reminders of rules, give time and attention for appropriate behavior, provide choices where they can, and maximize child engagement to minimize problem behaviors. An evidence-based approach for delivering early behavior prevention and intervention within early care and education/Early Intervention programs is through the use of Positive Behavior Interventions and Supports or PBIS (Fox, Little, Dunlap, 2001).



What supports can we use?

PBIS is built on a research-based foundation of preventing problem behavior through arrangement of the environment, effective teaching, teaching children appropriate social and communication skills, and developing individualized interventions for those children who engage in more serious forms of challenging behavior (Fox, Dunlap, Hemmeter, Joseph, Strain, 2004). Positive behavior support is an approach for helping children develop social and communication skills, while creating a positive environment for learning and growth. Essentially, PBIS is a package of strategies, not just one intervention. It is a collaborative process that involves multiple approaches.

A model of practices and competencies related to promoting social and emotional development was developed by the Center for Social and Emotional Foundations for Early Learning (CSEFEL). This "Teaching Pyramid Model" includes: universal practices that are needed to support all children and promote children's development; secondary strategies that are designed to prevent problem behaviors for young children; and tertiary or intervention strategies to provide treatment to young children with behavioral health needs. The Teaching Pyramid presents this in three levels. *Nurturing* and *Responsive Relationships* and *High Quality Environments* make up the primary or universal level. These are referred to as the foundation of the pyramid. The second level of the pyramid is *Strategies and Supports for Teaching Social and Emotional Competence* to children at risk for difficulties. The third or tertiary level of the pyramid includes *Individualized Interventions* that provide plans for children with challenges. This includes developing a *Behavior Intervention and Support* plan. Supports are available for teachers from CSEFEL www.csefel.vanderbilt.edu and TACSEI www.challengingbehavior.org/ websites. In Pennsylvania, support is available through www.papbs.org.

Developing Positive Behavior Support Policies and Plans

What can teachers do if a child needs more help?

Positive behavior supports include a variety of techniques to develop and maintain skills that enhance all children's opportunities for learning and building social skills. However, even when developmentally appropriate behavior supports are systematically provided, some children require an individualized behavior support plan to help them manage challenging behaviors. Potential causes of challenging behavior, such as physical or medical conditions, environmental factors, staffing and program concerns, should be reviewed and addressed prior to the development of an **individual** behavior intervention and support plan. An individual behavior support plan will include specific strategies that are in addition to the general classroom or home positive behavior support. Each program should have a positive behavior support policy in place, a requirement for all Early Intervention programs. This policy gives teachers guidance on developing individual behavior support for children in their care.

What is the basis for PBIS?

Positive, rather than negative, measures must form the basis of behavior support programs to ensure that all... eligible young children shall be free from demeaning treatment, the use of aversive techniques and the unreasonable use of restraints. Behavior support programs must include research based practices and techniques to develop and maintain skills that will enhance a young child's opportunity for learning and self-fulfillment. Behavior support programs and plans must be based on a functional assessment of behavior and utilize positive behavior techniques. [PA Regulations 14.133(a)]

What are the first steps?

First, teachers need to begin the functional assessment process; this involves the strategic collection of data to determine the purpose of a child's behavior that is interfering with learning or participation. Look at the behavior as an event that includes behavioral triggers that set off the child, the objective definition of the behavior, and consequences that are reinforcing the behavior of concern. When a possible function has been determined through data collection, additional new skills will be considered and appropriate replacement behavior will be taught and reinforced.

When an intervention is needed to address problem behavior, the types of intervention chosen for a particular young child should be the least intrusive necessary. One or more of the following will be developed as a result of the functional assessment:

- **Written behavior plan** that uses positive behavior support strategies
- **IFSP/IEP goals** that address behavior needs
- **Specially-designed instruction** specifying behavioral guidance strategies

Core items to include

Definitions

Include definitions of words and terms that are required to ensure that all users have a common understanding of PBIS. All members of the team including the family should have an understanding of terms used in the PBIS process.

Specific Examples

- Functional Behavioral Assessment (FBA)
- Behavior Support
- Positive Behavior Support Plan
- Environmental Supports
- Safety Net Procedures
- Others that provide clarity to the policy

Regulations and References

- PA Regulations 14.133(b)

Functional Behavior Assessment and Positive Behavior Support Plan Guidance

Your program will provide guidance about how you should proceed with the FBA/positive behavior support plan process. When you would like to conduct an FBA, who should be notified? How is the family contacted? Who determines when an FBA is needed? Who will be on the team?

One or more of the following will be developed as a result of the functional assessment:

- Written behavior plan that employs positive behavior support strategies
- IFSP/IEP goals that address behavior needs
- Specially-designed instruction specifying behavior strategies

Specific Examples

Steps that must be included in the process:

1. Identify and describe the behavior(s) of concern
2. Gather information and collect data on the target behavior(s) through interview, record review, and observation
3. Develop hypothesis about the function of the behavior
4. Design an intervention plan
5. Implement the plan and monitor its effectiveness; add specificity about data collection throughout the process
6. Modify the plan as required; fade the support when possible

Regulations and References

O'Neill, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K. and Newton, J. S. (1997). Functional assessment and program development for problem behavior: A practical handbook. Pacific Grover, CA: Brooks/Cole.

Positive Behavior Supports

As a teacher, your program expects staff to support children's learning appropriate behavior. Focus on what and how you will teach. For home-based

programs, address how you are to support parents in teaching the behaviors they want from their children. Pay more attention to consequences for using new skills appropriately rather than to consequences for misbehavior.

Specific Examples

- Positive Strategies
- Behavior Management Strategies
  - High rates of child engagement
  - Frequent monitoring
  - Clear rules and procedures
  - Social acknowledgement and other reinforcement for desired behaviors
  - Environmental adaptations
  - Curriculum/activity adaptations
  - Direct instruction
  - Developmentally-appropriate schedule of activities
- Specific strategies to increase positive behavior
  - Teaching desired behaviors
  - Reinforcing desired behaviors much more often than undesired behaviors
  - For home-based services, supporting parents as they teach and reinforce the behaviors they want from their children
- Behavior reduction strategies
  - Replacement skills
  - Eliminate reinforcement of undesirable behaviors

Safety Net Procedures

As a rule, children are not to be restrained in an attempt to manage their challenging behavior. The expectation is that the only time that restraint would ever be used is in a situation where the child is in imminent danger of harming himself or others and there is no other way to prevent harm. Even in those situations, the child must be released as soon as safety can be assured. This does not mean as soon as the child is calm...it means as soon as the situation can be made safe, even if child is still agitated.

Holding a child's hand while walking down the hall or using a seat belt in a high chair for general safety purposes are not considered restraints. Using body parts or equipment to hold a struggling child in place is considered to be **restraint**. Routine use of mechanical restraint to control involuntary movement or a lack of muscular control such as using a harness to stabilize a child who has difficulty holding herself upright must be specified in the child's IFSP/IEP, be recommended by a medical professional with the qualifications to make such a determination, and be agreed to by the child's parent(s).

Note: Your program's policy manual should include specific guidance about steps your program expects staff to follow in order to avoid having to restrain a child. Having staff trained to safely manage severe behaviors is your program's **safety net**. In the rare event of behavior that is so dangerous that restraint is deemed necessary, staff who are specifically trained in safe physical intervention techniques (**safety net procedures**) should remove a child or children from a dangerous situation. The least restrictive technique that is effective will be used and the child **must** be released as soon as it is safe to do so. Your program should stipulate who is expected to be trained and how that training is to be provided. And also, your program should have steps to be taken to prevent future incidents if safety net procedures are used.

Specific Examples

Examples of strategies that would prevent having to use restraint might be:

- Move other people and children away from the child who is in danger of hurting someone
- Remove items that might be thrown or toppled
- Provide soft items to replace items that might cause damage or pain if thrown
- Station adults near exits to avoid children being able to escape
- Ignore verbal outbursts

The use of a safety net procedure to manage the aggressive behavior of an individual child should be reported to the parent as soon as possible. A meeting of the IFSP/IEP team needs to be held within 10 school days of the use of this safety net procedure.

At the meeting, the IEP/IFSP team should consider whether the young child needs a functional behavioral assessment, a reevaluation, a new or revised positive behavior support plan, or a change of placement to address the challenging behavior.

Immediately following any use of physical restraints, the Early Intervention program administrator should notify the program's OCDEL Early Intervention advisor of the use of restraints, the circumstances that led to the use of restraint, and the scheduled date of the resultant IFSP/IEP meeting.

Regulations and References

PA Regulations 14.133(b)

Emergency Plan

Your program should have an emergency plan that describes what staff should do when faced with a threat from a child, family member, staff or community member. All staff should be aware of this plan and be able to implement it quickly.

Specific Examples

An emergency plan for behavior that presents a clear and present danger to the young child or others may include the following information:

- Crisis prevention strategies
- Program personnel who should be notified of the event
- Family notification procedure
- Specific OCDEL Early Intervention Advisor to be contacted by the program administrator
- Contact information for local emergency services (*i.e.*, police, ambulance)

Commonwealth of Pennsylvania Department of Education Chapter 14: Special Education Services and Programs State Regulations

§14.133 Positive Behavior Support

(a) Positive, rather than negative, measures must form the basis of behavior support programs to ensure that all students and eligible young children shall be free from demeaning treatment, the use of aversive techniques and the unreasonable use of restraints. Behavior support programs must include research based practices and techniques to develop and maintain skills that will enhance an individual student's or eligible young child's opportunity for learning and self-fulfillment. Behavior support programs and plans must be based on a functional assessment of behavior and utilize positive behavior techniques. When an intervention is needed to address problem behavior, the types of intervention chosen for a particular student or eligible young child shall be the least intrusive necessary. The use of restraints is considered a measure of last resort only to be used after other less restrictive measures, including de-escalation techniques , in accord with subsection (c)(2).

(b) Notwithstanding the requirements incorporated by reference in 34 CFR 300.34, 300.324 and 300.530 (relating to related services; development, review, and revision of IEP; and authority of school personnel), with regard to a child's behavior, the following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Aversive techniques—Deliberate activities designed to establish a negative association with a specific behavior.

Behavior support—The development, change, and maintenance of selected behaviors through the systematic application of behavior change techniques.

Positive behavior support plans—A plan for students with disabilities and eligible young children who require specific intervention to address behavior that interferes with learning. A positive behavior support plan shall be developed by the IEP team, be based on a functional behavior assessment, and become part of the individual eligible young child's or student's IEP. These plans must include methods that utilize positive reinforcement and other positive techniques to shape a student's or eligible young child's behavior, ranging from the use of positive verbal statements as a reward for good behavior to specific tangible rewards.

Restraints—
(i) The application of physical force, with or without the use of any device, for the purpose of restraining the free movement of a student's or eligible young child's body.

(ii) The term does not include briefly holding, without force, a student or eligible young child to calm or comfort him, guiding a student or eligible young child to an appropriate activity, or holding a student's or eligible young child's hand to safely escort her from one area to another.

(iii) The term does not include hand-over-hand assistance with feeding or task completion and techniques prescribed by a qualified medical professional for reasons of safety

or for therapeutic or medical treatment, as agreed to by the student's or eligible young child's parents and specified in the IEP. Devices used for physical or occupational therapy, seatbelts in wheelchairs or on toilets used for balance and safety, safety harnesses in buses, and functional positioning devices are examples of mechanical restraints which are excluded from this definition, and governed by subsection (d).

(c) Restraints to control acute or episodic aggressive or self-injurious behavior may be used only when the student is acting in a manner as to be a clear and present danger to himself, to other students or to employees, and only when less restrictive measures and techniques have proven to be or are less effective.

(1) The use of restraints to control the aggressive behavior of an individual student or eligible young child shall cause the school entity to notify the parent of the use of restraint and shall cause a meeting of the IEP team within 10 school days of the inappropriate behavior causing the use of restraints, unless the parent, after written notice, agrees in writing to waive the meeting. At this meeting, the IEP team shall consider whether the student or eligible young child needs a functional behavioral assessment, reevaluation, a new or revised positive behavior support plan, or a change of placement to address the inappropriate behavior.

(2) The use of restraints may only be included in a student's or eligible young child's IEP when the following conditions apply:

(i) The restraint is utilized with specific component elements of positive behavior support.

(ii) The restraint is used in conjunction with the teaching of socially acceptable alternative skills to replace problem behavior.

(iii) Staff are authorized to use the procedure and have received the staff training required.

(iv) There is a plan in place for eliminating the use of restraint through the application of positive behavior support.

(3) The use of prone restraints is prohibited in educational programs. Prone restraints are those in which a student or eligible young child is held face down on the floor.

(4) The use of restraints may not be included in the IEP for the convenience of staff, as a substitute for an educational program, or employed as punishment.

(5) School entities shall maintain and report data on the use of restraints as prescribed by the Secretary. The report shall be reviewed during cyclical compliance monitoring conducted by the Department.

(d) Mechanical restraints, which are used to control involuntary movement or lack of muscular control of students when due to organic causes or conditions, may be employed only when specified by an IEP and as determined by a medical professional qualified to make the determination, and as agreed to by the student's parents. Mechanical restraints shall prevent a student from injuring himself or others or promote normative body positioning and physical functioning.

(e) The following aversive techniques of handling behavior are considered inappropriate and may not be used by agencies in educational programs:

(1) Corporal punishment.

(2) Punishment for a manifestation of a student's disability.

(3) Locked rooms, locked boxes or other structures or spaces from which the student cannot readily exit.

(4) Noxious substances.

(5) Deprivation of basic human rights, such as withholding meals, water, or fresh air.

(6) Suspensions constituting a pattern under 14.143 (a) (relating to disciplinary placement).

(7) Treatment of a demeaning nature.

(8) Electric shock.

(f) School entities have the primary responsibility for ensuring that positive behavior support programs are in accordance with this chapter, including the training of personnel for the use of specific procedures, methods and techniques, and for having a written policy and procedures on the use of positive behavior support techniques and obtaining parental consent prior to the use of restraints or intrusive procedures as provided in subsection (c).

(g) In accordance with their plans, agencies may convene a review, including the use of human rights committees, to oversee the use of restrictive or intrusive procedures or restraints.

(h) Subsequent to a referral to law enforcement, for students with disabilities who have positive support plans, an updated functional behavior assessment and positive behavior support plan shall be required.

References

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Resources

CSEFEL or Center for Social and Emotional Foundation for Learning – www.csefel.vanderbilt.edu
The Center on the Social and Emotional Foundations for Early Learning is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to ECE programs across the country.

Technical Assistance Center on Social Emotional Intervention (TACSEI) – www.challengingbehavior.org
The Technical Assistance Center on Social Emotional Intervention for Young Children is a five-year grant made possible by the U.S. Department of Education, Office of Special Education Programs. TACSEI takes the research that shows which practices improve the social-emotional outcomes for young children with, or at risk for, delays or disabilities and creates free products and resources to help decision-makers, caregivers, and service providers apply these best practices in the work they do every day.

Pennsylvania Positive Behavior Intervention and Supports – www.papbs.org
The mission of the Pennsylvania Positive Behavior Support Network (PAPBS Network), through training and technical assistance, is to support schools and their family and community partners to create and sustain comprehensive, school-based behavioral health support systems in order to promote the academic, social and emotional well-being of all Pennsylvania's students.

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