



**COPAA Declaration of Principles  
Opposing the Use of  
Restraints, Seclusion, and Other Aversive Interventions  
Upon Children with Disabilities  
June 2008 (updated March, 2011)**

**Background:**

The Council of Parent Attorneys and Advocates is a national voice for special education rights and advocacy. Our primary goal is to secure effective appropriate educational services for children with disabilities and to protect their educational and civil rights.

COPAA is concerned about the use of restraints, seclusion and aversive interventions as part of educational programs for children with disabilities. Restraints, seclusion and aversive interventions are neither educational nor effective. Instead, their harms and dangers are well-documented. Inappropriately used, they amount to child abuse.

Restraints include physical force, mechanical devices or drugs that temporarily restrict freedom of movement or control behavior. Seclusion includes the use of locked rooms or other spaces from which students are unable to leave voluntarily. Aversive procedures use painful stimuli in response to behaviors that are deemed unacceptable by their caregivers. All aversive techniques have in common the application of physically or emotionally painful stimuli.

Children should receive effective positive behavior supports developed within a comprehensive, professionally-developed plan of behavioral accommodations, supports, and interventions. But, too often school personnel who have not been thoroughly trained in research-validated methods for promoting positive behavior change and crisis de-escalation resort to inappropriate abusive methods. Abusive methods not only place the student at risk of serious physical and psychological harm, but also violate his or her dignity and right to be free from abusive treatment.

Although some states have standards and regulations regarding restraints, seclusion and aversive interventions, the existing laws are not uniform and may not be enforced. Other states provide little or no protection for children at all. Because there is no monitoring on a national level, the full extent of death, injuries, and harm from the use of these techniques is unknown.

Every child is entitled to be treated with dignity and respect. No child with a disability should be subjected to abusive treatment under the guise of providing educational services. Civilized nations protect the human rights of all of their citizens and residents, particularly those who are unable to advocate for themselves, including children.

***Accordingly, COPAA adopts the following declaration of principles regarding the restraint, seclusion, and abuse of children.***

### **Declaration of Principles**

1. Behavioral interventions for children must promote the right of all children to be treated with dignity and receive necessary educational supports and programming in a safe and least-restrictive environment. Positive and appropriate educational interventions should be used; restraints, seclusion and abusive techniques should not.

2. Policies should stress the importance of employing non-physical techniques. They should emphasize prevention, positive behavioral intervention policies, and de-escalation techniques to help students manage their own conduct. These practices teach children to build social relationships and skills they need to progress to adulthood. They also create an environment that values healthy relationships, conflict resolution skills, and the inherent worth of each person. All members of a school community benefit from this, all children and adults.

3. Repeated use of restraints or seclusion should be viewed as the failure of educational programming and the likelihood that supports, educational methodologies, and placement are inadequate. Children whose behavior impedes their learning or that of others should receive appropriate Functional Behavioral Assessments and Behavioral Intervention Plans which incorporate appropriate positive behavioral interventions.

4. Restraints to control acute or episodic aggressive behavior should only be used under the following circumstances: (a) The student's actions pose a clear, present and imminent serious physical danger to himself/herself or to others; (b) Less restrictive measures have not effectively de-escalated the risk of injury; (c) The restraint should only last as long as necessary to resolve the actual risk of danger or harm; (d) The degree of force applied may not exceed what is necessary to protect the student or other persons from imminent bodily injury.

5. Restraint and seclusion should never be used as a planned intervention for a student as part of an IEP, a Section 504 plan, or a behavior plan.

6. If a student has a behavior plan or an IEP or Section 504 plan with behavioral goals and/or objectives, the IEP team, Section 504 team, or other appropriate professionals must closely monitor implementation of the plan for appropriateness and effectiveness. In addition, parents must receive notice of their procedural safeguards, including their right to an independent educational evaluation.

In addition,

(i) A restraint may be used in an emergency situation only if elements (a)-(d) exist. The existence of each element and circumstances surrounding use of the restraint must be documented immediately in the child's records.

(ii) Parents must receive full and complete information about every incident in which restraint is used; including its potential dangers and risks, and the training received by personnel.

7. Certain techniques are so harmful and dangerous, and an affront to human rights and dignity, that they should be banned outright.

a. Mechanical restraints and prone restraints (e.g., with a child face down) should never be used. Movement limitation may never be used as a punishment or as a substitute for appropriate educational support.

b. Aversive techniques should never be used on children as planned consequences of behavior or symptoms. No child should be subjected to pain or noxious stimuli, such as electric skin shock, ice applications, hitting, slapping, pinching, kicking, hurling, strangling, shoving, deep muscle squeezes, use of noxious inhalants or unpleasant tastes, loud noises, or other similar stimuli. Meals may not be withheld and children should never receive limited nutrition or hydration, or food or drink that is intentionally altered to make it distasteful. Clothing and shelter may not be withheld as part of a behavior control method.

c. A child should never be locked in a room, closet, box, or other place, or put in another place from which the child cannot freely exit. A child may be placed in an appropriate locked, safe confined space if there is an absolute emergency because the child possesses a dangerous weapon or otherwise poses an imminent danger of serious bodily harm to self or others. In such a situation, a child may be placed in locked confinement only while awaiting the arrival of law enforcement or crisis intervention personnel; and the child must be continuously observed by an adult for the entire period of the locked confinement. COPAA does not support the use of rooms from which children cannot exit for time-out or any other situations.

d. If a child is placed in such a locked, safe space, parents must be immediately informed in writing, including the specific danger involved, and all circumstances surrounding the event, including the action taken. This must also be placed in the child's educational record. Parents must receive their procedural safeguards and the child should receive a comprehensive functional behavioral assessment.

8. School districts must always allow parents to make reasonable visits to their children's classroom and schools. Parents are an integral part of the school community and have a right to observe their children. Because of the dangers that restraints and seclusion pose, parents must be immediately informed of any use of seclusion or restraint, as must senior administrators.

9. No restraint or seclusion may be used if medically or psychologically contraindicated for a child.

10. Standards of excellence should be adopted for safe management of disruptive and assaulting behavior. Schools districts should adopt policies requiring the use of positive behavior interventions and de-escalation techniques, as well as the training of all school personnel on how to implement positive behavior support plans. Senior Administrators (i.e., the school principal or designee) must ensure the implementation of these policies.

11. All personnel who may be involved in using restraint or seclusion must receive comprehensive training in a research-validated program for positive behavior interventions and crisis management. If the use of a particular restraint or form of seclusion is approved for use with any student in an emergency or dangerous situation, all personnel must receive training in its appropriate use and dangers.

12. It is important that schools and educational facilities, through their senior administrators, gather and report data on each of restraint, seclusion, and aversive interventions; on deaths, injury, lasting psychological effects, and other harm; and on the use of positive behavioral interventions and de-escalation methods. Senior administrators should analyze trends within the school and among schools to ensure that restraints and seclusion are used only in the rarest of situations, when absolutely unavoidable and that positive behavioral intervention and de-escalation techniques are used to prevent their use.

13. State Education Agencies must undertake strong monitoring and enforcement programs to prevent the abuse of children in any educational setting. A comprehensive national mechanism must also be developed that monitors the use of restraints, seclusion, and

aversive interventions; as well as any resulting deaths, injury, significant psychological impact, or other harmful consequences.