



The Council for Children with Behavioral Disorders

A Division of the Council for Exceptional Children

CCBD'S POSITION SUMMARY
ON

The Use of Seclusion in School Settings

Initially Approved by the Executive Committee on 5-17-09
Revised and Approved by the Executive Committee on 7-8-09

The document provides policy recommendations of the Council for Children with Behavioral Disorders (CCBD) regarding the use of seclusion procedures in schools. It includes: (a) an Introduction, (b) a Declaration of Principles, and (c) Recommendations Regarding the Use of Seclusion in School Settings. Explanation or elaboration of policy recommendations is provided in italics. A similar and parallel document will provide policy recommendations related to the use of physical restraint procedures in school settings which is often associated with the use of seclusion procedures.

Introduction

What is seclusion?

Seclusion is the involuntary confinement of a student alone in a room or area from which the student 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 by staff. Any time a student is involuntarily alone in a room and prevented from leaving should be considered seclusion regardless of the intended purpose or the name applied to this procedure or the name of the place where the student is secluded.

Seclusion is often associated with the use of physical restraint in that physical restraint is regularly used to transport a student to a seclusion environment (Ryan, Peterson, Tetreault, & Van der Hagen, 2007). However, seclusion may occur without employing physical restraint.

In addition, schools may employ a variety of environments which may not meet the definition of seclusion (confinement alone without immediate ability to leave) but which have at least some of the elements of seclusion. These might include detention rooms and in-school suspension rooms where students may not be alone in the environment or where they are not technically prevented from leaving, although they may perceive that they are prevented from leaving. While these environments may not have all of the features of true seclusion, many of the issues of concern regarding interference with student rights, lack of access to instruction, separation from peers, and lack of ability to leave may still apply to these environments. These environments may be subject to possible abuse and may require standards for use parallel to the ones discussed here for seclusion.

Seclusion should also be distinguished from the situation where students have made the “free-will” choice to go to the room where they are alone and where they have the ability to leave and return to the classroom at any time. These rooms sometimes have similar names to seclusion rooms and have been called “safe places” or “cool down rooms.” When used in this way, these types of procedures would not constitute seclusion.

What is the purpose for employing seclusion?

Seclusion in school settings seems to be used often as a consequence or punishment for inappropriate behavior for purposes of changing the behavior. Typically, this would mean that when a student misbehaves, the student would be sent to the seclusion room for a period of time. However, a wide variety of purposes for seclusion have been identified. These include removal from a reinforcing environment, permitting the student’s emotions to cool down, or permitting the student to engage in a problem solving process. Other purposes might include restoring order to the classroom environment from which the student was removed, providing relief for the teacher from managing the student’s behavior or the student’s noncompliance with adult commands (Ryan, Peterson, & Rozalski, 2007). Most schools or programs that employ seclusion view it as a behavior change procedure and use it as a consequence when a student is in a behavioral crisis. Although commonly used for a variety of purposes, most professionals believe that seclusion is warranted only when a student’s behavior is so out of control or so dangerous that the student’s behavior in the current environment poses a risk of injury to the student or others.

“Time-out” or “time-out from positive reinforcement” is often confounded with seclusion. The purpose of time-out is to remove the student from access to reinforcement which may be supporting inappropriate behaviors (extinction) or to remove a student’s access to the positive reinforcement occurring in an environment in order to diminish specific inappropriate behaviors. Time-out is a behavior reduction strategy (punishment) and thus in the technical usage within the applied behavior analysis community is a punishment even though it is not associated with our normal meaning of punishment. Three forms of time-out are common in the literature on applied behavior analysis based on where the student is placed to limit access to reinforcement. These are inclusionary time out, exclusionary time out, and seclusionary time out. Inclusionary time out occurs within the classroom with the student maintaining the ability to continue to see and hear what is going on in the classroom. Exclusionary time out sends the student to an environment where there is no longer access to what is going on in the classroom but where the student may have access to other students or staff. Examples include being sent to another classroom, the principal’s office, a detention room, or the hallway. Seclusionary time-out sends the student to a location where the student is alone and therefore not able to access reinforcement. The student may or may not be physically prevented from leaving.

For our purposes, seclusion occurs any time when a student is in a place where he or she is alone and is prevented from leaving that environment, regardless of the purpose for placing the student in this environment. A restrictive time-out would be seclusion if the student is prevented from leaving.

Because of the popularity of the term, a time-out room has sometimes become associated with a particular location regardless of whether it is used as a place free of reinforcement. It is important to note that a time-out room may be a way to manage reinforcement and may not be seclusion as defined here. However, many times a time-out room is a place where seclusion occurs, regardless of the intended purpose of sending the student there. Schools have developed a wide variety of names for the locations where students are sent to be secluded. Regardless of the name or the purpose, if a student is alone and prevented from leaving, this setting constitutes seclusion.

Seclusion, like physical restraint procedures, has been in widespread use across most human service, medical, juvenile justice, and education agency programs for a long period of time. While historically the use of seclusion in education has typically been in special education

programs, these procedures are now widely believed to be used more broadly with any student and may be viewed as a part of the overall school program. Although data about the extent or circumstances of the use of seclusion in schools at the present time is not available, most believe that the use of these procedures in schools has increased as more students with difficult or severe behavioral needs are being served in general education schools and classes.

What are the problems with the use of seclusion?

Although there have been no recent studies of seclusion in schools, injuries and deaths from suicide have been reported where seclusion has been used. A recent report from the National Disability Rights Network has enumerated a wide variety of abuses of seclusion with at least one instance of a student's death while in seclusion and at least one other attempt to commit suicide documented (National Disability Rights Network, 2009). The report indicates there may also have been many more physical injuries while students were in seclusion as well as significant psychological trauma resulting from students being in seclusion. Historically, a wide variety of injuries and deaths have occurred while students are in seclusion environments including suicide, electrocution, and self injury due to cutting, pounding, and head banging. Additionally students have been denied access to toilets, food, or water while in seclusion environments. Sometimes students have been secluded for long periods of time, even continuously while they are in school for weeks on end. Environments used for seclusion have lacked ventilation, heating or cooling, and adequate lighting. There has long been a concern that if seclusion is used, the environment is humane and as safe as possible and the student is monitored continuously while in the seclusion environment. However, these elements have not been in place in some schools.

What are the standards for using seclusion?

In most medical, psychiatric, and law enforcement applications, strict standards govern the use of seclusion. Hospitals and treatment centers which receive federal funds are governed by federal legislation regulating their use of both restraint and seclusion. Often accreditation requirements exist from governing bodies such as the Joint Commission on Accreditation of Healthcare Organizations or other agencies such as the National Association of Psychiatric Treatment Centers for Children (Cribari, 1996) and the American Academy of Pediatrics

(American Academy of Pediatrics, 1997). These requirements have resulted in widespread training and certification of staff in the medical and psychiatric programs which employ physical restraints or seclusion. Many of these programs have attempted to reduce drastically their use of restraints and seclusion as a result of the deaths and injuries related to their use and other problems already mentioned.

Unfortunately, there has been no such accreditation requirement from national professional organizations in education for the use of these procedures in schools. The lack of guidelines or accreditation standards in schools makes those who use seclusion more susceptible to misunderstanding, improper implementation, and abuse. Recent examinations of U.S. state policies or guidelines have found that a substantial numbers of states have no regulations or guidelines for the use of these procedures in school settings and that those states which do have some policies or guidelines vary tremendously in their content (Ryan, Peterson, & Rozalski, 2007). To make matters worse, school staff may lack training regarding effective behavioral interventions necessary for the prevention of emotional outbursts typically associated with children who have severe behavioral problems (Moses, 2000). Such interventions are critical in preventing student behavior from escalating to potentially dangerous levels where seclusion may be viewed as needed. As a result, federal legislation and state policies are being proposed which would restrict or eliminate the use of seclusion procedures in school settings.

Why has the use of seclusion in education become an issue?

Most important are the continuing significant psychological damage and the potential of physical injury and even death associated with the ongoing abusive and inappropriate use of seclusion in school settings. Additional concern has been raised that these procedures may violate basic human rights. There is little evidence of the effectiveness of seclusion as a behavior change strategy, depending on how it is used. As a result, awareness of the abuse of these procedures in school settings and concern by protection and advocacy organizations and parents are increasing.

In addition, a confluence of problems in the educational system may be contributing to the misuse of seclusion. Several factors have resulted in seclusion being thrust into the mainstream of public education. Many students with emotional or behavioral problems, regardless of disability label, are now being “included” in public school environments, frequently

in regular schools and classes. These students often have a history of serious psychiatric and behavioral problems and need varying levels of supports for behavioral and academic difficulties. The use of procedures like seclusion has moved with these students to typical school and classroom settings and may be used more frequently in those settings than ever before, in part because these students are being served in environments where specialized supports are not well known and are not widely used. Teacher shortages and the movement to “generic” special education training for teachers may have resulted in school staff with limited or no training or experience with severe behavior disorders or the issues involved in employing seclusion procedures.

What does research say about the use of seclusion in schools?

Very little research has been conducted on the use of seclusion in school settings. There is little research on the prevalence, appropriate applications, or efficacy of seclusion in school settings. Seclusion environments appear from anecdotal information to be widespread in schools and particularly so in special education programs for students with cognitive disorders and emotional or behavioral disorders. These reports indicate that seclusion is often used without the existence of dangerous behaviors which pose a risk of injury to the student or others. While there is some research regarding the use of time out from positive reinforcement, that procedure as noted earlier does not necessarily involve seclusion. We do not know how widely seclusion is used in schools, the extent or nature of injuries or deaths occurring when seclusion has been used in schools, its intended purposes when it is employed, or its effectiveness in achieving the desired outcomes.

No information about the environments where students are secluded is available. There is no information regarding how many seclusion environments meet commonly accepted safety standards. While professional guidelines indicate that seclusion and other forms of time out from positive reinforcement should be employed only briefly with students, there is no data about the length of time students are in seclusion when it is employed. Anecdotal evidence seems to indicate that seclusion is often used for longer periods of time than would be necessary to achieve the stated goals.

Declaration of Principles

Given the current situation related to the use of seclusion procedures in school settings, the Council for Children with Behavioral Disorders wishes to support a set of guiding principles which, if fully implemented, would significantly diminish the need to use seclusion in school settings. These principles are adapted in part from the Declaration of Principles by the Council of Parent Attorneys and Advocates (COPAA, 2008). To highlight their importance, they provide a preface to the recommendations CCBD is making on seclusion. CCBD supports the following principles as a preamble to its recommendations regarding seclusion.

Declaration of Principles

- Behavioral interventions for children must promote the right of all children to be treated with dignity.
- All children should receive necessary educational and mental health supports and programming in a safe and least-restrictive environment.
- Positive and appropriate educational interventions and mental health supports should be provided routinely to all children who need them.
- Behavioral interventions should emphasize prevention and creating positive behavioral supports
- Schools should have adequate staffing levels to effectively provide positive supports to students and should be staffed with appropriately trained personnel.
- All staff in schools should have mandatory conflict de-escalation training, and conflict de-escalation techniques should be employed by all school staff to avoid and defuse crisis and conflict situations.
- All children whose pattern of behavior impedes their learning or the learning of others should receive appropriate educational assessment including Functional Behavioral Assessments and Behavioral Intervention Plans which incorporate appropriate positive behavioral interventions, including instruction in appropriate behavior and strategies to de-escalate their own behavior.

For seclusion to be used effectively, it is essential that behavioral interventions which might prevent the need for seclusion are in place. Included among these should be a variety of positive behavior supports such as establishing and teaching behavioral expectations, recognizing and reinforcing positive behavior, providing mental health services and interventions, and relying on functional behavioral assessment and related intervention plans for any student whose behavior

indicates a need for intervention. Lack of resources to provide appropriate kinds of services should never be an excuse to employ seclusion. Without these positive behavior supports, the number of “emergency” situations which might require seclusion would be much greater than would otherwise be necessary.

Conflict de-escalation appears to be a crucial intervention needed to prevent the use of seclusion as well as useful generally to prevent and defuse behavior problems for students with emotional or behavioral disorders and for all students who may engage in power struggles or escalate emotional crises for other reasons. As a result, this is an area of training which should be provided to all educators and school staff members.

Recommendations regarding “Seclusion” in School Settings

Seclusion should be used only rarely in school settings. Seclusion should not be viewed exclusively as an issue related to special education. It is likely that exclusion is employed in school settings with some students who are not in special education. Therefore, regulation or guidelines and procedures should apply to all students, not just students with disabilities. The following are CCBD recommendations related to the use of seclusion when employed in school settings.

- Staff who use seclusion procedures must have training in conflict prevention, the crisis cycle and interventions at each stage, possible effects of seclusion (e.g., physical well-being including medications and access to food, water, and restroom facilities), first aid and CPR, and any additional local or state regulations regarding the space and its use.
 - The training should be recurrent with annual updates at a minimum and appropriate to the type of school setting and to the age and developmental level of students and include information about commonly accepted standards for the use of seclusion in school settings.
 - If possible, the training should result in some form of certification or credential for each individual staff member and overall certification or credential for the school district, agency, or school.
 - The training should include information about mental health conditions and life experiences that may be exacerbated by seclusion procedures affecting the physical and mental well-being of the student during seclusion.
 - The training should include information about the effects of medications students may be receiving and how seclusion procedures might affect the physical well-being of the student during seclusion.
 - The training should include certification in First Aid and cardio pulmonary resuscitation (CPR) in the event of an emergency related to seclusion.

If seclusion is to be used with students, it is critical that anyone using these procedures is carefully trained in all aspects of their use. However, unlike training related to physical restraint, there may not be specific training programs focusing on training related to seclusion. The conflict de-escalation training which is often found in training programs addressing restraint would be appropriate to training related to seclusion. However,

such training may be less common and therefore more difficult to obtain. Schools may need to develop their own training specific to the use of seclusion or seek outside sources for training. Nevertheless, such training should entail credentialing, recurrent training, and conflict de-escalation as components as well as commonly accepted standards for the use of this procedure.

It is less common for training to include the interactive effects of medications or other health issues with seclusion and how to monitor students for these issues during seclusion or to require First Aid or CPR training for those who receive instruction in the use of seclusion. We feel that, given the deaths or injuries associated with seclusion, this training should also be required for those trained to use seclusion.

- Seclusion should never be used as a punishment, to force compliance, or as a substitute for appropriate educational support.

The only legitimate rationale for the use of seclusion is to prevent injury or harm. Use of either seclusion as a punishment (in the common understanding of punishment) in school settings is inappropriate and should never be condoned. Since time-out from positive reinforcement can be employed without the use of seclusion, a limit on seclusion does not prevent the use of time-out from positive reinforcement as a behavior change strategy when employed correctly. Seclusion is not a teaching strategy.

- Seclusion to control behavior should be used only under the following emergency circumstances and only if all three of these elements exist:
 - The student's actions pose a clear, present, and imminent physical danger to him/her or to others;
 - Less restrictive measures have not effectively de-escalated the risk of injury; and
 - The seclusion should last only as long as necessary to resolve the actual risk of danger or harm or while awaiting the arrival of law enforcement or crisis intervention personnel such as when the student has possessed a weapon or committed a crime.

These three components define the circumstances for and limits of the use of seclusion.

- Each of the three elements described above, with the names of those staff members involved and any other circumstances surrounding use of the seclusion, must be documented immediately after any use of seclusion with a copy placed in the student's record and provided to the parent.

- Parents or guardians should be informed as soon as possible after each and every instance of the use of seclusion and provided a copy of all documentation as soon as it is created.
- The program supervisor or administrator should be informed as soon as possible after each use of seclusion.

Given the potential for the possibility of injury or death as well as the possibility of these procedures being abused, appropriate documentation of the use of seclusion is essential. Parents must be informed immediately for each and every use of seclusion with their child.

- A staff de-briefing should occur as soon as possible after every incident of the use of seclusion but no later than 48 hours after the incident
 - This de-briefing should include all of the participants in a seclusion situation, an administrator, and at least one other staff member who was not involved in the seclusion procedure.
 - Parents or guardians should be invited to participate in this de-briefing.
 - The student should also be involved in the de-briefing as soon as he/she is able to participate.
 - The debriefing should focus on how this situation could have been handled in such a way as to prevent the need for the use of seclusion and how a similar event could be avoided in the future.
 - A report of the finding of this de-briefing should be included in the student's file with a copy sent to the parents or guardians.

The components in these sections are needed to insure that information permitting evaluation of the use of these procedures is available and is communicated to appropriate administrators, parents, and others capable of providing oversight on their use.

- All seclusion environments should be inspected at least annually by fire or safety inspectors and for programmatic implementation of detailed state or provincial regulations or guidelines with violations affecting school accreditation. Seclusion environments should:
 - Be of reasonable size permitting students to lie or sit down.
 - Have adequate ventilation including heat and air conditioning as appropriate.

- Have adequate lighting.
 - Be free of any potential or predictable safety hazards such as electrical outlets, equipment, and breakable glass.
 - Permit direct continuous visual and auditory monitoring of the student.
 - Permit automatic release of any locking device if fire or other emergency in the school exists.
- Any student in seclusion must be continuously observed by an adult both visually and aurally for the entire period of the seclusion. Occasional checks are not acceptable.
 - At the student request, the student must be permitted to go to the restroom.
 - Any signs of medical distress should result in immediate action.
 - The student should be permitted to drink water if requested.
 - Repeated use of seclusion for any one student or multiple seclusions across different students should be viewed as the failure of educational programming and the likelihood that supports, educational methodologies, and other interventions for the students are inadequate and should be modified.

Since this is an emergency procedure and is used only if there is a threat of imminent physical danger to the student or others, a large number of “emergencies” is a clear sign that the normal educational or behavioral programming is failing and should be revised. For students in special education, this should trigger an IEP or PPP team review of the individual student’s programs and placement as well as overall school evaluation of its behavior support plans.

- School wide safety planning.
 - School wide or general safety plans or policies should clearly identify if seclusion might be employed in emergency situations within a school setting. These should be disseminated to parents of all students in that school.
 - For students with disabilities: The use of seclusion is an emergency procedure and should not normally be incorporated into the student’s Individual Educational Program (IEP) or Behavior Intervention Plan (BIP) and should not be used as a behavior change strategy.

- However, if a separate document identified as a “safety” or “emergency plan” is deemed necessary, that document should be created by the IEP team and may be appended as an attachment to the student’s IEP. This plan may include seclusion procedures along with other procedures for use in an emergency with that student.
- For students who are not in special education but for whom an individualized safety plan would be needed, a plan should be created according to procedures established within that setting with parent or guardian participation.

Individualized Education Plans (IEPs), Personal Program Plans (PPPs,) and Behavior Intervention Plans (BIPs) reflect plans for educational programming. Seclusion is regarded as an emergency procedure. As a result, a persuasive argument can be made that seclusion should not be included as normal intervention in students’ IEPs, PPPs, or BIPs. Such inclusion might legitimize seclusion as part of normal educational programming. Moreover, inclusion of seclusion procedures in a student’s IEP, PPP, or BIP may imply that it could be used routinely by educators and that the parent or guardian has provided consent or support for its use by signing the IEP or PPP. Neither of these should be the case.

- *According to IDEA-04 an IEP must identify services which are designed to confer “meaningful education benefit.” The statute states also that the IEP should include “a statement of special education services and supplementary aids and services based on peer reviewed research.” Seclusion does not meet the standard of providing “meaningful educational benefit” nor is it based on “peer reviewed research.” It is only an emergency procedure.*
- *While attempting to prevent and anticipate safety issues is important and valuable, a school which uses seclusion will use these procedures in an emergency situation whether or not they were anticipated for use with a student or whether or not an individualized safety plan was in place.*
- *Therefore, all parents should be informed regarding the possible use of seclusion as well as other emergency procedures which are in a school safety plan addressing procedures for dealing with life threatening emergencies. This might exist in a separate document, the school’s code of conduct, handbook, or in other sources of policy. These are routinely distributed to all parents and would reflect a more complete way of informing all parents about their use.*
- *Parents should be involved and informed regarding any individualized safety plans.*
 - *We would expect that these safety plans might be created in specialized school treatment settings (such as special schools and programs serving*

students with emotional or behavioral disorders) and that such plans should be created only in situations where a student presents a heightened or predictable risk for serious injury to self or others.

- *For students with disabilities, a safety or emergency plan may be appended as an attachment to an IEP or PPP when the team including the parent believes it is needed.*
- *These individualized safety plans should never be limited only to seclusion and should include procedures and actions which might be needed in various emergency situations.*
- *There is great value in talking to parents about the potential for the use of seclusion for those students who present high risks, such as those with behavioral challenges.*
- All U.S. states and Canadian provinces which choose to use these procedures should have laws or strict regulations in place.
 - States or provinces which do not have specific regulations or guidelines should create them.
 - Regulations:
 - Should apply to all students, not just students eligible for special education.
 - Should apply to all schools, not just public schools.
 - Should provide specific definitions due to confusion over terminology for seclusion.
 - Should specifically identify how standards provided will be monitored at the state or provincial level (for example, inclusion in school accreditation procedures and monitoring) to include:
 - Reporting of accurate incident by incident data to an outside agency on a regular basis.
 - Identifying responsibility for assessing the accuracy of data provided by schools, analysis of data, and oversight and intervention if necessary when data indicates overuse or potential abuse of seclusion.

Given the potential for death or injury as a result of these procedures and given the nature of the abuses of these procedures across the U.S. which have been identified in the media, it seems reasonable that any state, province, or school system which chooses to

use these procedures should have a written policy in place. Such written policy will be likely to ensure that both educators and policy makers are informed about the proper use of these procedures and their potential for misuse and the liability which might result.

According to recent U.S. court decisions, when there is a potential issue of child abuse in schools, state Advocacy and Protection agencies can request access to all school records of seclusion (and restraint) in that school district in order to investigate the possibility that abuse is occurring. Not having accurate records could itself be a partial basis for a finding against the school. It makes sense to have the state or provincial education agency provide oversight of this data much in the way that it now does for school discipline data.

- In any school where seclusion is used a written set of policies should be in place, and the possibility of emergency use of seclusion procedures should clear. Regarding these policies:
 - Any school district which employs seclusion procedures should have a written school-wide positive behavior support plan which includes the use of positive behavior interventions and de-escalation techniques, training of all school personnel on how to implement positive behavior supports, and documentation procedures.
 - District and school policies should be made known to all staff.
 - Compliance with district and school policies should be mandatory for all school staff with clear lines of responsibility and oversight identified.
 - District and school policies should be available to parents and the public.
 - The fact that seclusion might be used in school should be made known to all parents and students in school via the code of conduct, crisis or emergency procedures document, or other mechanisms for informing parents and the public about school policies.
 - These policies and related training should be a part of school-wide accreditation standards.
 - Senior administrators (i.e., the school principal or designee) must ensure the implementation of these policies.
 - This plan should be on file with the state or provincial education agency and available for review by parents and advocacy or parent organizations.

- A special education program which employs seclusion procedures should have a written positive behavior support plan specific to that program, pre-established emergency procedures, and data to support the implementation of the principles of positive behavior supports in that environment..
- Federal, state, and provincial legislation or regulation which would require the implementation of the recommendations above is necessary, and CCBD will support such legislation or regulation.
 - CCBD does not believe that “guidelines” or “technical assistance documents” are adequate to regulate the use of these procedures since abuses continue to occur in states where guidelines are in place and these guidelines have few mechanisms for providing oversight of abuses.
 - Legislation or regulation is necessary to insure adequate oversight.
 - In the absence of legislation or regulation, individual school districts or school programs should proceed to implement policies in accord with these recommendations.
- CCBD calls for additional research regarding the use of seclusion with students across all settings. Areas for future research include:
 - The extent to which schools currently employ seclusion and, if so, where and how it is used;
 - Detailed information about the environments used for seclusion;
 - The nature of the antecedents or behavior that precipitate seclusion;
 - The Diagnostic and Statistical Manual diagnoses (American Psychiatric Association, 2002), special education category (if applicable), or other characteristics of students who receive seclusion;
 - The intended purposes or goals of seclusion;
 - The efficacy of seclusion in achieving these goals;
 - The potential outcomes or side effects including injuries and fatalities as a result of the use of seclusion in schools;
 - The training level of the staff who employ seclusion; and

- The degree to which procedures for de-escalation of student behavior and positive behavior supports are used before, during, and after seclusion.

At the present time there is virtually no data about the use of these procedures in public school settings. Research about these procedures is needed and would permit better understanding of both negative and positive outcomes of the use of seclusion procedures.

References

- American Academy of Child and Adolescent Psychiatry. (2000). *Policy statement on the prevention and management of aggressive behavior in psychiatric institutions with special reference to seclusion and restraint*. Washington, DC: Author.
- American Academy of Pediatrics Committee on Pediatric Emergency Medicine. (1997). The use of physical restraint interventions for children and adolescents in the acute care setting. *Pediatrics*, 99(3).
- American Psychiatric Association. (2002). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*. Washington, DC: Author.
- Child Welfare League of America. (2000). *Advocacy: Seclusion and restraints: Fact sheet*, 1-2. Retrieved March 23, 2002 from <http://cwla.org/advocacy/seclusionrestraints.htm>
- Council of Parent Attorneys and Advocates (COPAA). (June 2008). *Declaration of principles opposing the use of restraints, seclusion, and other aversive interventions upon children with disabilities*. Retrieved November 11, 2008 from <http://www.copaa.net/news/Declaration.html>
- Cribari, L. (1996). Facilities rethink policies on use of physical restraint. *Brown University Child & Adolescent Behavior Letter*, 12(8), 1-3.
- International Society of Psychiatric and Mental Health Nurses, (1999). ISPN position statement on the use of restraint and seclusion. *Journal of Child and Adolescent Psychiatric Nursing*, 14(3), 100-102.
- Moses, T. (2000). Why people choose to be residential child care workers. *Child and Youth Care Forum*, 29(2).

National Disability Rights Network. (2009). School is not supposed to hurt: Investigative report on abusive restraint and seclusion in schools. Washington, DC: Author.

Ryan, J. B., Peterson, R., & Rozalski, M. (2007). State policies concerning the use of seclusion timeout in schools. *Education and Treatment of Children, 30*(3), 1-25.

Ryan, J.B., Peterson, R.L., Tetreault, G., & Van der Hagen, E. (2007). Reducing seclusion, timeout and restraint procedures with at-risk youth. *Journal of At-Risk Issues, 13*(1), 7-12.

The Executive Committee of CCBD recognizes and thanks Advocacy and Governmental Relations Committee members Reece Peterson, Susan Albrecht (Chair), and Bev Johns for primary authorship of drafts of this position summary.

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