

# Behavioral Interventions and the Use of Restraints and Seclusions During the 2020-2021 School Year

## Purpose

This document provides guidance for responding to the behaviors of students who have difficulty complying with COVID-19-related health and safety expectations, including guidance related to the use of restraint and seclusion.

This document is divided into a several sections:

- A background section that includes legal authority and some contextual information about disproportionate application of restraints and seclusion
- Guidance on the use of restraint and seclusion, and who is authorized to administer restraint and seclusion, within a COVID-19 context
- Examples of universal, targeted, and intensive interventions and supports for schools to consider adopting prior to school starting, or as a part of a school's behavioral intervention or disciplinary model

## Legal Authority

Vermont schools are required to adopt and implement a comprehensive plan for responding to student misbehavior. 16 VSA §1161a.

In addition, schools are required to develop and maintain a tiered system of academic and behavioral supports. 16 VSA § 2902.

Vermont State Board of Education (SBE) Rule 4500 Use of Restraint and Seclusion in Schools allows for the use of restraints and seclusions in schools for the purposes of creating and maintaining a positive and safe learning environment and promoting positive behavioral interventions and supports. It also prohibits the inappropriate use of restraint or seclusion.

## Considerations Regarding Disproportionality in Restraint and Seclusion

Recent evidence shows that students with disabilities are 200% more likely to be subject to restraint or seclusion relative to their non-disabled peers. Similarly, Black students are almost 200% more likely and Hispanic students are 45% more likely to experience restraint or seclusion than their white counterparts, referenced in [Exploring the Disproportionate Use of Restraint and Seclusion Among Students with Disabilities, Boys, and Students of Color](#) (Katsiyannis, Gage, et. al., 2020).

## Contact Information:

If you have questions about this document or would like additional information, please contact:  
Tracy Harris, Student Support Services Team, [Tracy.Harris@vermont.gov](mailto:Tracy.Harris@vermont.gov)

As a part of revisiting their approach to restraint and seclusion in a COVID-19 context, schools are also encouraged to consider if and how bias or discriminatory practice has played a role in their restraint and seclusion rates. For the purposes of this guidance, the same practices addressed here are also critical for addressing disproportionality the application of restraint and seclusion: focus on implementing positive, proactive behavioral supports, clearly define the behaviors you are looking to improve, provide graduated intervention systems with instructional alternatives to exclusion, and make data-based decisions.

## **Reviewing Schoolwide Plans for Behavioral Supports and Interventions**

When schools reopen, it is reasonable to expect that students may display new behaviors. Educators are advised to view those behaviors as a symptom of decreases in students' regulatory skills after a prolonged period away from school. Many students (and educators) will also likely be re-entering school with some degree of trauma, and each person will have experienced this time in our collective histories differently.

As such, schools should plan for an extended period of adjustment in which both new and old expectations are re-introduced, taught, modeled, practiced and acknowledged. A focus on building resilience through trauma-informed practices will go far in helping students adjust.

It will also be more important than ever to approach school disciplinary plans as an opportunity to support learning. Schools must be prepared to teach, model and practice new routines, procedures and expectations and, as with all teaching, will need to modify and accommodate to suit the needs of individual learners.

At the same time, health and safety will be paramount. School teams must determine to what extent violations of COVID-19-related health and safety expectations shall be considered an instance of unsafe behavior that places the school community at greater risk regarding potential contagion, and must determine the extent to which intentional, sustained or prolonged violations of health and safety requirements must be addressed strictly by discipline procedures, the school's behavior support team, or the student's IEP team.

With this in mind, the Vermont Agency of Education (AOE) recommends that schools review their plans for responding to student misbehavior and their tiered systems of behavioral support to integrate COVID-19-related health and safety expectations to determine what changes, if any, are required to address student noncompliance with those requirements. As part of this review, schools should determine criteria for when student noncompliance will result in an intervention, identify which existing interventions may need to be modified given COVID-19-related health and safety concerns, and develop interventions to address behaviors specific to promoting a safe and healthy reopening.

## **Who May Administer Restraint and Seclusion, and Options for Recertification**

Only those staff members who are trained and whose certification is current may administer a restraint or seclusion. Given that some trainers may not currently be available to conduct in-

person trainings, schools have the following options available to them when seeking alternatives:

- If a training is available online, that is acceptable for recertification of previously-trained staff members.
- If the SU has their own trainer on staff, that person may offer the recertification to district staff who have been previously trained.
- If no trainers are available to provide the training, the AOE will extend recertification on a case-by-case basis for the period of time until public health officials advise that it is safe to resume trainings.

## **Using Restraint and Seclusion During the COVID-19 Pandemic**

SBE Rule 4502.2 (d) states that seclusion may only be used when physical restraint is contraindicated. Physical distancing is not possible during a physical restraint, and facial coverings may interfere with the safe and proper use of restraints.

Because of these factors, physical restraint is contraindicated during a COVID-19 pandemic due to the increased of viral spread between staff and students in close physical proximity that implementing a restraint requires, the increased likelihood that students will expel more respiratory droplets in an escalated state, and the prolonged physical interaction between student and staff occurring in an indoor setting.

That physical restraint is contraindicated means that teams can implement seclusion as a strategy to address student behavior in situations where, prior to the pandemic, staff would have implemented a physical restraint.

This guidance document does not prohibit the use of restraints that are compliant with SBE Rule 4502.1. The guidance in this document is intended to give staff more options, including the rule-compliant use of restraints when seclusion is not possible due to imminent circumstance where secluding the student is not possible (ex., student eloping or student physically attacking peers or staff, etc.).

## **Reviewing and Documenting a Temporary Amendment to Disciplinary Procedures**

It is strongly advised that each school convene prior to the start of the new academic year to review their existing discipline policies and procedures, and to outline their tiered responses and contingency plans related to unsafe COVID-19-related behaviors. The purpose of convening would be to review the safety plans for students who have historically demonstrated behaviors that place themselves or others at imminent risk of significant physical harm, and to determine whether or not the building's physical capacity and staffing patterns can accommodate processing and seclusion in a safe manner. LEA staff should be present in these conversations to ensure that a coordinated approach is being taken LEA-wide. Participants in this conversation should ideally include:

- School/building administrator
- Director of special education
- School nurse (who will determine PPE based on care and tasks required)
- School counselor or mental health representative
- Paraprofessional or behavioral interventionist (BI) who implements restraints as part of the duty description

The AOE also strongly recommends that revised procedures are documented through a temporary amendment to those procedures for the school year. This is part of ensuring that policies and procedures are written and codified, and that they can be shared and scaled school or LEA-wide. This also helps to ensure that staff performing restraints or seclusions can be held to a standard for application and performance, in the event that an inappropriate restraint or seclusion takes place.

## **Interventions and Supports as an Alternative to Restraint and Seclusion**

### **Considerations to Weigh Before Using Restraint or Seclusion**

In lieu of practicing restraint and seclusion, prevention strategies, evidence-based intervention procedures, heightened levels of monitoring and ongoing professional development are highly encouraged.

Below are some sample interventions to consider before restraining or secluding:

- Universal supports such as prompting, redirection, praise of alternative behaviors or taking a break
- Providing access to a trusted adult
- Providing choices and alternatives
- Contingency plans (ex: use of sensory tools or a calming activity to de-escalate)
- Use of a basic FBA and BSP to program in preventative (setting event/antecedent strategies and to identify, teach and reinforce replacement behaviors)
- Use of trauma-informed practices and restorative approaches
- Life Space Crisis Intervention

### **Recommended Interventions and Supports to Promote the Wearing of Facial Coverings**

Wearing a properly-fitting facial covering as an example, the interventions outlined below represent the Vermont Agency of Education's suggestions for supporting all students in successfully meeting this new health and safety expectation. This is not an all-encompassing list of possible interventions and it does include some individualization for exceptional circumstances. Similar interventions can be applied to other expectations, such as physical distancing, staying with one's cohort, complying with health checks and washing hands, as well as staying home when sick.

The interventions provided below have been divided to reflect those that are appropriate for all students (universal), those that are for students who have not been successful with universal interventions alone (targeted), and those that are for a small percentage of students who have not found success with universal and targeted interventions (intensive).

### **Universal Interventions**

When implementing tiered interventions, universal interventions are those things that affect all students, across settings. This level of intervention serves as the foundation for providing proactive support and preventing unwanted behaviors. At the universal level of intervention, the emphasis is on teaching expectations and acknowledging students who meet those expectations.

The following represent a recommended baseline of interventions for all schools to adopt:

- School personnel should work with families before the reopening of schools to proactively acclimate students to the use of facial coverings and physical distancing. Gradually build the length of time in which the student is able to tolerate the use of a mask. Teach, model and practice physical distancing.
- All students and teachers review the expectations around the use of facial coverings. Expected behaviors are posted, taught, modeled, practiced and acknowledged. Rationales for these safety expectations will be emphasized.
- Social and emotional supports are infused for all students who may be coping with trauma, anxiety, loss, fear and confusion surrounding this expectation specifically and with the global pandemic in general.

Additional universal interventions to consider:

- Provide acknowledgements to students and/or groups of students who consistently adhere to the expectation.
- Scheduled mask breaks occur at times when students can physically distance outdoors.
- Offer students with sensory-based disabilities a variety of masks, including those of various sizes, styles and textures. If students are unable to tolerate cloth masks, clear facial shields that meet safety guidelines are an acceptable alternative.

### **Targeted Interventions**

Targeted interventions are provided for students who have not been successful at meeting expectations with universal interventions alone. It is important that a strong foundation of universal interventions be in place to support targeted interventions. In addition to universal interventions, targeted interventions generally involve increased instruction and practice, increased adult supervision, increased opportunity for positive reinforcement, increased prompts and cues, and/or a focus on the possible reason behind the problematic behavior.

Recommended targeted interventions to support the wearing of facial coverings include:

- Students with medical conditions or sensory-based disabilities who are unable to tolerate facial coverings are supported by the use of an FBA-driven behavior support plan, appropriately adapted for their chronological and developmental age, that supports and acknowledges their gradual progress toward the goal of tolerating a facial covering.
- While working on the goal of tolerating facial coverings, students with sensory-based disabilities are provided with plastic shields or another physical barrier at their workstation.
- Students without medical or sensory-based disabilities who refuse to wear a facial covering are given prompts to do so. If the student does not respond by replacing their facial covering but can maintain appropriate physical distancing without increased risk to students or staff (ex: if they are not yelling and therefore expelling more respiratory drops/aerosols), then the student may remain in the classroom behind a clear plastic barrier or at a distance of greater than six feet from others. This should only be done if it can be achieved without being stigmatizing, and if it is accompanied by continued education and support for the student in the proper use of a facial covering.
- Remove students without medical or sensory-based disabilities who refuse to wear a facial covering and also refuse to physically distance themselves from the classroom, and direct them to a dedicated space for de-escalation.
  - Not all schools will have the physical space to designate (or create) rooms for this purpose, which is why the risk tolerance assessment must be conducted at the local level.
  - For those schools that are able to designate one or more rooms for de-escalation, the room would be equipped with a door and a plastic partition that enables a student and a staff member to interact within the same room but with a plastic shield to prevent the spread of respiratory droplets/aerosols from one to the other.
  - The room would have adequate ventilation.
  - Frequently-touched surfaces, tabletops, chairs, and the partition would be disinfected after each use.
  - This room may be used as a place for the student to de-escalate and/or process with a skilled staff member to make a plan for returning to class able to meet the expectation of wearing their facial covering.
- Students without medical or sensory-based disabilities who are repeatedly unable to wear a facial covering or physically distance themselves may be referred for a time-limited small group intervention that re-teaches explanations and rationales and/or

designs a simple, function-based behavior support plan that provides additional reinforcement for meeting expectations.

### **Intensive Interventions**

Intensive interventions cannot exist without a solid foundation of universal and targeted interventions already in place. Intensive supports exist for the small percentage of students for whom universal and targeted interventions have not worked. Intensive interventions are also in place to address dangerous or highly disruptive behaviors that interfere with learning and create exclusion from social settings.

At the intensive level of intervention, an interagency team is often in place or in the process of being developed. Behavioral support expertise is also necessary at this level of intervention. All interventions at this level should include a functional behavioral assessment that is used to create an individualized behavior support plan. There may also be cultural and contextual factors to be considered when reviewing the behavior identified as being problematic, or the appropriateness of a given intervention for a specific student.

Recommended intensive interventions to support the wearing of facial coverings include:

- If a student with a disability is unable to tolerate facial coverings and is not making progress in their ability to do so, convene that student's IEP team to conduct a functional behavioral assessment (FBA) and develop a behavior support plan (BSP).
- If a student without a disability is unable to tolerate facial coverings and is not making progress, refer that student to the school's intensive team or EST for an FBA or BSP.
- If a student's FBA has been recently conducted and is deemed to be relevant following the extended period of remote learning, review and modify the BSP as seen fit, with members of the student's extended team contributing to the development of additional supports and interventions.
- If a student with a disability continues to be unable to tolerate facial coverings or plastic barriers in spite of a revised FBA/BSP and additional supports, convene an IEP team meeting to consider a change in educational placement to one that will better support the students' needs. If a school supports this intervention, all due process procedures must be implemented.
- If a student has experienced a change in educational placement or moved to a fully remote learning environment, create a reintegration plans, and put a team should into place to provide ongoing interventions designed to return the student to their original placement as soon as possible.