



RESTRAINED & SECLUDED

**How a Change in Perspective for
Students with Disabilities and Simple
Science Can Change Everything**

Presented by Guy Stephens
of the Alliance Against Seclusion & Restraint
for The Arc of United States



Hello!

My name is Guy Stephens



Father

The father of two amazing children. Who are the inspiration for my work.



Founder

Founder and Executive Director of the Alliance Against Seclusion and Restraint.



Focus

I believe we can do better for students, teachers, and staff in our schools.





Excited

To be here today!

I live in Maryland along the Chesapeake Bay with my wife and two children. Maryland is known for blue crabs, oysters, and the Baltimore Orioles. Additionally, I serve as the Vice-President of the Board of Directors for The Arc of Maryland.



Alliance Against Seclusion & Restraint

In 2019, I started a group called the Alliance Against Seclusion and Restraint (AASR) to raise awareness about the use of aversive practices, including restraint, seclusion, suspension, expulsion, and corporal punishment in classrooms in schools nationwide.



Our Mission



Our mission is to inform changes in policy and practice to reduce and eliminate the use of punitive discipline and outdated behavioral management approaches and end the school-to-prison pipeline.

Our focus

Working to impact change



Legislation

The Alliance Against Seclusion and Restraint supports changes in local, state and federal law to protect children and youth's civil, disability, and human rights.



Education

Changes in law are not enough to change culture and care. The Alliance Against Seclusion and Restraint focuses on education to offer better approaches.



Family Support

We are helping individual families, self-advocates, educators, and others who have been impacted by restraint, seclusion, and other forms of punitive discipline.

Today's agenda

Many children are misunderstood - the results are often tragic



The Problem

Let's explore the issue. Why are some children chronically misunderstood?



Brain Science

Let's learn how a little bit of brain science can help us see children differently.



Changed Perspective

What are the better things we can put into practice to help children succeed?



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**Do the best you can until
you know better. Then when
you know better, do better.**

Maya Angelou

A young child with blonde hair is looking over a stack of books. The child's expression is neutral and focused. The background is slightly blurred, showing what appears to be a window with vertical blinds.

PART ONE

The Problem

Many children are misunderstood

In the name of behavior

Many of the approaches used in schools today are not working well for kids who need help the most. The approaches are often heavily influenced by operant conditioning or reward and consequence models that were developed in the last century. These approaches are often not effective for children with disabilities and children with a trauma history.



Who is most often Misunderstood?



Children with disabilities

Highest rates of restraint and seclusion.



Black and brown children

Highest rates of suspension.



Children with a trauma history

More likely to be expelled.



Misunderstood

Behavior leads to...



- Restraint**
- Seclusion**
- Suspension**
- Expulsion**
- Corporal Punishment**



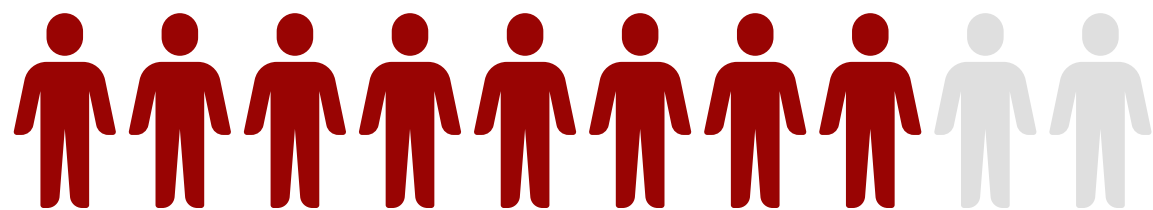
Physical Restraint

Holds and transports

A personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term physical restraint does not include a physical escort.

Physical escort means a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location.

80% RESTRAINTS CHILDREN WITH DISABILITIES



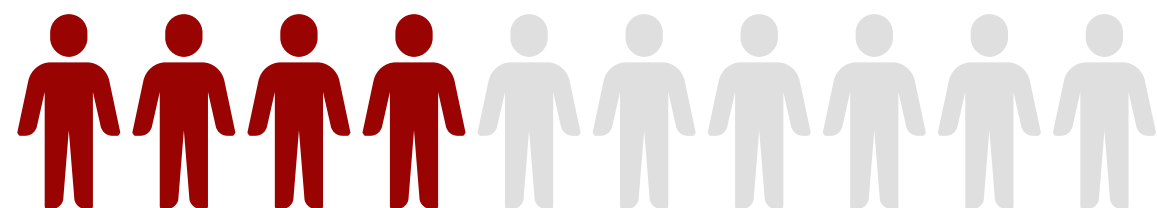
Mechanical Restraint

Use of devices

The term “mechanical restraint” means the use of devices as a means of restricting a student’s freedom of movement.

Mechanical restraints include duct tape, straps, bungee cords, and ropes used to tie children to furniture or to tie body parts together; chairs and furniture that children are locked into; devices that restrain arms, legs, torsos, and other body parts; weighted materials; and similar mechanisms.

41% MECHANICAL CHILDREN WITH DISABILITIES

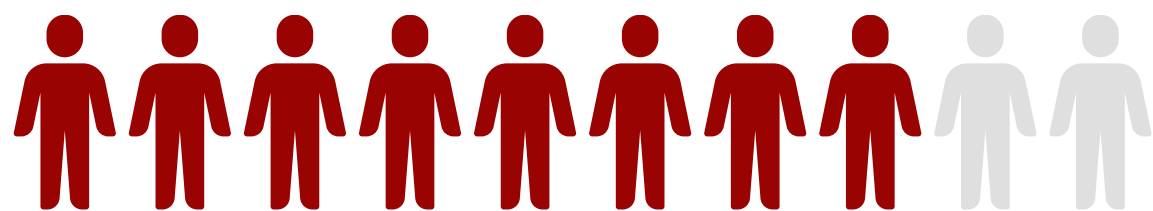


Seclusion or Isolation

Involuntary confinement

The involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming.

77% SECLUSIONS CHILDREN WITH DISABILITIES

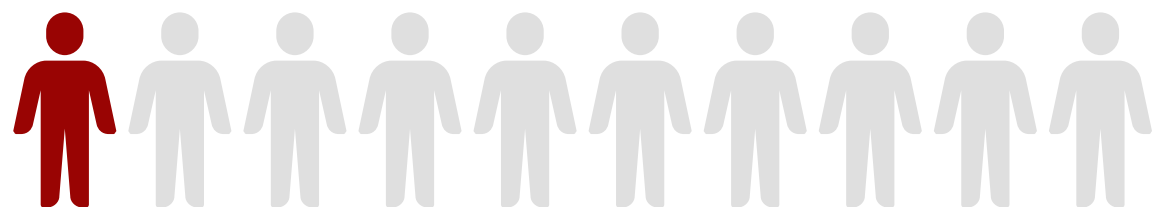


Suspension and Expulsion

Exclusionary discipline

Suspension and expulsion lead to a negative school climate. Students who are not in school are more likely to engage in risky behaviors. Students who are suspended are more likely to be involved in the criminal justice system. Students with disabilities are more than twice as likely to receive an out-of-school suspension than students without disabilities.

1 OUT OF 11 CHILDREN WITH DISABILITIES SUSPENDED

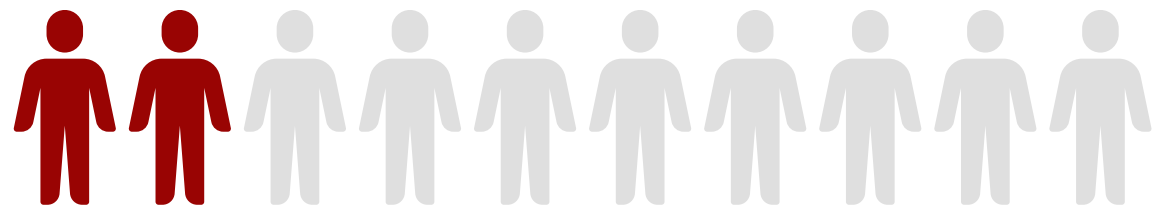


Corporal Punishment

Intentional infliction of pain

Corporal punishment is linked to a range of negative outcomes, including physical and mental ill-health, impaired cognitive and socio-emotional development, poor educational outcomes, increased aggression, and perpetration of violence. Corporal punishment is a violation of children's rights to respect for physical integrity and human dignity, health, development, education, and freedom from torture and other cruel, inhuman, or degrading treatment or punishment.

20% PADDLING CHILDREN WITH DISABILITIES





School-to-prison pipeline

The result of being misunderstood

The school-to-prison pipeline is a term that refers to policies and practices that directly and indirectly push students out of school and on a pathway to prison.

This diverts students from the intended purpose of the public education system and deposits them in the correctional system.

Why are kids misunderstood?



Behaviorism

Many of the approaches used in schools are based on the science of behaviorism. The approaches are often heavily influenced by operant conditioning or reward and consequence models, that were developed in the 1950s.



Compliance

All too often the prevailing approach taken in working with children are compliance-based approaches. These approaches focus on compliance as the goal, and do not account for trauma and disability. These approaches can cause harm.



Medical Model

The medical model looks at what is 'wrong' with the person, not what the person needs. We believe it creates low expectations and leads to people losing independence, choice, and control in their lives.

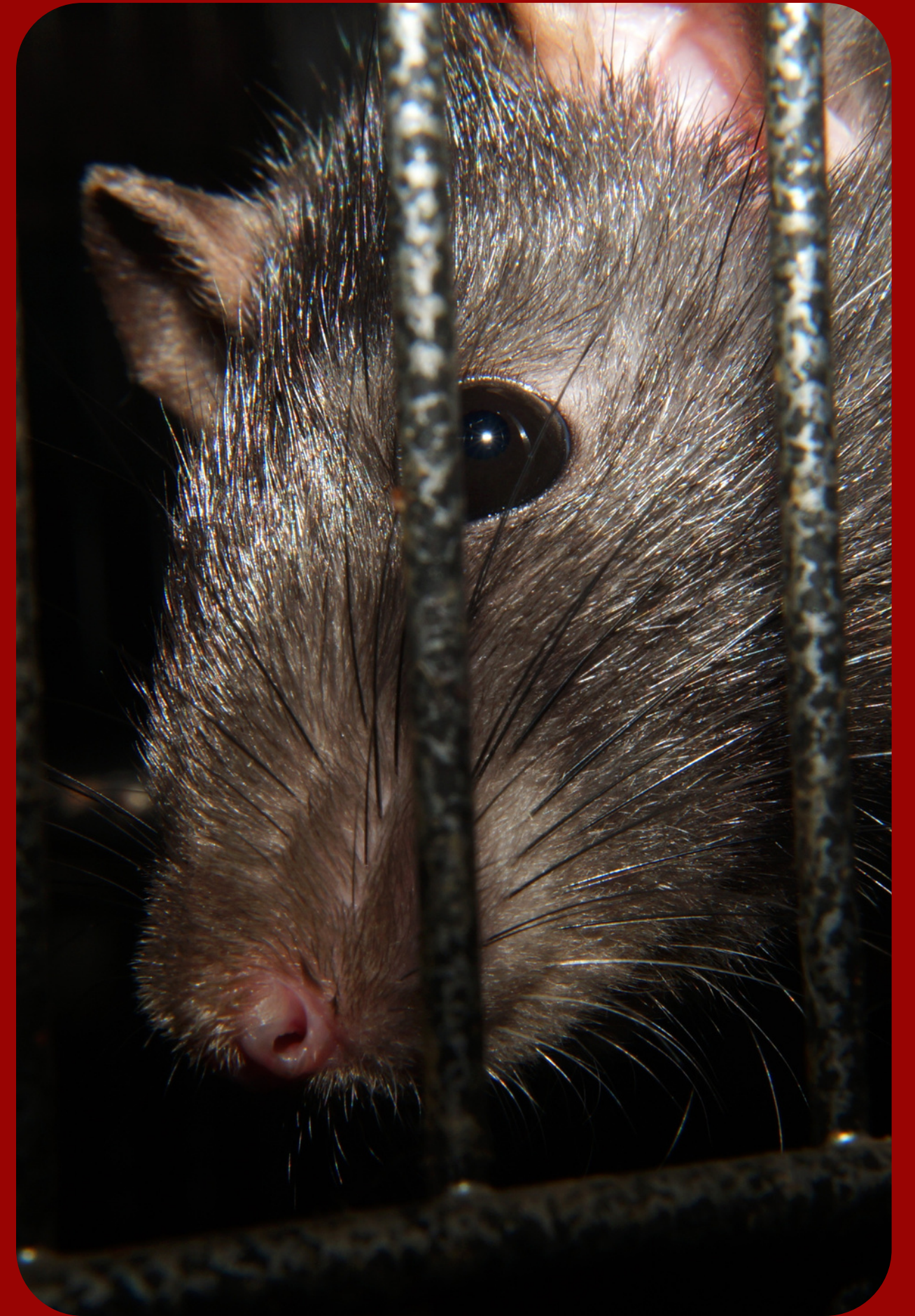
Common Approach

Based on outdated science

Behaviorism-based approaches are common in schools, from sticker and clip charts to many behavior programs based on rewards and consequences.

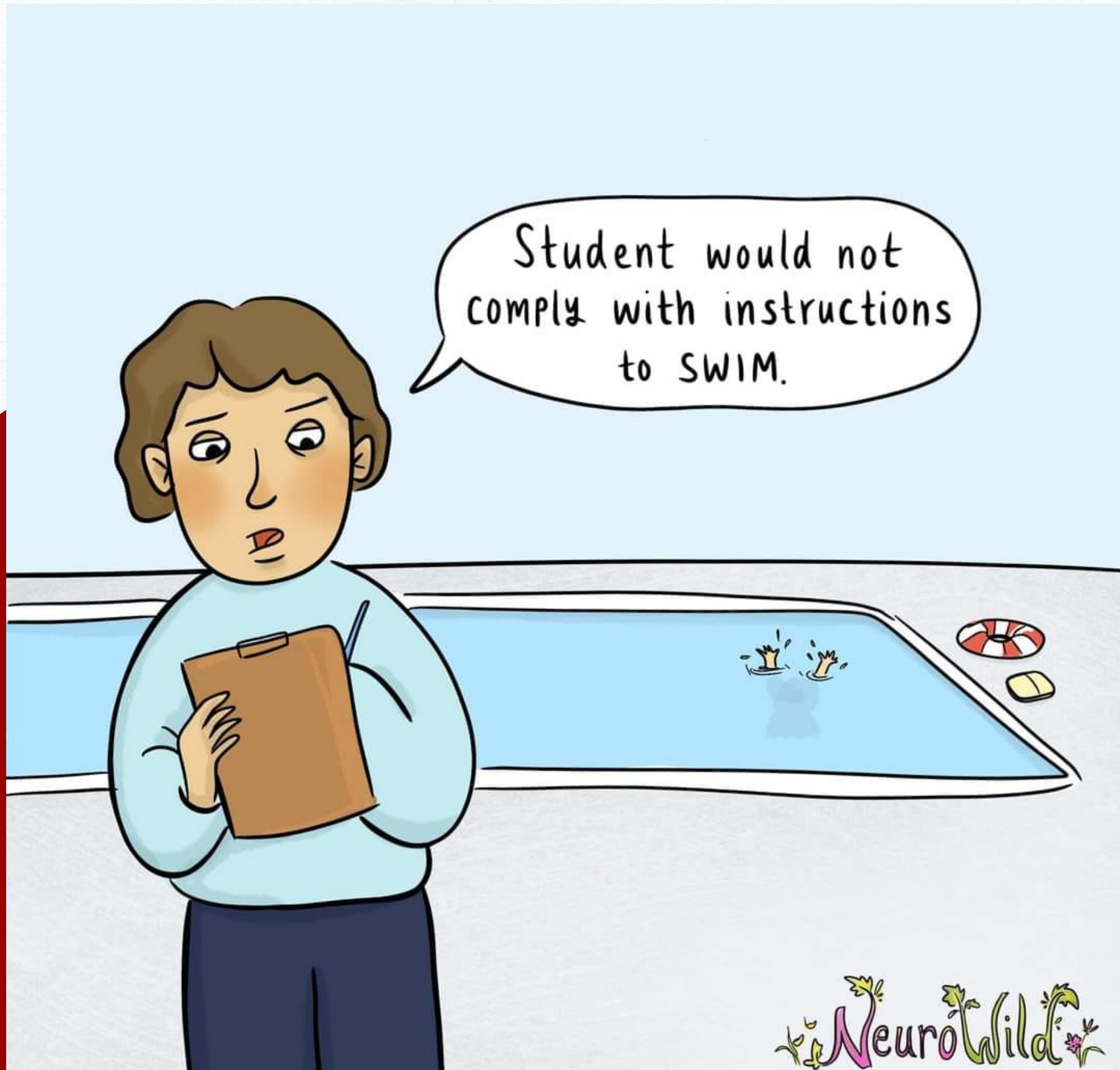
Even programs like Positive Behavior Interventions and Supports (PBIS) are based on the idea of extrinsic motivators or rewards and consequences.

Much of the science behind behaviorism was developed in the late 1800s and early 20th century. Work done with dogs and rats.



Compliance

Traditional discipline refers to behavior management strategies that have been used in schools and homes for decades. These compliance-based strategies are often not evidence-based. Some of these strategies have been researched and found to not be effective at changing student behavior. Many other common strategies have not been researched at all.





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The way kids learn to make good decisions is by making decisions, not by following directions.

Alfie Kohn



Why compliance?

How did we get here?

Sometimes we do things because it is the way we've always done them. However, in time we learn more and know better. When we know better, we have an obligation to do better.

Part of the reason compliance-based approaches are so prevalent has to do with how we think about behavior and discipline. Perhaps the very definitions of the words influence your ideas about behavior and discipline.



Medical Model of disability

The medical model uses the terms "Disability," "Disease," "Dysfunctional," and "Disorder" to categorize each and every type of symptom, differences in mechanisms, below average based on standardized measures of functioning, that causes challenges in life.

The medical model looks at what is 'wrong' with the person, not what the person needs. We believe it creates low expectations and leads to people losing independence, choice, and control in their lives.

Source: [scope.org.uk](https://www.scope.org.uk)



Social Model of disability

The social model of disability is a way of viewing the world, developed by disabled people. The model says that people are disabled by barriers in society, not by their impairment or difference. Barriers can be physical, like buildings not having accessible toilets. Or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things. The social model helps us recognise barriers that make life harder for disabled people. Removing these barriers creates equality and offers disabled people more independence, choice and control.

Source: [scope.org.uk](https://www.scope.org.uk)

A close-up photograph of a person's hand holding a black pen, writing on a spiral-bound notebook. The notebook is open on a light-colored wooden desk. In the background, there is a blue folder or tablet with some papers inside, and a small round object, possibly a coin or a small container, is visible on the desk. The lighting is warm and natural, suggesting an indoor setting like a home or office.

Take home message

Many children are chronically misunderstood. Most often, it is children with disabilities, Black and brown children, and children with a trauma history. The lack of understanding leads to many punitive consequences, including restraint, seclusion, suspension, expulsion, and corporal punishment. Too often, vulnerable children are also being pushed down the school-to-prison pipeline. It is outdated behavioral approaches that are steeped in compliance and a lack of understanding around disability and trauma that perpetuate the misunderstanding.

An anatomical model of a human brain is shown, held by several hands. The model is a light tan color with visible blood vessels and brain tissue. The hands are pointing to various parts of the brain, suggesting a collaborative learning or teaching session. The background is slightly blurred, showing other people in a classroom or lab setting.

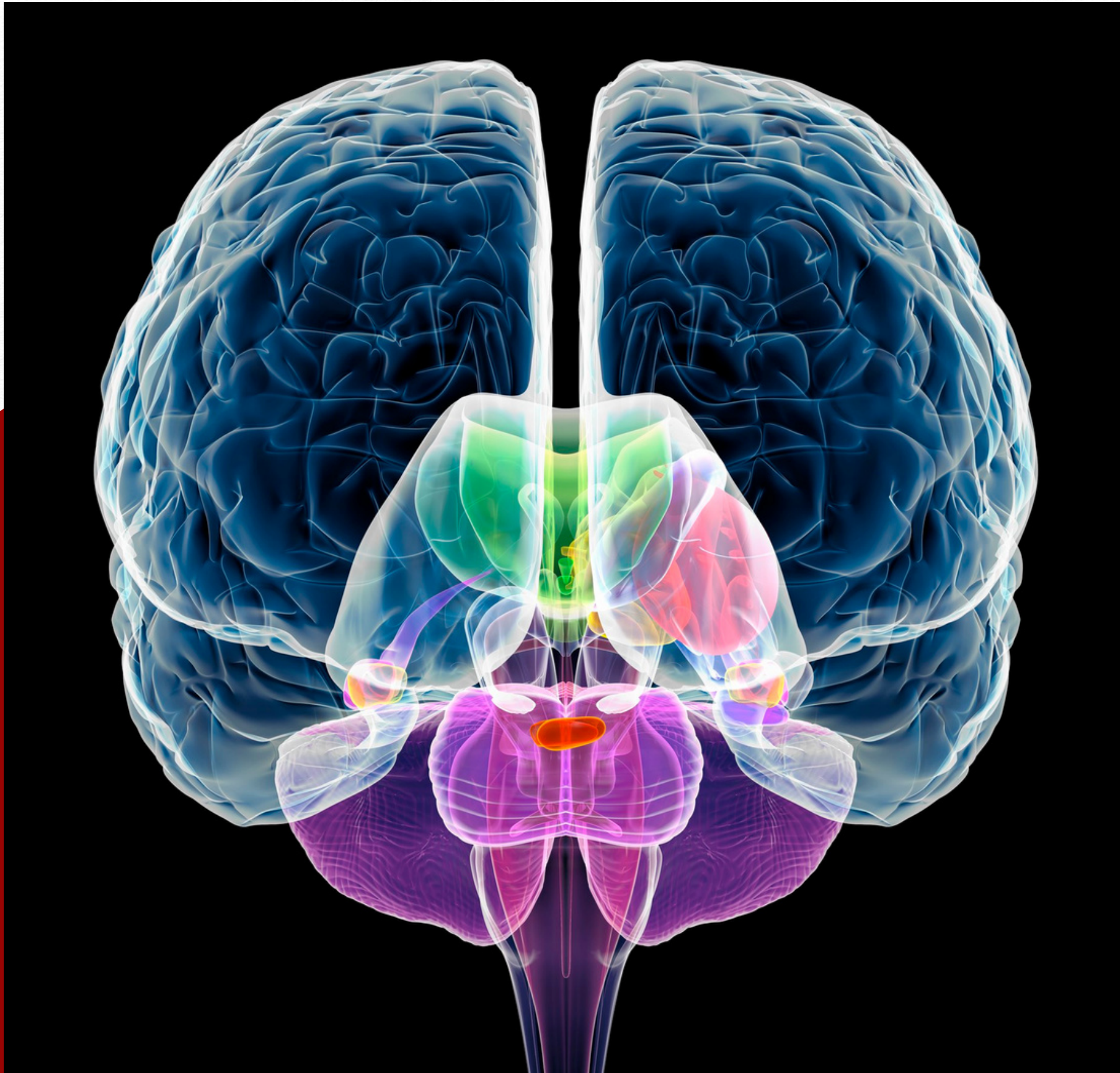
PART TWO

Brain Science

Why brain science?

Gives us a new understanding

Because a little bit of brain science might change how you look at children who are struggling, seeing children differently enables you to see a different child.



Prefrontal Cortex

Decision Making

The prefrontal cortex (PFC) plays a central role in cognitive control functions, and dopamine in the PFC modulates cognitive control, influencing attention, impulse inhibition, prospective memory, and cognitive flexibility.* This brain region has been implicated in planning complex cognitive behavior, personality expression, decision-making, and moderating social behavior. **

* Textbook of Natural Medicine (Fifth Edition), 2020

** The Science of Psychotherapy



Hippocampus

Memory and Learning

The hippocampus is a complex brain structure embedded deep in the temporal lobe. It has a major role in learning and memory.

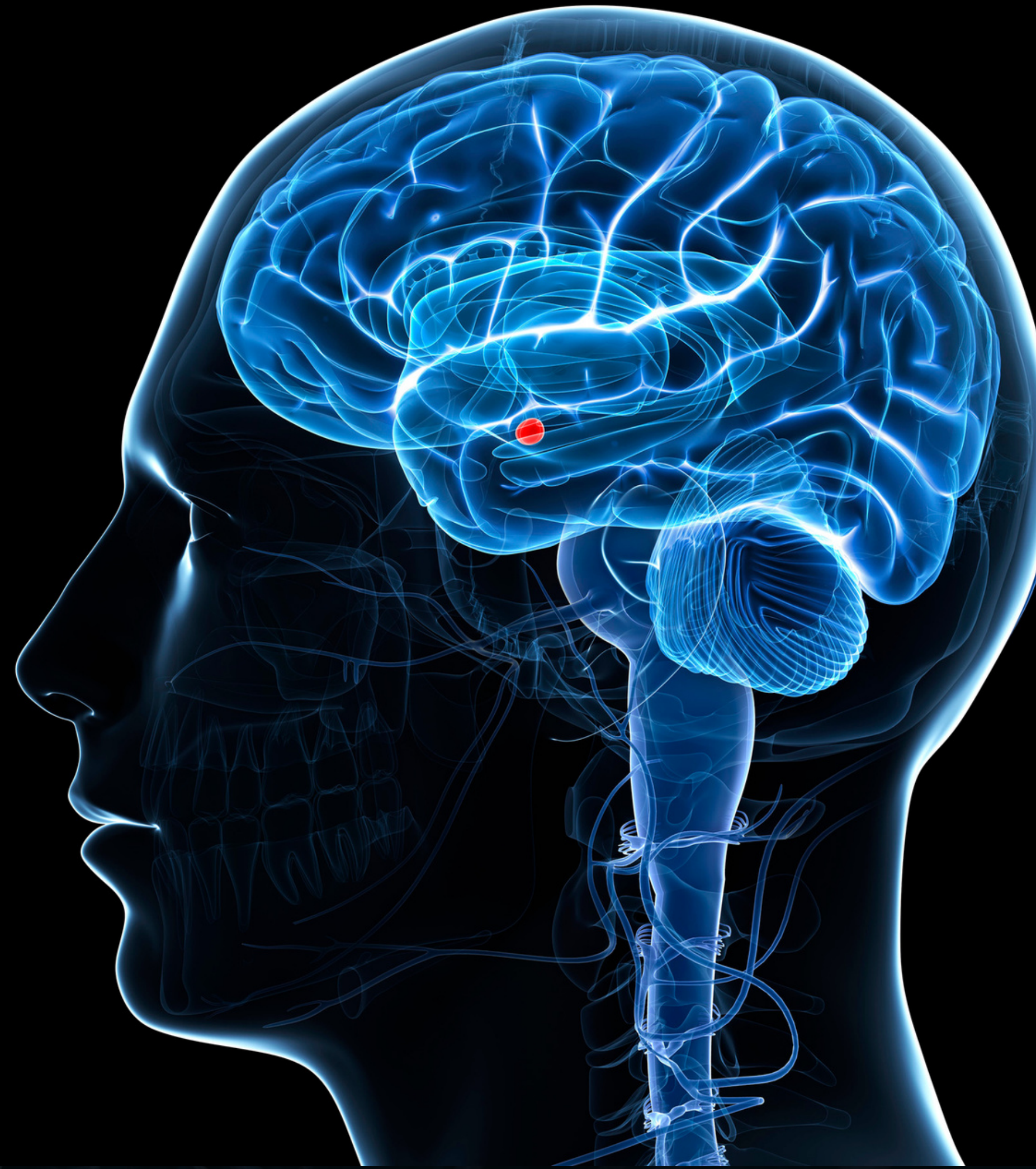
The hippocampus is part of the limbic system, which manages the functions of feeling and reacting.



Amygdala

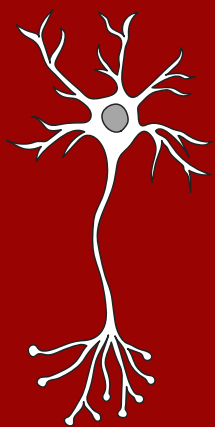
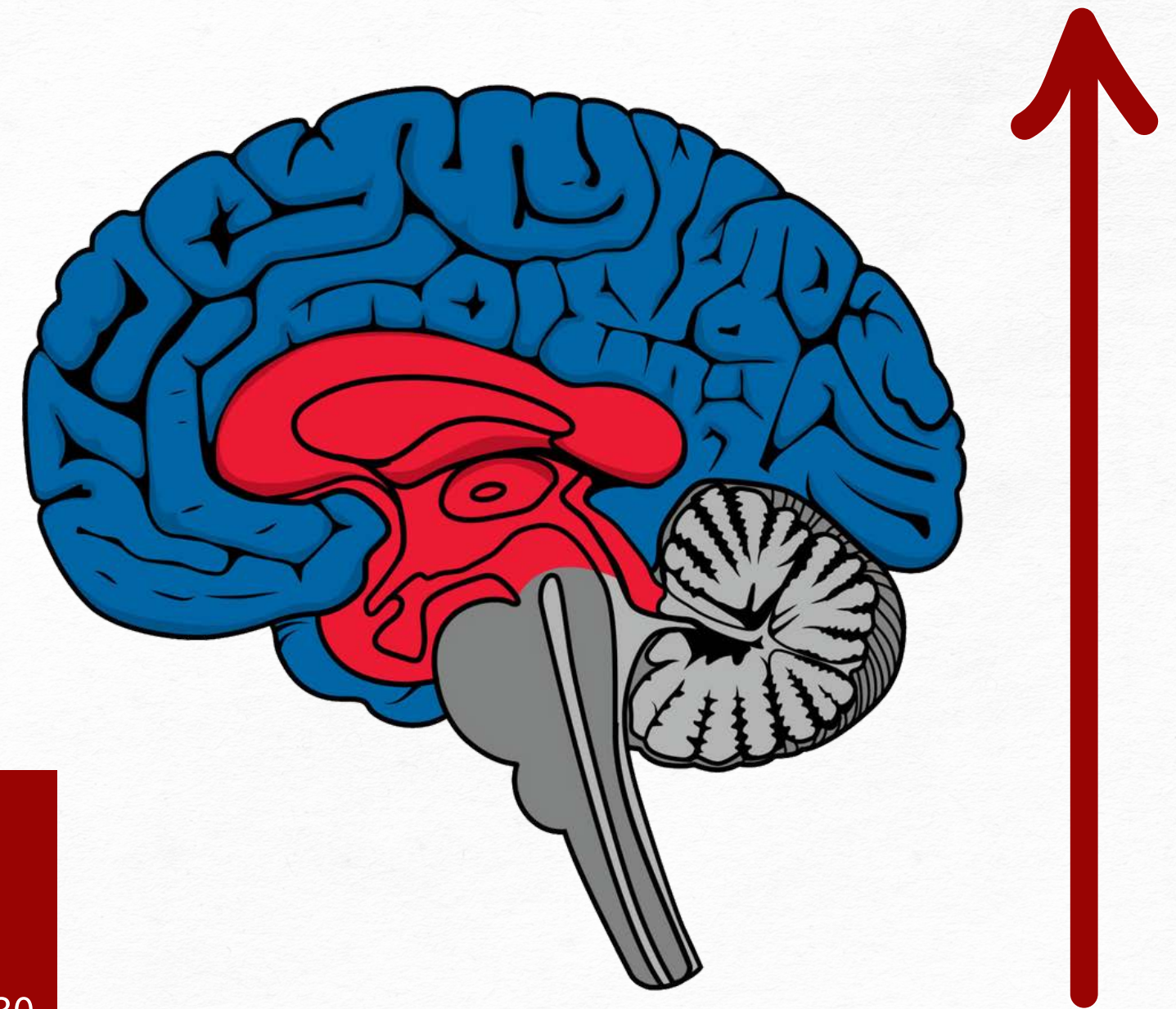
Threat Detection

The amygdala is commonly thought to form the core system for processing fearful and threatening stimuli, including detecting threats and activating appropriate fear-related behaviors in response to threatening or dangerous stimuli.



Brain development

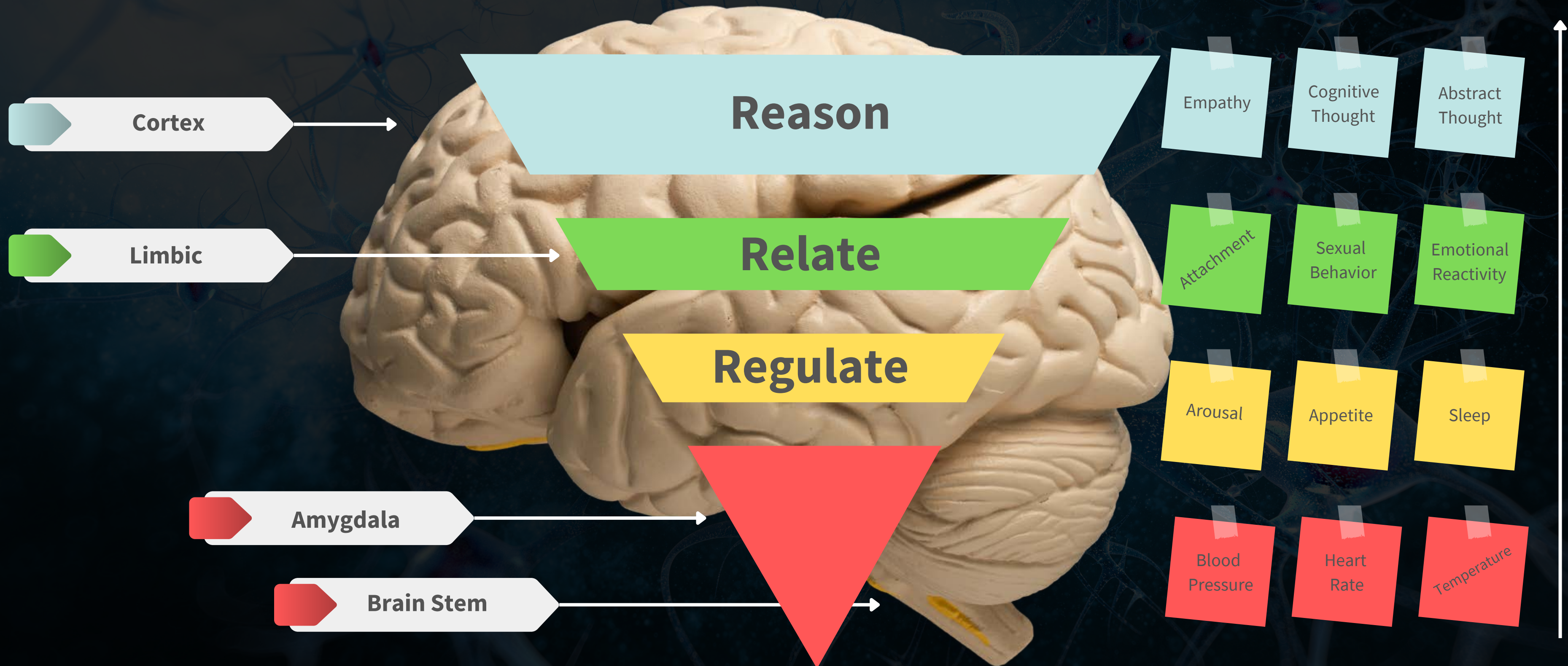
- Brain development occurs from back to front and bottom to top.
- Our brains are not fully developed until we are 25-30 years old.
- The prefrontal cortex is the last region of the brain to develop fully.
- The cortex is the thinking rational portion of our brains.



Myelination

Myelination (the coating or covering of axons with myelin) begins around birth and is most rapid in the first 2 years but continues perhaps as late as 30 years of age. Myelination greatly increase the speed of signals transmitted between neurons.

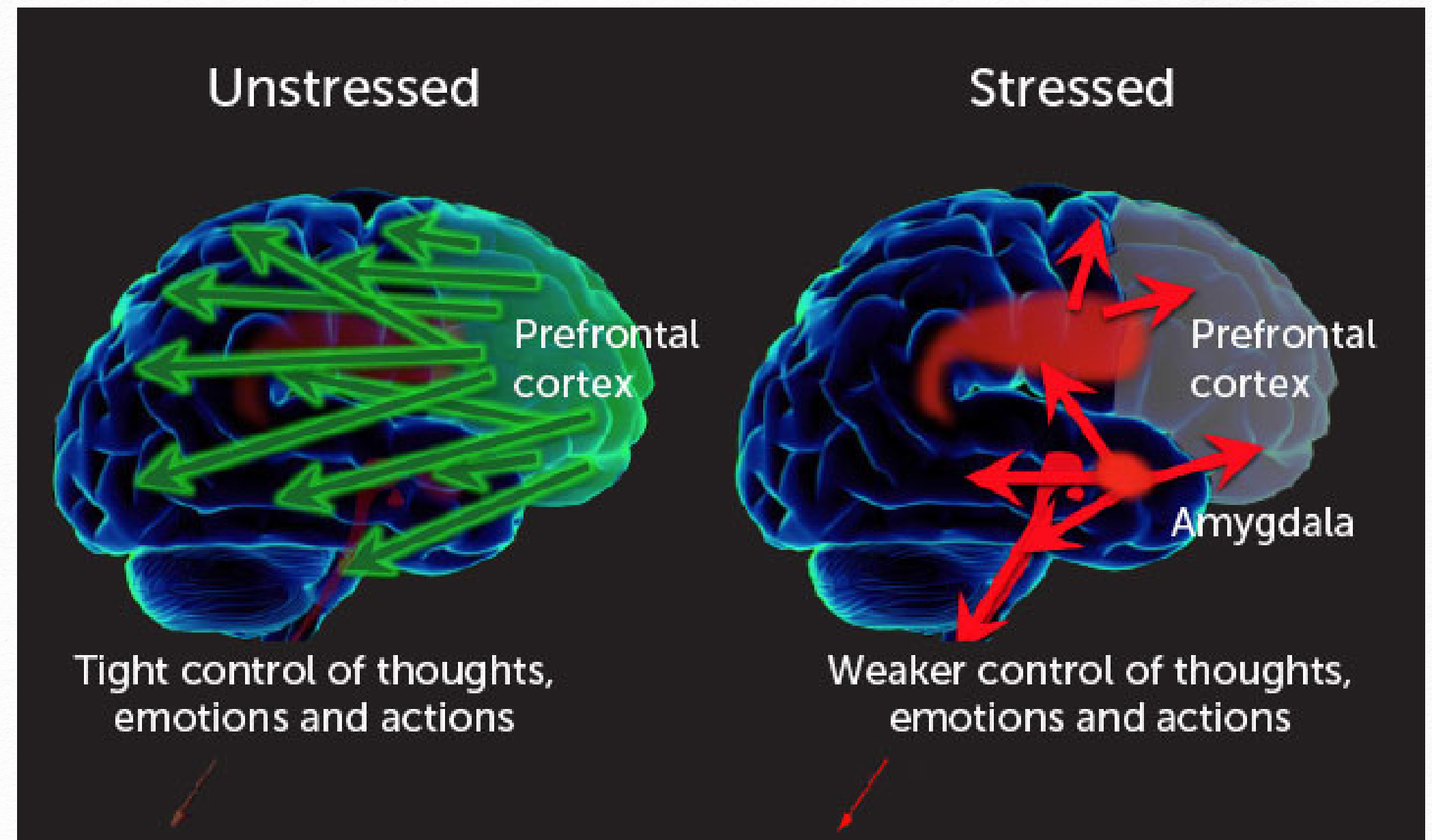
Neurosequential Model

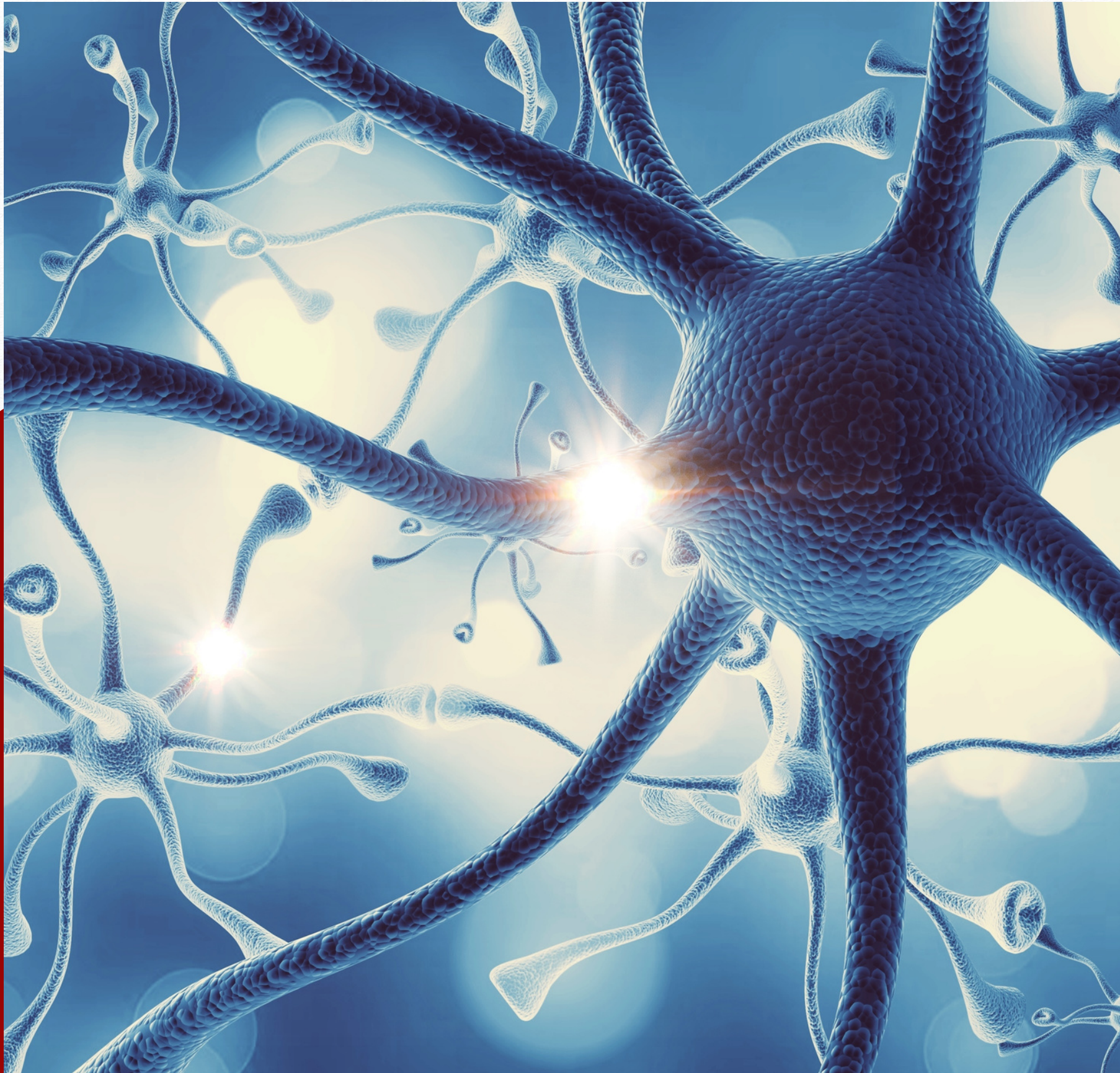


A dysregulated brain

When not stressed, our prefrontal cortex (the rational thinking part of our brain) is "online," helping us exhibit logical thought and maintain executive function.

Under increased stress, the prefrontal cortex can go "offline." When the cortex is under stress, we have less control over our thoughts, emotions, and behaviors. Here is where we see "stress behavior."





The Polyvagal theory

The Polyvagal theory, developed by Dr. Stephen Porges, explores the mammalian nervous system. Behavioral responses indicate how the nervous system regulates the body's response to stress. The theory explains that all behavior supports survival.





The big idea

The Polyvagal Theory

The idea behind the Polyvagal Theory is that human beings are wired for safety, and our bodies are designed to keep us safe. Our body has a survival system managed by our autonomic nervous system (ANS).

The ANS has two branches: the sympathetic and the parasympathetic. The sympathetic branch mobilizes us to defend against danger via the fight-or-flight response. The parasympathetic branch is believed to help us regulate and regain a state of calm.

Neuroception

Our nervous system is constantly scanning the environment for cues of threat and cues of safety. At times our nervous systems detect threats when there are none. Dr. Porges refers to this as "faulty neuroception". It might be more fitting to say "experience-based neuroception" as often the cues of threat are related to traumatic experiences.



The role of trauma



"Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs."

Bessel van der Kolk

A photograph of a woman with dark curly hair tied up, wearing a light-colored sweater, hugging a young child from behind. The child is also wearing a light-colored sweater and has their arms crossed. The background is a plain, light-colored wall. The image is overlaid with a semi-transparent dark grey filter.

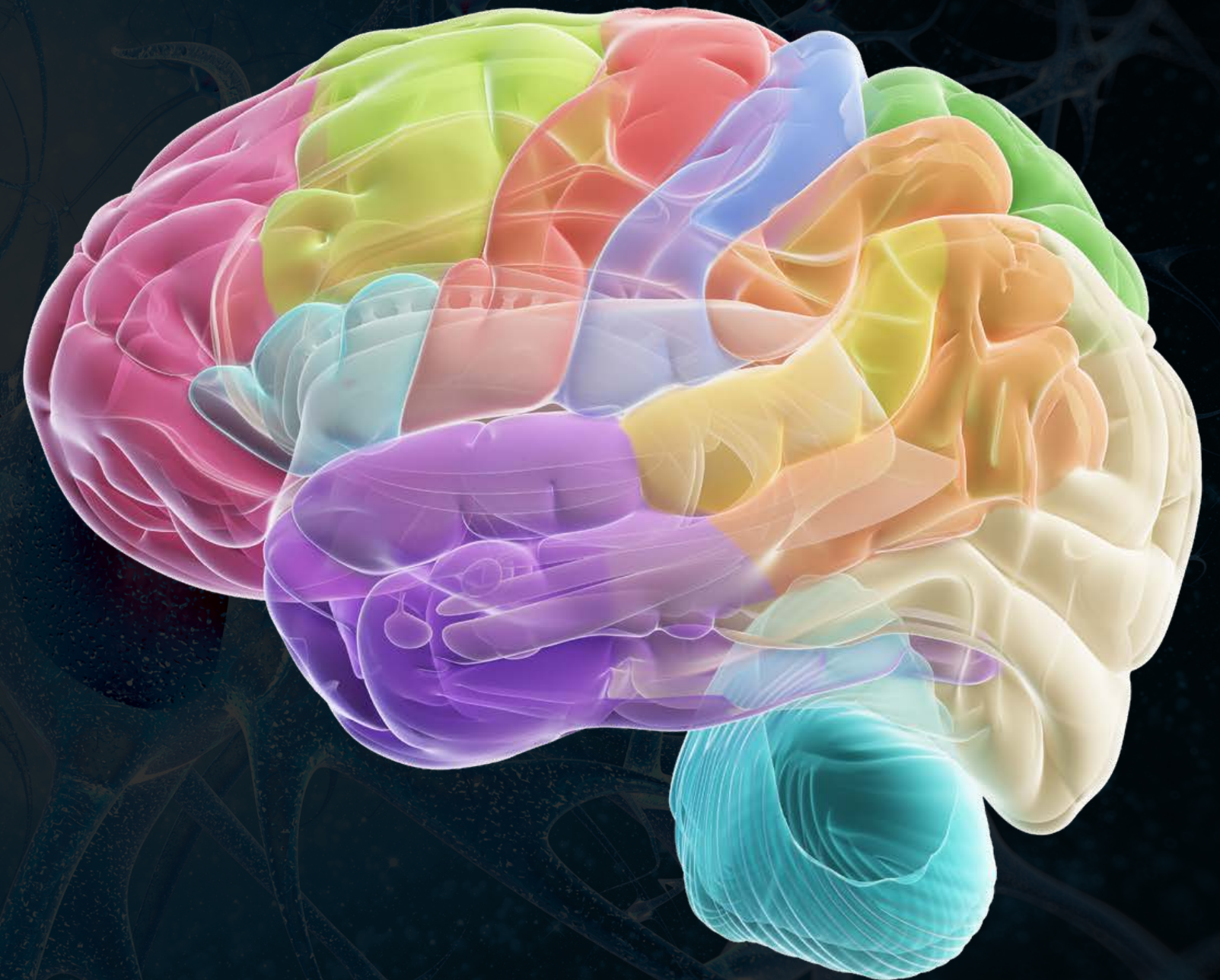
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If you want to improve the world, start by making people feel safer.

Dr. Stephen Porges

Trauma and the brain

Brain areas implicated in the stress response include the amygdala, hippocampus, and prefrontal cortex. Traumatic stress can be associated with lasting changes in these brain areas. The amygdala detects threats in the environment and activates the “fight or flight” response. The use of restraint and seclusion can lead to changes in the brain and may be considered Adverse Childhood Experiences (ACEs).



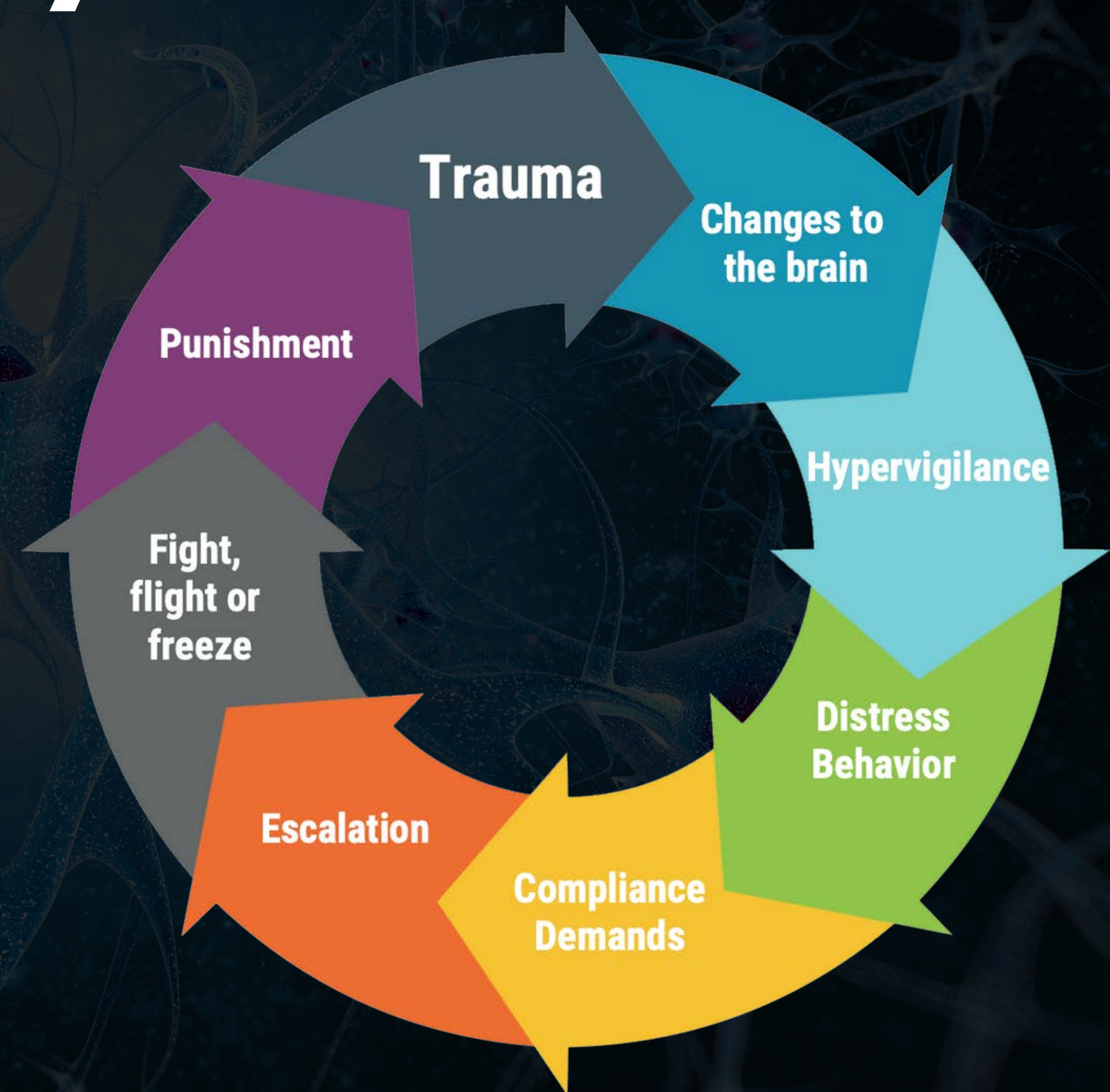
Intersection of trauma & disability

Children with disabilities often experience trauma associated with their disability. Imagine an autistic child who might be non-speaking or have communication differences. How traumatizing might it be to live in a world where you try to communicate your needs, but they are not heard or understood?



Discipline trauma cycle

Children/youth that have been traumatized may not feel safe and may enter a hypervigilant state. This can lead to distress behaviors when the child/youth becomes overwhelmed or triggered. When demands are placed on the individual that they are unable to meet the situation may escalate. This may lead to fight, flight or freeze behavior, which may lead to punishment and retraumatization.





Take home message

A basic understanding of brain science can help us to understand why many children are misunderstood.

Children who have experienced trauma are likely to be hypervigilant. Children who are hypervigilant are more likely to engage in stress behaviors.

Adult responses to behavior can be traumatic to children who are misunderstood.



PART THREE

Changed Perspective



A new lens on behavior

Shift your perspective from focusing on behaviors to understanding why a child is having a difficult time and how to support all children better.

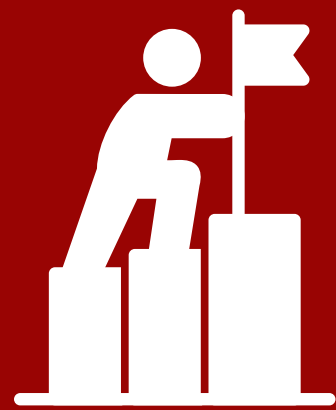
Behavior is the tip of the iceberg; we want to understand what lies beneath. We want to reframe our perspective based on brain science.

Simple philosophy

How can a simple philosophy help? Dr. Stuart Shanker often says, "**when you see a child differently, you see a different child.**" To help children who are chronically misunderstood, the needed change is often in the adult mindset, not the child. We often think children are giving us a hard time and fail to realize that a child is having a difficult time.



"Kids do well, if they can"



"When your child has the skills to respond adaptively to demands and expectations, he does. If your child had the skills to handle disagreements and changes in plan and adults setting limits and demands being placed on him without falling apart, he'd be handling these challenges adaptively."

Dr. Ross Greene

Behavior is complex

Human behavior is not something that you can simply change with gold stars and cookies. Human behavior is far more complex and involves biology, neuroscience, genetics, hormones, dopamine, trauma, environmental factors, and much more.





Brain science tells us...

Not all behavior is intentional

There are top-down and bottom-up behaviors. Behaviors that may seem intentional are, in fact, often stress responses that are routed in trauma.

Top-down behaviors are thoughtful and intentional and involve the prefrontal cortex.

Bottom-up behaviors are stress responses that are often proactive in nature and involve the limbic system.



“

**The underlying cause for
behavior is biology; we are
wired to survive.**

Dr. Stuart Shanker

Behavior is the symptom

One of the prevailing issues is that often the focus is on the behavior, not the cause.

It is important to find the underlying cause if we want to help children and youth succeed.

Common approaches to behavior are often leading to crisis.

The problem with behaviorism



From sticker and clip charts to many behavior programs based on rewards and consequences, behaviorism based approaches are common in schools. Much of the science behind behaviorism was developed in the late 1800s and early 20th century. Work done with dogs, pigeons and rats.





The Dark Side of Rewards

Research suggests that rewards may have a negative impact on intrinsic motivation and mental health.

- Rewards decrease intrinsic motivation
- Rewards increase anxiety and shame
- Rewards create a feeling of being controlled
- Rewards increase a fixed mindset
- Rewards decrease generosity and caring nature
- Rewards promote masking
- Rewards treat the symptoms, not the root causes
- Rewards devalue the actual task
- Rewards increase dependence on external validation
- Rewards decrease self-esteem

A close-up photograph of a hand holding a large quantity of small, round, multi-colored candies. The candies are in various colors including red, green, blue, purple, orange, and yellow. The hand is positioned in the center of the frame, with the fingers slightly curled around the candies. The background is a soft, out-of-focus grey.

“

Rewards and punishments are both ways of manipulating behavior. They are two forms of doing things to students. And to that extent, all of the research that says it's counterproductive to say to students, "Do this or here is what I'm going to do to you," also applies to saying, "Do this and you'll get that."

Alfie Kohn



Our Words

The words we use matter.

Neuroscience helps us to develop a new understanding of behavior. That new understanding can aid us in reframing behavior. In the process of reframing, the words we use are important. If we are going to see a child differently, we also need to describe them differently.

Words Matter

How are children described?

Challenging

Violent

Dangerous

Maladaptive

Attention-seeking

Defiant

Coercive

Aggressive

Limit testing

Destructive

Manipulative

Disturbed

Intentional

Willful

Naughty

Noncompliant

Inflexible

Oppositional





Violent

What is the definition?

- Using or involving physical force intended to hurt, damage, or kill someone or something.

What is the problem with this definition?

- Is a dysregulated 5-year-old child really violent? Are they intending to hurt someone, or are seeing a stress response?



Behave

What is the definition?

- to act in a particular way
- to do things in a particular way
- to manage the actions of (oneself) in a particular way
- act or conduct oneself in a specified way, especially toward others.

What is the problem with these definitions?

They all assume intent. A stress response is unintentional; it is the child's survival brain because it is protective.

Reframed: We know through neuroscience that not all behavior is intentional. Reframed, behavior is not just about choice.

Instead of bad behavior or bad choices, think about stress behavior or distressed behavior.



Discipline

The origin of the word

Discipline comes from *discipulus*, the Latin word for pupil, which also provided the source of the word *disciple*.

Late Latin *disciplināre*, "to teach," is a derivative of Latin *disciplīna*, which means "teaching."

Reframed: Discipline is about teaching. We must help a child to be regulated before we can teach - regulation before education.

A better approach



Trauma-Informed

The adverse childhood experiences study (ACES) tells us that nearly 1 in 6 had experienced four or more types of ACEs. Today many children entering our classrooms have experienced trauma.



Neuroscience-aligned

Understanding stress-based responses help us to understand that not all behavior is volitional. We need to focus on teaching adults and children about brain state & co-regulation.



Relationship-driven

The more healthy relationships a child has, the more likely she will be to recover from trauma and thrive. Relationships are the agents of change, and the most powerful therapy is human love.



Collaborative

Rather than always doing things to children, we need to shift to working with children. We should foster a collaborative partnership between adults & kids to solve the problems that affect their lives.

A woman with curly hair is leaning over a child who is sitting at a desk. They are both looking at an open book on the desk. The woman is smiling and appears to be reading to the child. The background shows a library or classroom setting with bookshelves filled with books.

“

A child's brain and body best learn to regulate emotions through loving interactions with adults who notice the child's emotional state and provide individually attuned interactions to help a child feel better.

Dr. Mona Delahooke

A photograph showing a person's hands writing on a document next to a laptop. The person is wearing a light-colored shirt. The laptop is open and shows a screen with some text. The background is a patterned surface.

Take home message

When we change our perspective based on neuroscience, we can do better for children with disabilities.

Changing our lens, our words, and our actions can lead to better outcomes and reduce the use of punitive approaches.

We can do better for students, teachers, and staff. We should eliminate the use of seclusion and reduce the user of restraint.

Sign the petition

School should be a place where children are free from abuse and traumatic practices.

The Keeping All Students Safe Act would ban the use of seclusion and stop the practice of restraint in most cases, but Congress must pass this bill for that to happen!

Sign the petition NOW to end seclusion and restraint in schools—and support keeping all students safe!

End Seclusion and Restraint in Schools: Sign the Petition!

School should be a place where children are free from abuse and traumatic practices. Yet, every year, **more than 101,000 students are subjected to restraint and seclusion. About 80% of those cases involve students with disabilities and, disproportionately, students of color.**

Even though these practices have caused thousands of injuries and deaths, there are no federal laws to protect children from the abusive use of these tactics.

The Keeping All Students Safe Act would ban the use of seclusion and stop the practice of restraint in most cases, but Congress must pass this bill for that to happen!

Sign the petition NOW to end seclusion and restraint in schools—and support keeping all students safe!

Sign the petition now!

Full Name *

Address *

Zip * city and state not required

Phone *

Email *

ACT NOW →

By submitting this form, you agree to receive communications from The Arc and/or our affiliated chapters. You may opt out at any time.

<https://action.thearc.org/HjW4N01>

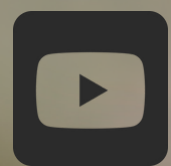
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AGAINST
SECLUSION**

&



THANK YOU!

Together we can make a difference!

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