



Collect data to respond to private evaluators' recommendations

Merrill Winston and Randolph Boardman both provide crisis intervention training to school officials and other service providers.

When it comes to whether schools ever need to use prone restraint, however, their views are quite different.

In short, the debate over restraint is not just political, with disability, parent, and school groups -- not to mention Republicans and Democrats -- taking various sides.

It is also technical, with members of the training-provider community disagreeing over which methods are both necessary and safe.

Winston, director of program development at the Professional Crisis Management Association in Sunrise, Fla., said prone restraint has gotten a bum rap, largely because people have done such restraints in unsafe ways.

Putting a child in a basket hold and then lying on top of him, for example, is a recipe for trouble, he and his colleagues said in a 2009 report, *The Premature Call for a Ban on Prone Restraint: A Detailed Analysis of the Issues and Evidence*.

"Not only are the arms pressing upward into the abdomen, but the staff member can also compress the chest by pulling the child's arms in tightly against his ribcage," they wrote. "PCMA does not allow such procedures."

In contrast, they wrote, a person can be held in a prone position, but only by his limbs, so as not to put any pressure on the chest.

"The torso is in no way immobilized, only the arms and legs are held and the chest can expand freely and easily," they wrote.

In an interview, Winston elaborated.

"There are a number of ways to hold people facedown," he said. "We've been doing this for 25 years, safely, and we do not believe it impedes anyone's breathing."

On the other hand, if people put pressure on a child's chest, putting him on his back isn't going to make much difference, he said.

"Face up or facedown, I'm not sure that's going to make much difference if someone's piling on top of a child," he said. "It just depends how you're doing it."

Joining the bandwagon

Boardman, executive director of research and development at the Crisis Prevention Institute in Brookfield, Wis., agreed that both prone and supine restraints carry risks, but his company doesn't teach either technique.

Instead, it teaches standing restraints, and if such a restraint ends up on the floor, "staff is first advised to The IDEA requires a school district to consider the results of a private evaluation when making decisions involving the provision of FAPE to a child. [34 CFR 300.502](#) (c)(1).

But that doesn't mean your district has to adopt private evaluators' recommendations, especially when they may pose a safety risk to the student and others.

Such was the case in *M.M. and C.M. v. District 0001 Lancaster County School*, [60 IDELR 92](#) (8th Cir. 2012), where a district successfully opted to include the use of a calming room in the behavior intervention plan of a fourth-grader with autism.

The district determined that the private evaluators' suggestions posed a safety risk. They recommended the district keep the student in his general education classroom until his behavior escalated and he misbehaved five times in five minutes. They recommended the district then use physical restraint.

As a school psychologist, you can draw from your behavioral expertise to help your colleagues and parents recognize appropriate interventions for an aggressive student. Seek consent to speak with the child's private assessor about the setting and timing of the independent evaluation. Also invite parents to observe their child's behavior in an educational environment or furnish detailed behavioral data for them to review. If parents persist in wanting an intervention you deem inappropriate, consider implementing both strategies for a short period of time and recording their effects on the student and on his classmates.

"Ideally, we want everyone working on the same team for a child," said [Allison Vrolijk](#), a parent attorney at The Law Office of Allison B. Vrolijk, LLC in Roswell, Ga. "Everyone should work together to meld their opinions into one final plan of action."

Take these steps:

- **Consult with child's private evaluator:** Seek parental consent to speak with the student's private assessor to find out why he recommends a particular intervention, Vrolijk said. The independent evaluator may have information about the functions of the student's behaviors that the school may not have.

Also find out where the student was privately evaluated, said [Mary Catherine Funk](#), a school attorney at Dinsmore & Shohl LLP in Lewisburg, W.V. The setting in which a student is privately evaluated may be vastly different from the school environment in which you evaluate him and where he learns. For example, a student may be privately evaluated in a hospital, where there are few other children, but you may evaluate him with 30 other students around him.

If the private evaluator observed the student in the classroom, find out for how long and during which subject. "The private evaluator may have only observed the student in one classroom for one hour," Funk said. "The district evaluator may have observed the child several times of the day, different days of the week, in numerous settings."

- **Invite parents to observe, review observation data:** Find a way for parents to surreptitiously observe how their child behaves in the classroom without allowing their presence to influence his conduct, Funk said. Or ask colleagues to record data specifically for the parents' review. "We have our districts ask different teachers to monitor classrooms different times of the day for different behaviors and create a graph to show the parents," she said.

Also find out the reasons why the parents are seeking additional assessments, Funk said. The private evaluator may, for example, be unaware that the parents are seeking additional services.

- Consider tracking success of both methods: If parents do not believe that your district's preferred intervention, such as using a calming room, would be more effective than an intervention suggested by a private assessor, such as restraint, consider using both methods for a short period of time and recording their effects, Funk said. "You can measure the student's academic progress and how often the child is removed from the classroom," she said. "You can say the child was removed for 10 minutes to allow him to calm down in a separate room," Funk said. And you can discuss how long it took for the student to calm down after being restrained and if it was more or less disruptive for other students compared with removing the child to a calming room. "An outburst may be less severe [when] the child can deescalate and calm himself in another room," she said. "A school psychologist is not only evaluating an individual student, but taking into account how interventions affect other children."

Recognize that your analysis may show that pieces of the private evaluators' recommendations may benefit the student in conjunction with your recommendations, Vrolijk said. "It's not an all-or-nothing proposition," she said. For example, the district in the 8th Circuit case ended up adopting a three-level plan the private evaluator suggested that offered increased consequences for each incident of behavior.

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