



Harmful Restraint of Students with Disabilities in Texas Schools

An Investigative Report from Disability Rights Texas

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Section 1: Executive Summary

Disability Rights Texas (DRTx) is the federally designated Protection and Advocacy (P&A) agency for people with disabilities in the state. In our work to ensure students with disabilities receive the free and appropriate public education (FAPE) to which they are entitled under the Individuals with Disabilities Education Act (IDEA), we have noticed a trend in the inappropriate and disproportionate effects of restraint training and practices on students with disabilities in Texas. *Students with disabilities represent approximately 9.8% of the state’s school population, but they experienced 91% of restraints in Texas’ public schools during the 2018-19 school year (SY).*¹ Moreover, students with disabilities served in separate behavior classrooms and campuses are often victims of underqualified and undertrained staffs’ overreliance on using harmful and improper restraints as disciplinary practices rather than implementing widely accepted de-escalation and evidence-based behavior management techniques to address disruptive classroom behavior.

Section 2: Context

The U.S. Department of Education’s (DOE) Office for Civil Rights (OCR) defines a general physical restraint as any “personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely.”² More specific restraint techniques known as prone and supine utilize movements that result in staff taking a student to the ground either facing down or up. Prone and supine restraints constrict air passages and cause death for many reasons. OCR guidance emphasizes the use of restraints only as an emergency measure to address imminent threats of harm to a student or others and not a routine behavior management technique. Moreover, the OCR explicitly warns against using any restraints “that restrict breathing... because they can cause serious injury or death.”³ Despite years of federal guidance distributed by the DOE, however, state restraint statutes and regulations vary across the United States. With no federal legislation establishing minimum restraint safety standards and definitions in schools to prevent and reduce inappropriate use, Texas lawmakers and leaders determine protections for students from the overreliance on and inappropriate use of restraints to address student behavior.

¹ Calculated using data requested from TEA and [primary disability data available at TEA](#).

² U.S. Department of Education, [Restraint and Seclusion: Resource Document](#), p. 10, Washington D.C., 2012.

³ *Ibid.*, p. 16.

Section 3: Opportunities to Better Protect Students from Harmful Restraint

- Ban prone and supine restraints.
- Remove allowance for restraint for property damage.
- Require competency-based de-escalation training for all school personnel who interact with students as a method to avoid the overuse of restraints on students with disabilities as a behavior management technique.
- Ensure that school personnel working in behavior classrooms and campuses, including those who assist with transportation to and from those campuses, receive competency and evidence-based, best practice de-escalation and restraint training.
- Implement annual de-escalation and restraint training requirements for personnel outlined above and in current regulation.
- Expand state data validation to ensure proper restraint reporting by local educational agencies.⁴
- Incorporate a new monitoring indicator in the Results Driven Accountability System utilized by the state to identify local educational agencies that overuse restraint against all students or disproportionately restrain certain student groups to require schools develop corrective action plans for improvement.

Section 4: State Policy and Regulation

The Texas Legislature passed Senate Bill (SB) 1196 in 2001, banning the practice of seclusion and codifying the state restraint policy that preceded but mirrors the federal definition.⁵ The bill also called upon the Texas Education Agency (TEA) to adopt rules regarding restraint practices in schools by delineating requirements for training, appropriate use, reports to the agency, and parental notification procedures.⁶ As outlined in Title 19 Texas Administrative Code §89.1053, TEA requires “[t]raining for school employees, volunteers, or independent contractors... be provided according to the following requirements:

⁴ In this brief, local educational agencies refers to both traditional school districts and open-enrollment charter schools. References to school districts includes open-enrollment charter schools.

⁵ Tex. Educ. Code §37.0021(b)(1)- "Restraint" means the use of physical force or a mechanical device to significantly restrict the free movement of all or a portion of a student's body.

⁶ [Senate Bill 1196](#), 77th Leg. (R).

- a. A core team of personnel on each campus must be trained in the use of restraint, and the team must include a campus administrator or designee and any general or special education personnel likely to use restraint.
- b. Personnel called upon to use restraint in an emergency and who have not received prior training must receive training within 30 school days following the use of restraint.
- c. Training on use of restraint must include prevention and de-escalation techniques and provide alternatives to the use of restraint.
- d. All trained personnel must receive instruction in current professionally accepted practices and standards regarding behavior management and the use of restraint.”⁷

Additionally, the regulations provide that the accepted use of restraint be limited to “[e]mergency situations in which a student’s behavior poses a threat of... imminent, serious physical harm to the student[,]... others[,] or serious property destruction.”⁸ The agency also imposes limitations on how a “school employee, volunteer, or independent contractor may use restraint...[:]

- a. Restraint must be limited to the use of such reasonable force as is necessary to address the emergency.
- b. Restraint must be discontinued at the point at which the emergency no longer exists.
- c. Restraint must be implemented in such a way as to protect the health and safety of the student and others.
- d. Restraint must not deprive the student of basic human necessities.”

Regulations adopted by the TEA, however, fall short of ensuring that the inappropriate and harmful use of restraints do not disproportionately affect students with disabilities, including those served in separate behavior classrooms and campuses. The rules fulfill the minimum statutory requirements, but they do not adequately address the need for personnel serving students with disabilities in separate classrooms and campuses to receive regular and adequate training. Nor do the regulations provide for a regular training schedule for core teams and other personnel, require de-escalation training for all school personnel, or ban the deadly practice of prone or supine restraint techniques.⁹ The 84th Legislature helped to address oversight in 2015 with SB 507, allowing parents and certain school district staff to request a school to install cameras in classrooms or campuses serving students with disabilities

⁷ [19 Tex. Admin. Code §89.1053: Procedures for the Use of Restraint and Time-Out](#)

⁸ Ibid.

⁹ Ibid.

for 50% or more of the instructional day.¹⁰ Since implementation of the law, videos offer irrefutable evidence of the persistent issues associated with unsafe restraints, including inappropriately and unnecessarily taking students to the ground, illegally continuing a restraint after any imminent threat has passed, and general restraint implementation that does not follow protocols of any training program. Moreover, viewing video after video of school staff and paraprofessionals harming students in improper restraint practices confirms the widespread culture of “control and compliance” over understanding and prevention.¹¹ In another step forward, the 86th Legislature improved upon existing practices by banning many aversive techniques.¹²

Even when local educational agencies report frequent restraint incidents, or disproportionate restraints on certain student groups, TEA does not utilize that data as a part of its Results Driven Accountability System to require them to take any proactive efforts to reduce their reliance on dangerous restraint practices.

Section 5: Harmful Effects of Restraint Practices

Other than in instances of imminent physical threat as outlined in the Texas Administrative Code, reliance on restraints to address routine disruptive behaviors in schools only intensifies behavioral issues and can cause serious psychological and physical injuries.¹³ The federal Substance Abuse and Mental Health Services Administration highlights the physically harmful and psychologically traumatic effects on students who experience restraints.¹⁴ In 2009, the Government Accountability Office (GAO) reported multiple instances in which school staff relied on restraint practices as a behavioral management technique for students with established disabilities resulting in deaths and serious injuries, particularly when school staff utilized prone and supine techniques during the restraint.¹⁵

The same year and in updated reports over the next decade, the National Disability Rights Network (NDRN) and multiple state P&A agencies documented the continued deadly and otherwise injurious overreliance on restraints to address non-life threatening behaviors

¹⁰ [Senate Bill 507](#), 84th Leg. (R).

¹¹ Propublica Illinois, 2020, [How a School Stopped Relying on Restraining and Isolating Students — and What Others Can Learn From It](#).

¹² [Senate Bill 712](#) and [House Bill 3630](#), 86th Leg. (R).

¹³ Tex. Admin. Code §89.1053(b)(1): “Emergency means a situation in which a student's behavior poses a threat of imminent, serious physical harm to the student or others; or imminent, serious property destruction.”

¹⁴ Substance Abuse and Mental Health Services Administration, [Alternatives to Restraint and Seclusion](#), 2019.

¹⁵ GAO, *Seclusions and Restraints: Selected Cases of Death and Abuse at Public and Private Schools and Treatment Centers*, (Washington, D.C.: May 19, 2009).

commonly exhibited by students with disabilities, particularly those with emotional and behavioral disorders.¹⁶ Despite a decade of federal guidance and reports, congressional hearings, and national advocacy and research efforts sounding the alarm about the harms resulting from the overuse of restraints in schools to address disruptive behaviors, the continued overreliance of restraint as a punitive and routine behavioral intervention practice continues to harm and exclude students with disabilities from the educational process.

X.B.'s Story

DRTx recently assisted a family whose six-year old student was restrained 5 times in a 10-week period for routine disruptive behaviors directly related to his disability. Although the district ensured that both staff involved in all of the restraints received restraint-training practice from an accepted, for-profit company, the high incidents of restraints in such a short period indicate a reliance on physically invasive intervention methods to address disability-related behaviors. Moreover, the rate of restraints indicates the school failed to implement more appropriate behavior intervention personnel training, such as de-escalation, to mitigate the necessity of multiple physical restraints, and administrators did not hold instructors and restraint personnel accountable for implementation of appropriate behavior intervention plans for the student.

Underreporting Harms Students

Accurately reporting the number of restraints gives the state and other stakeholders an opportunity to review training practices in districts and can improve accountability for implementing least restrictive behavior intervention plans and programs. In 2009, the House of Representatives' Committee on Education and Labor held a hearing to discuss the abuse and deaths in schools across the nation that occurred because of inappropriate and overuse of restraints and seclusion. The GAO testified about the horrific incidents of various improper restraint practices, including a case in Texas where a teacher implemented a prolonged supine restraint on a student with a disability resulting in the student's death.^{17,18} In September of the

¹⁶ National Disability Rights Network, [School is Not Supposed to Hurt](#), 2019.

¹⁷ GAO, [Mental Health: Extent of Risk from Improper Restraint or Seclusion is Unknown](#), (Washington, D.C.: Oct. 26, 1999).

¹⁸ Ibid.

same year, the DOE’s OCR began requiring districts to report restraint numbers through the annual Civil Rights Data Collection (CRDC) database.

Since then, the CRDC publishes restraint data from the DOE every other year, and the GAO evaluated data from the most recent report available for SY 2015-16. In its report, the GAO highlighted the largest thirty districts in the nation suspected of underreporting restraint data to the OCR, including four districts in Texas: Houston Independent School District (ISD), Dallas ISD, Cypress-Fairbanks ISD, and Northside ISD. DRTx received restraint data from TEA for SY 2018-19 for only 478 of the 1,200 local educational agencies in the state. The fact that reporting data from four districts in Texas raised the alarm for the federal government and TEA notified DRTx that only 39.8 percent – less than half – of the state’s local educational agencies provided restraint data is unacceptable and shows a clear pattern of disregard by our state’s local educational agencies to report properly restraint data. Furthermore, the districts discussed in the GAO report highlighted Houston ISD as a major bad actor, and the district continues to show a pattern of underreporting.¹⁹

Texas School Districts Suspected of Underreporting Restraint Data

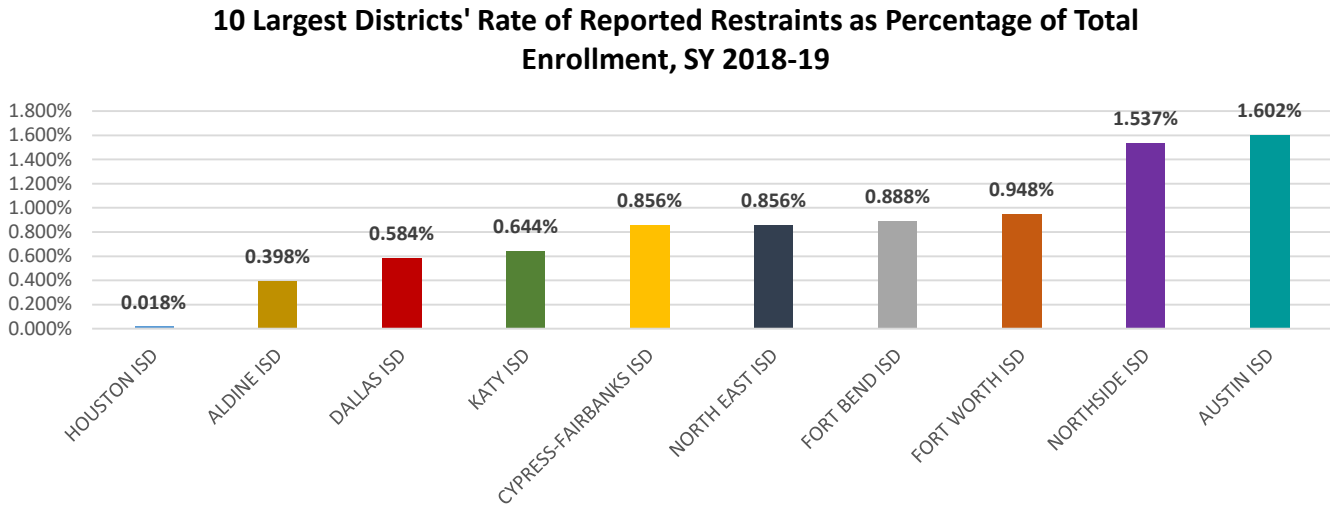
District Name and Size Rank	GAO Report for SY 2015-16 Total Enrollment	GAO Report for SY 2015-16 Restraints Reported	TEA Data for SY 2018-19 Total Enrollment*	TEA Data for SY 2018-19 Restraints Reported
Houston ISD (7)	215,989	58	209,772	38
Dallas ISD (15)	158,941	117	115,119	672
Cypress-Fairbanks ISD (22)	113,912	76	116,512	997
Northside ISD (26)	104,847	0	106,501	1637

*[Total enrollment data retrieved from TEA](#)

Despite improved reporting to TEA from three of the districts, the data reveals that they still reported the lowest number of restraints as a percentage of their total enrollment. Houston ISD reported a restraint to enrollment rate of 0.018%. The second lowest came from Aldine ISD, reporting a rate of 0.398% – still markedly low, but over 22 times higher than that of

¹⁹ GAO, [K-12 Education: Education Should Take Immediate Action to Address Inaccuracies in Federal Restraint and Seclusion Data: Accuracy of Restraint and Seclusion Data](#), (Washington, D.C.: June 18, 2019).

Houston ISD’s rate. Additionally, as indicated in the following graph, the ten largest districts in the state reported alarmingly low restraint rates for SY 2018-19. Accessible chart data for following graph found in Endnotes.^A



Furthermore, as the chart below conveys, the variability among the 10 worst restraint to enrollment rates in the state ranges from Houston ISD’s 0.018% to Irving ISD’s rate of 0.155%. While a low rate of restraints can indicate a district’s improvement of school-wide climate and student mental health programming to mitigate the practice of reliance on restraint practices, the concerning low reporting rates indicate potential misreporting of information and non-compliance with CDRC directives.

10 Worst District Reporters: Rate of Reported Restraints to Total Enrollment, SY 2018-19

District Name	Rate of Reported Restraints to Total Enrollment
Houston ISD	0.018%
IDEA Public Schools	0.026%
Spring ISD	0.079%
International Leadership of Texas	0.099%
Spring Branch ISD	0.121%
Longview ISD	0.128%
Carroll ISD	0.143%
Uplift Education	0.150%
Weslaco ISD	0.151%
Irving ISD	0.152%

Conversely, high rates of reported restraints indicate a lack of implementing appropriate, non-physical behavioral interventions; thus, DRTx identified the ten worst districts based on TEA restraint data.

10 Worst District Reporters: Rate of Reported Restraints to Total Enrollment, SY 2018-19

District Name	Rate of Reported Restraints to Total Enrollment
Big Springs Charter School	30.396%
New Boston ISD	9.098%
Edgewood ISD	7.654%
Lake Dallas ISD	7.368%
Coldspring-Oakhurst CISD	7.339%
Randolph Field ISD	7.153%
River Road ISD	6.428%
Columbus ISD	6.088%
San Marcos CISD	6.064%
Taylor ISD	5.892%

Section 6: Failure of State Leadership

The failure of state leadership leaves districts virtually immune from restraint-related accountability and intervention. Because the state does not regard the use of restraints as discipline, statute and regulation do not require districts to report incidents through the Public Education Information Monitoring System as a disciplinary action. Thus, restraint incidents are not part of the state’s performance-based monitoring system, which includes the Results Driven Accountability Manual (formerly known as the Performance-Based Monitoring Analysis System) and the Discipline Data Validation Manual (DDVM).²⁰ Both systems are designed to collect data from districts “that reports annually on the performance of [districts] in selected program areas[, including]... special education” and highlight anomalous disciplinary action code reporting.²¹ Throughout both manuals, however, TEA fails to incorporate any restraint data to help schools evaluate the effectiveness of programming and services. While underreporting incidents of restraints by districts constrains the state’s ability to intervene and results in further student abuse, TEA’s inaction to set up or incorporate restraint data into

²⁰ TEA, [2019 Discipline Data Validation Manual](#). Figure: 19 Tex. Admin. Code §97.1005(b), 2019 Results Driven Accountability Manual.

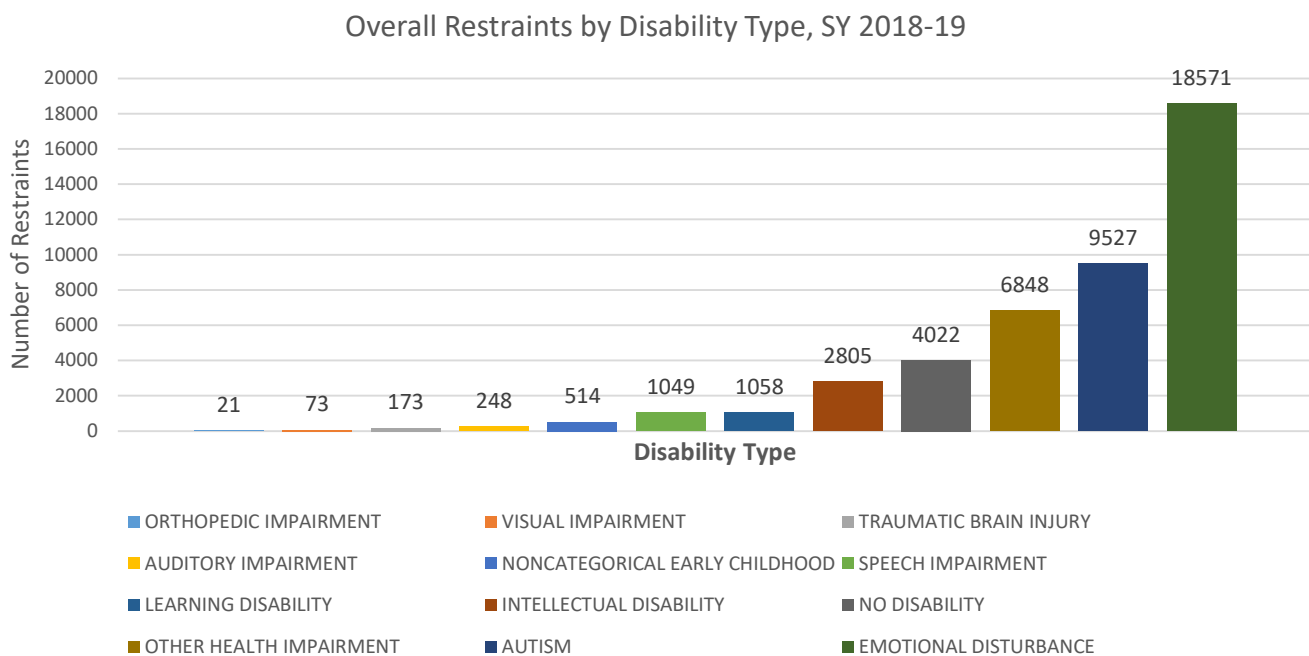
²¹ TEA, [Results Driven Accountability Overview](#), 2020.

existing systems to evaluate and provide targeted supports protects districts from accountability, even in the midst of corrective action by the DOE.

Section 7: Disproportionate Impact on Students with Disabilities

Overreliance on restraints as disciplinary and behavior management techniques disproportionately affects students with disabilities. National media coverage, NDRN and state P&A reports, federal reports, and congressional testimony confirm that students with disabilities disproportionately suffer from the reactionary use of restraint as a response to behaviors that are often manifestations of a student’s disabilities.²² The most recent federal restraint data available (SY 2015-16) indicates that, while students with disabilities represented approximately 12% of the student body across the nation, they experienced 77.1% of restraints reported.²³ Students with disabilities in Texas experience 91% of all reported restraints, and DRTx has investigated multiple instances of illegal and inappropriate restraint practices resulting in student injury, both physical and psychological.

Accessible chart data for following graph found in Endnotes. ^B



²² Ibid; US Senate Health Education, Labor, and Pensions Committee, [Dangerous Use of Seclusion and Restraints in Schools Remains Widespread and Difficult to Remedy: A Review of Ten Cases](#), p. 12, 2014.

²³ [2015–16 Civil Rights Data Collection School Climate and Safety](#).

Indeed, providing appropriate supports and services to address disruptive behavior is important for ensuring the provision of FAPE for all students, but students with disabilities in Texas experience the brunt of the use of restraint as a non-emergency intervention to address common disruptive behaviors better addressed by federally required positive behavior interventions and supports (PBIS) and restorative discipline practices.

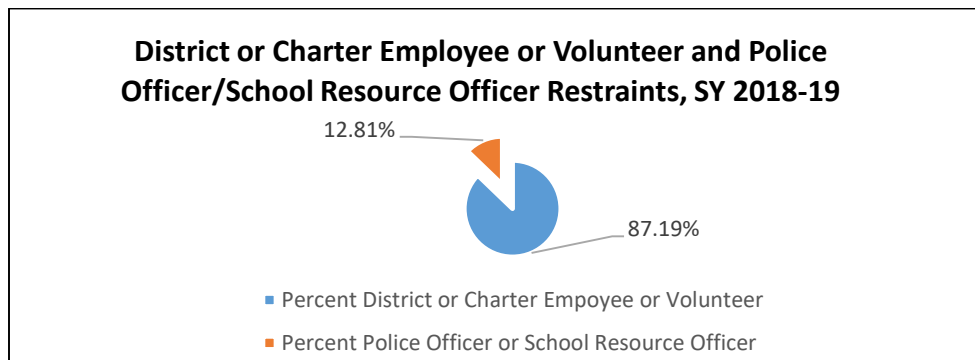
“Students with disabilities in Texas experienced 91% of all reported restraints.”

Students with Disability-Related Behaviors

Students with a disability that specifically interferes with behavior suffer from even higher incidents of restraints. These disabilities often include emotional disturbance, intellectual and developmental disabilities, autism, and other health impairments, e.g. attention deficit/hyperactive disorders and other mental health diagnoses. The IDEA requires schools to incorporate evidence-based interventions, such as PBIS, into Individual Education Programs (IEPs) for students with disabilities whose behaviors may disrupt the learning environment.²⁴ Moreover, the DOE offers clear guidance on the repeated use of restraint.

“When restraint... is repeatedly used with a child, used multiple times within the same classroom, or used multiple times by the same individual, a review of the student’s [behavior intervention plan,] BIP should occur, the prescribed behavioral strategies should be modified, if needed; and staff training and skills should be re-evaluated.”²⁵

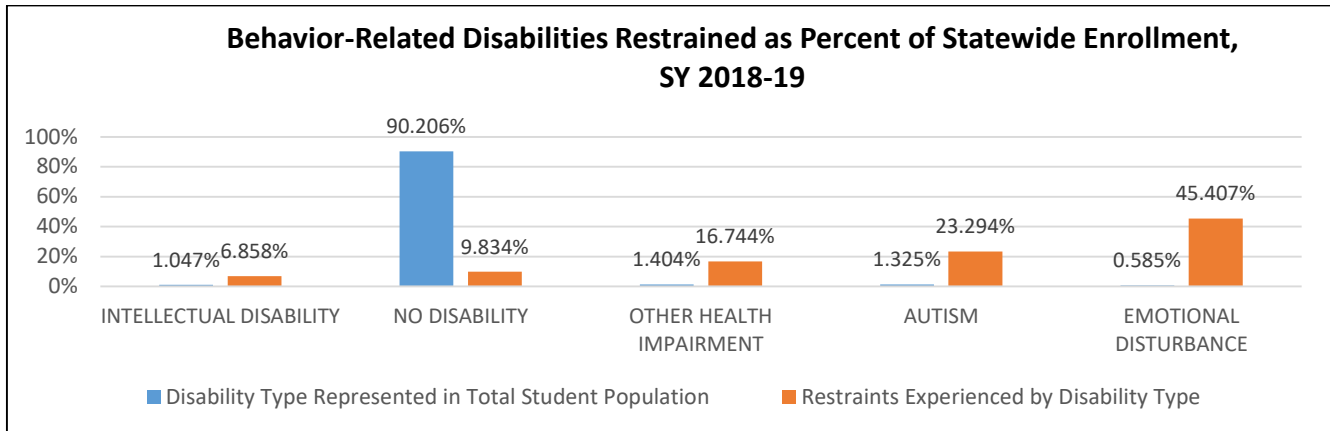
Accessible chart data for following graph found in Endnotes.^C



²⁴ 34 C.F.R. §300.324(a)(2)(i).

²⁵ Ibid., p. 17.

Accessible chart data for following graph found in Endnotes.^D



Although the DOE has long supported de-escalation and individualized BIPs implemented by properly trained staff to avoid the overuse of restraint as a response to disruptive behavior, students with emotional, intellectual, developmental, and behavior-related disabilities suffer from even more disproportionate restraints in Texas. According to federal regulations, a student cannot have a primary disability eligibility of emotional disturbance and autism.²⁶ In Texas, when a student shows the symptoms of both, schools often under-identify services for students with autism, and paraprofessionals are often underqualified to meet the needs of both types of grouped students. As an indication of either disability, instructors and staff providing services to students in self-contained classrooms and campuses should be required to undergo competency, based de-escalation and restraint training to better meet the needs of the students' BIPs or IEPs, yet, as shown above, district or charter employees or volunteers implemented 87% of total restraints. Moreover, grouping disabilities related to emotional disturbance or autism in the midst of a corrective action plan lends to the bias that Texas under-identifies students with disabilities. While the state does not intentionally group students with emotional disturbance and autism, district practices reveal a different pattern of practice.

Students who receive special education services are restrained at rates higher than their peers who do not receive special education services. Moreover, DRTx also received data from TEA that clearly indicates students with a disability that significantly interferes with behavior experience more restraints compared to students with other disabilities. Students with

²⁶ 34 C.F.R. §300.8(c)(1)(ii).

emotional disturbance experienced 45.4%, those with autism experienced 23.3%, and students with other health impairments experienced 16.7% of all restraints performed on students with disabilities. The high percentage of students with autism who experience restraints suggests the inadequate provision of research-based interventions, including Applied Behavioral Analysis therapy and autism focused interventions by Board Certified Behavior Analysts in public schools.

This is even more significant because there is reason to believe that some of the disproportionately restrained students in the emotional disturbance category are misidentified, and should be eligible under the category of autism. This is especially true for African American students. Schools are more than twice as likely to identify African American students, compared all other ethnic groups, as having emotional disturbance, and they are highly underrepresented when it comes to autism.^{27,28}

Students with Disabilities in Separate Classrooms and Campuses

Students with disabilities placed in non-disciplinary alternative special education learning environments, including separate behavior classrooms and campuses, fall prey to abusive restraint practices from undertrained staff and personnel providing services, and our state policies and regulations do not adequately protect them from harmful and inappropriate restraint practices. The chart below illustrates the disproportionate rates for the disability types that experienced the highest incidents of restraints in separate behavior campuses and classrooms across the state.

DISABILITY	OFF HOME CAMPUS-SEPARATE CAMPUS RESTRAINTS	ON HOME CAMPUS-SEPARATE CLASSROOM RESTRAINTS
OTHER HEALTH IMPAIRMENT	121	3080
INTELLECTUAL DISABILITY	169	2098
EMOTIONAL DISTURBANCE	327	10551
AUTISM	621	6297

²⁷ Pederson, Traci, (2018), [Study: Minority kids underrepresented in autism diagnoses](#), Psychcentral.

²⁸ Nicole M. Oelrich, (2012), [A new "IDEA:" Ending racial disparity in the identification of students with emotional disturbance](#), 57 S.D. L. REV. 9, 14 (2012).

According to TEA data, 1,271 students with disabilities received special education services on separate campuses. Of these, students with autism experienced 48.9% of restraints, and those with emotional disturbance, intellectual disability, or other health impairments suffered from 25.7%, 13.3%, and 9.5% of restraints performed at these separate campuses, respectively.

TEA also reports that 24,304 students with disabilities received more than 60% of instruction time in separate classrooms. Of these, students with emotional disturbance suffered the most from incidents of restraint, comprising 43.4% of incidents. Students with autism, other health impairments, and intellectual disabilities experienced 25.9%, 12.7%, and 8.6% of restraints, respectively.

Students who receive special education programming and instruction in separate campus or classroom settings experience significantly high incidents of restraints, indicating the lack of appropriate implementation of IEPs and BIPs and overreliance on restraints as a behavior intervention method. The DOE highlights the importance of re-evaluating a student's IEP or BIP to incorporate supports that are more appropriate or considering opportunities for schools to provide "supports for school personnel and training on the use of positive behavioral interventions and supports in order to appropriately address the behavioral needs of a particular child."²⁹ If separate settings serving students with behavior-related disabilities were successful, then they would not need to restrain students they serve so often.

J.H.'s Story

DRTx recently represented a client placed at a separate behavior campus by his district. Diagnosed with Emotional Disturbance, J.H.'s disability often contributed to his behaviors, and his IEP included a BIP to help him calm down in times of distress. Despite his placement at the behavior campus to receive specialized services to better meet his needs, J.H. was consistently restrained for behaviors that were a manifestation of his disability. In one instance, paraprofessionals restrained J.H. due to simple non-compliance with instruction from the teacher, resulting in staff taunting him and implementing multiple restraints in the classroom and a separate padded "calm room" for nearly forty minutes. J.H. expressed pain and calmness multiple times during the restraint, yet staff

²⁹ U.S. DOE, Office of Special Education and Rehabilitative Services, [OSEP Dear Colleague Letter On Supporting Behavior Of Students With Disabilities: A Summary For Stakeholders](#), p. 2, Washington, D.C., 2016.

continued. J.H.’s behaviors during the incident were neither imminent nor life threatening- a clear violation of regulation. Unfortunately, J.H.’s story is not unique, and the prolonged incident indicates the larger issue of a culture of the need for staff to control students’ behaviors by using restraint for punishment, discipline, coercion, and retaliation versus implementing behavior plans designed to help students develop long term, appropriate adaptive coping mechanisms. As long as that school culture exists, schools will continue to have issues with inappropriate restraint.

Moreover, schools have limited access to resources to decrease the reliance on restraints by increasing socioemotional and behavioral supports, such as mental health counselors, Applied Behavioral Analysis programs, and adequate paraprofessional training to meet the needs of students with disability-related behaviors. Not only do punitive and disciplinary restraint practices negatively affect the academic and behavioral goals outlined in a student’s BIP or IEP, the physical and psychological results have long-term effects. Schools using evidence-based programs and models that provide proactive supports can help address behavior-related concerns in a fairer and more appropriate manner.

Disproportionate Impact on Black or African American Students

African American or Black students make up only 12.6% of the state’s student population; however, make up 26.1% of the total restraints.

Statewide Percentage of Students Restrained by Race/ Ethnicity

Race/Ethnicity	Percentage of Texas Student Population	Percentage of Restrained Students
American Indian	.4%	.4%
Asian	4.4%	1.8%
Black or African American	12.6%	26.1%
Hispanic/ Latino	52.4%	31.9%
Two or More Races	2.3%	5.7%
White	27.8%	34%

African American or Black students are restrained 2.5 times more frequently than their population across Texas but in some school districts that disproportionality is even greater.

Districts with Extreme Disproportionality in Restraints of Black/African American Students

School District	% Black/African American	% Restrained Students Black/African American	Multiplier
Sequin ISD	5%	34%	7.3
San Marcos ISD	5%	27%	5.8
Del Valle ISD	9%	51%	5.8
Pflugerville ISD	15%	70%	4.6
Austin ISD	7%	32%	4.3
Midland ISD	8%	32%	4.2
Allen ISD	12%	45%	3.7
Wichita Falls ISD	14%	48%	3.4
Denton ISD	15%	49%	3.2
Klein ISD	15%	41%	2.8

African American or Black students make up 15.8% of students with disabilities in Texas.³⁰ However, they make up 26.5% of all restraints of special education students in Texas public schools.³¹

Section 8: Best Practice and Prevention Models and Programs

Non-Physical Crisis Intervention

Adequate training enables staff to determine the need for physical intervention and to use correctly and appropriately non-physical crisis intervention procedures in emergencies. Strategies for preventing behavior problems and for conflict de-escalation reduce the number of situations that might require using these procedures. Such interventions are critical in preventing student behavior from escalating to potentially dangerous levels triggering a restraint. Incidents of restraint decrease when staff receive training on how to appropriately administer de-escalation techniques.^{32,33} Staff are often not properly trained in effective non-

³⁰ SY 2018-19.

³¹ Ibid.

³² Ryan, J., et al., (2007), [Reduction seclusion timeout and restraint procedures with at-risk youth](#), *The Journal of At-Risk Issues*, 13, 1, 7-12.

³³ Jonikas, J., et al., (2004), [A program to reduce use of physical restraint in psychiatric inpatient facilities](#), *Psychiatric Services*, 55, 818-820.

physical, crisis intervention techniques and do not know how to properly respond to students who exhibit disability-related disruptive behaviors. Incorporating peer-reviewed, evidence-based de-escalation and other non-physical intervention techniques into school-wide programming promotes cooperation and reduces conflict.

School-Based Multi-Tiered Systems of Support

Federal guidance from the DOE outlines alternative supportive foundations and principles to help schools avoid restraint to the greatest extent possible with guidance emphasizing the lack of evidence that “using restraint... is effective in reducing the occurrence of the problem behaviors that frequently precipitate the use of such techniques.” Moreover, the federal report highlights the importance of implementing school-wide programs that “provide supports so that restraint[s]... are not necessary.”³⁴ Now required by state statute, multi-tiered Systems of Support (MTSS) programs help to support school climate and student mental and behavioral health, such as PBIS and Social Emotional Learning.³⁵ MTSS programs are an approach designed to respond to the needs of all students within a system that integrates, but is not limited to, tiered behavioral and academic supports as part of the structure of a comprehensive school-based mental health system.

Within an MTSS framework, schools implement universal prevention for the whole school to promote healthy interpersonal social and emotional understanding and skills. Selective interventions are provided for students exhibiting risky behaviors in order to reduce the cause of problem behaviors and build social and emotional skills for healthier functioning, and indicated interventions are provided for individual students that exhibit serious problem behaviors and emotions. In line with the 2012 federal guidance, MTSS programs offer methods with which schools can proactively establish a “social culture that is helpful for schools to achieve social and academic gains while minimizing problem behavior for all children” and reduce the need to rely on restraint as a routing strategy to address non-emergency, inappropriate behavior.³⁶

³⁴ Ibid., p. iii.

³⁵ Tex. Educ. Code §37.115(b)(3).

³⁶ Ibid., p. 3.

Trauma-informed Care and Practices

Also new in state statute, district improvement plans are now required to implement a trauma-informed care program to help personnel at all levels achieve a basic realization about trauma and an understanding of how trauma affects student learning and behavior in the school environment.³⁷ Students with disabilities experience higher rates of trauma, and they are especially vulnerable to harmful restraint practices due to staff’s misunderstanding of the effects trauma has on the student’s disability.³⁸ Trauma-informed schools respond to the needs of students by integrating effective practices, programs, and procedures into all aspects of the organization and culture. Training staff who serve students with disabilities can inform them of how reactive restraint practices affect or cause trauma. “Trauma-focused professional development training typically aims to create a shared understanding of the problem of trauma exposure, build consensus for trauma-informed approaches, and engender attitudes, beliefs, and behaviors conducive to the adoption of system-wide trauma-informed approaches.”³⁹

Inclusion

Inclusion means providing services and evidence-based practices to students with disabilities alongside their peers without disabilities. Founded in social justice, inclusion “supports respect, care, recognition, and empathy and challenges beliefs as well as practices that directly or indirectly encourage the continuation of marginalization and exclusion.”⁴⁰ Moreover, the IDEA requires that students with disabilities receive services and instruction in the least restrictive environment with an emphasis on mainstreaming all students in the general education environment. Integrating school-wide and classroom-based inclusive practices for students with disabilities is effective for improving stigma and peer-to-peer relationships and lowering the need to use physically invasive procedures to address common disability-related behaviors.

³⁷ Tex. Educ. Code §38.036.

³⁸ Jones, L., et al. (2012). [Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies](#). *Lancet*, 380, 899–907. doi: 10.1016/S0140-6736(12)60692-8.

³⁹ Overstreet, S., et al. (2016). [Trauma-informed schools: Introduction to the special issue](#). *School Mental Health*, 8, p. 2.

⁴⁰ Theorharris, G. (2007). [Social justice educational leaders and resistance: Toward a theory of social justice leadership](#). *Educational Administration Quarterly*, 43, 221-258.

Section 9: Conclusion

DRTx's work with students across the state has revealed concerning patterns of school staff's and personnel's planning for and reactions to common disability-related behaviors in various school settings. From mainstream classrooms to alternative non-disciplinary special education campuses contracted to provide services to the some of the most vulnerable students in our state, legislators, TEA, administrators, and instructors are poised to address these issues in statute, regulation, and school programming. The physical and emotional trauma inflicted on children whose needs call for less intrusive and productive supports and services can help staff and students understand how to approach conflict and de-escalate interpersonal disagreements.

Additionally, parents play a key role in ensuring consistency and continuity of service planning for students with disabilities. The tenets of school climate and behavior intervention programs can translate to home environments when schools are able to convey those ideas to parents. While we recognize the overwhelming pressure focused on meeting academic targets and goals, the lodestar of IDEA and other federal and state statute is to design instruction and behavior intervention in a way that meets the student where they are – academically, psychosocially, and emotionally. DRTx applauds the work of exceptional staff across the state who do this daily, and we encourage parents, advocates, and other stakeholders to continue advocacy efforts to support the needs of our students.

Section 10: Acknowledgements

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Section 11: For More Information

For more information, please contact:

Disability Rights Texas, www.DRTx.org, 512-454-4816

Texas Appleseed, www.texasappleseed.org, 512-473-2800

Section 11: Endnotes

^A 10 Largest Districts' Rate of Reported Restraints as Percentage of Total Enrollment, SY 2018-19

DISTRICT NAME	PERCENTAGE RESTRAINED
HOUSTON ISD	0.018%
ALDINE ISD	0.398%
DALLAS ISD	0.584%
KATY ISD	0.644%
CYPRESS-FAIRBANKS ISD	0.856%
NORTH EAST ISD	0.856%
FORT BEND ISD	0.888%
FORT WORTH ISD	0.948%
NORTHSIDE ISD	1.537%
AUSTIN ISD	1.602%

^B Overall Restraints by Disability Type, SY 2018-19

DISABILITY	TOTAL RESTRAINTS
ORTHOPEDIC IMPAIRMENT	21
VISUAL IMPAIRMENT	73
TRAUMATIC BRAIN INJURY	173
AUDITORY IMPAIRMENT	248
NONCATEGORICAL EARLY CHILDHOOD	514
SPEECH IMPAIRMENT	1049
LEARNING DISABILITY	1058
INTELLECTUAL DISABILITY	2805
NO DISABILITY	4022
OTHER HEALTH IMPAIRMENT	6848
AUTISM	9527
EMOTIONAL DISTURBANCE	18,571

^C Restraint by Staff Type, SY 2018-19

STAFF TYPE	TOTAL RESTRAINTS	PERCENTAGE
DISTRICT POLICE OFFICER OR SRO	5755	12.81%
DISTRICT/CHARTER EMPLOYEE OR VOLUNTER	39,165	87.19%

^D Behavior-Related Disabilities Restrained as Percent of Statewide Enrollment, SY 2018-19

DISABILITY	TOTAL RESTRAINTS	PERCENTAGE OF RESTRAINTS
INTELLECTUAL DISABILITY	2805	6.858%
NO DISABILITY	4022	9.834%
OTHER HEALTH IMPAIRMENT	6848	16.744%
AUTISM	9527	23.294%
EMOTIONAL DISTURBANCE	18,571	45.407%