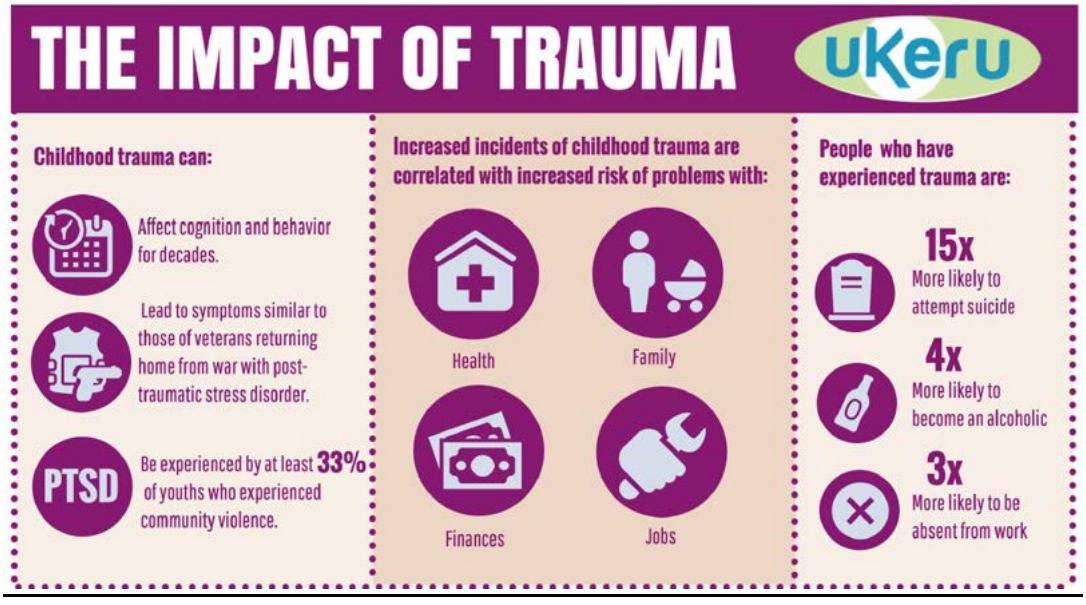
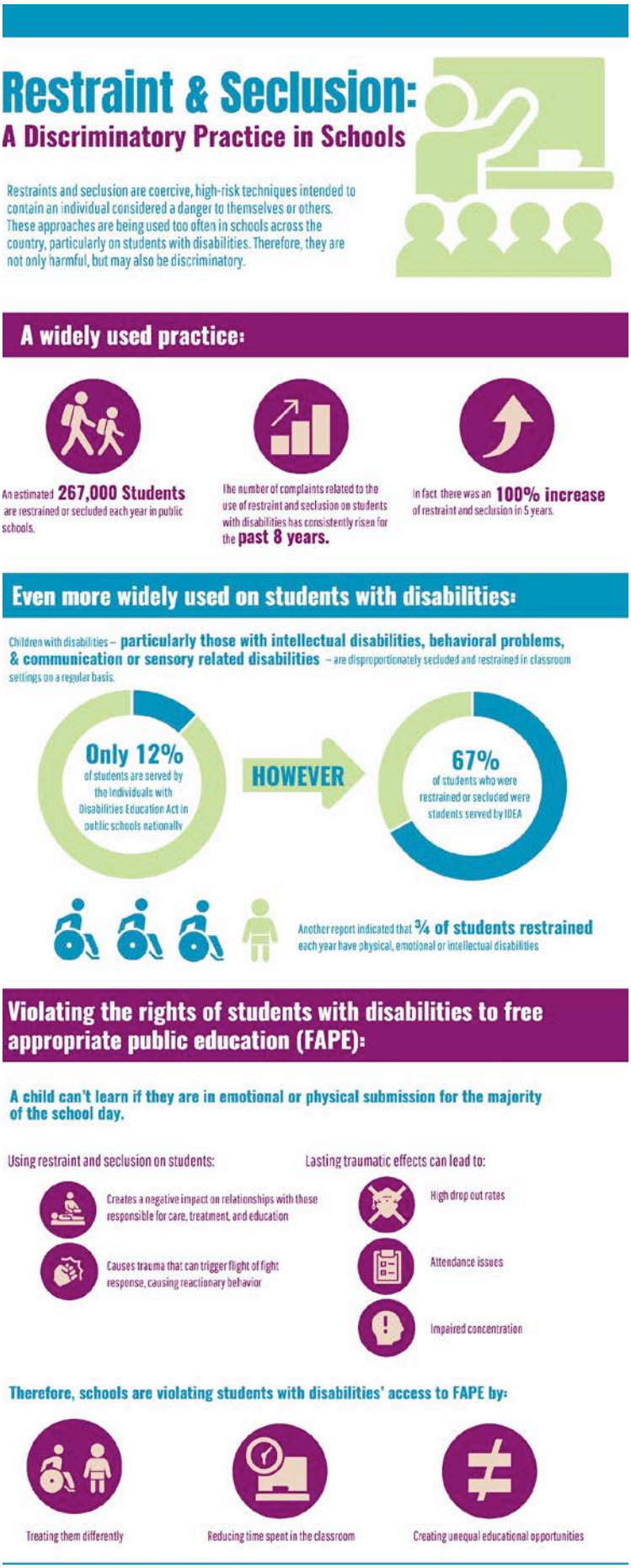
MEDIA KIT

SECLUSION & RESTRAINT:
INEFFECTIVE & DANGEROUS TECHNIQUES

Restraints and seclusions are coercive, high-risk techniques used to contain a child or adult considered a danger to themselves or others. Evidence shows that restraint and seclusion are ineffective behavior modification techniques that have potentially deadly consequences. For individuals who have experienced traumatic events, the impact of re-experiencing that trauma through the use of restraints and seclusions can be devastating. This trauma may take the form of what we traditionally think of, such as physical abuse, severe neglect, loss, and domestic violence. But it may also take the form of bullying, shame, fear and anxiety.

When a child or adult experiences adverse treatment methods, that current experience is compounded by past trauma. This leads to more aggression and fuels a psychologically destructive cycle. Research shows that reducing and preventing restraint and seclusion practices can enhance quality of treatment and increase satisfaction for those both receiving and providing services.

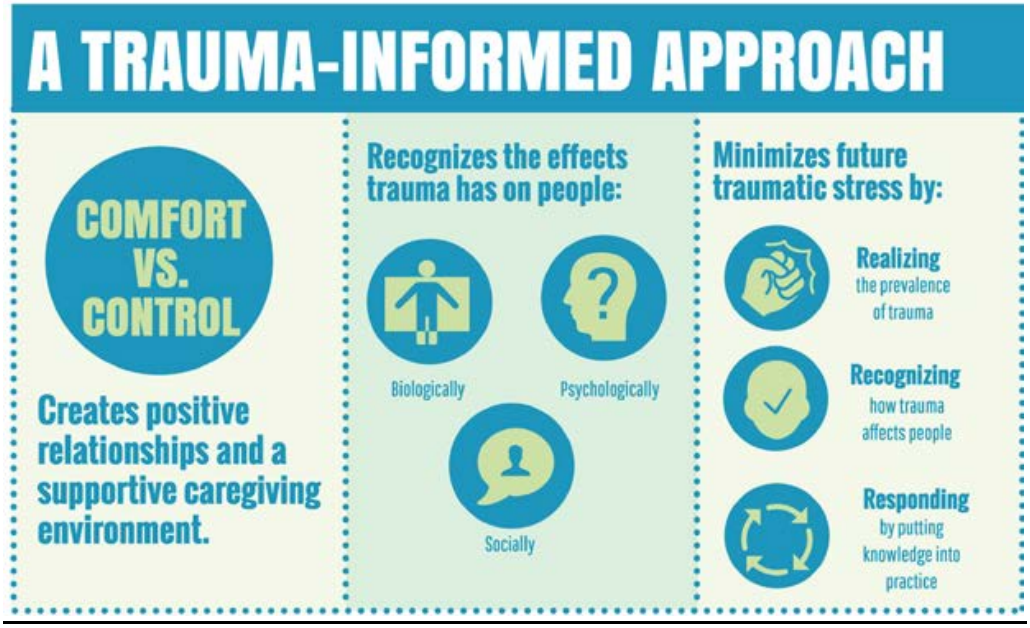




Children with disabilities— particularly those with intellectual disabilities, behavioral problems, and communication or sensory related disabilities — are disproportionately secluded and restrained in both mainstream classrooms and behavioral healthcare settings. According to recent data from the U.S. Department of Education, **students with disabilities comprise two-thirds of the 267,000 who are secluded from their classmates or restrained** to prevent them from moving, despite representing only 12 percent of the overall student population.[1]

The Grafton Story

Grafton Integrated Health Network — an organization serving children and adults with autism and co-occurring psychiatric diagnoses —had over 6,600 annual cases of restraint in 2003. In response, Grafton issued a mandate to eliminate restraints without compromising employee or client safety. Unable to find an appropriate training program already established, the Grafton employees decided to create their own with a new core philosophy of comfort over control. This new method provided an alternative approach to physical and emotional submission.

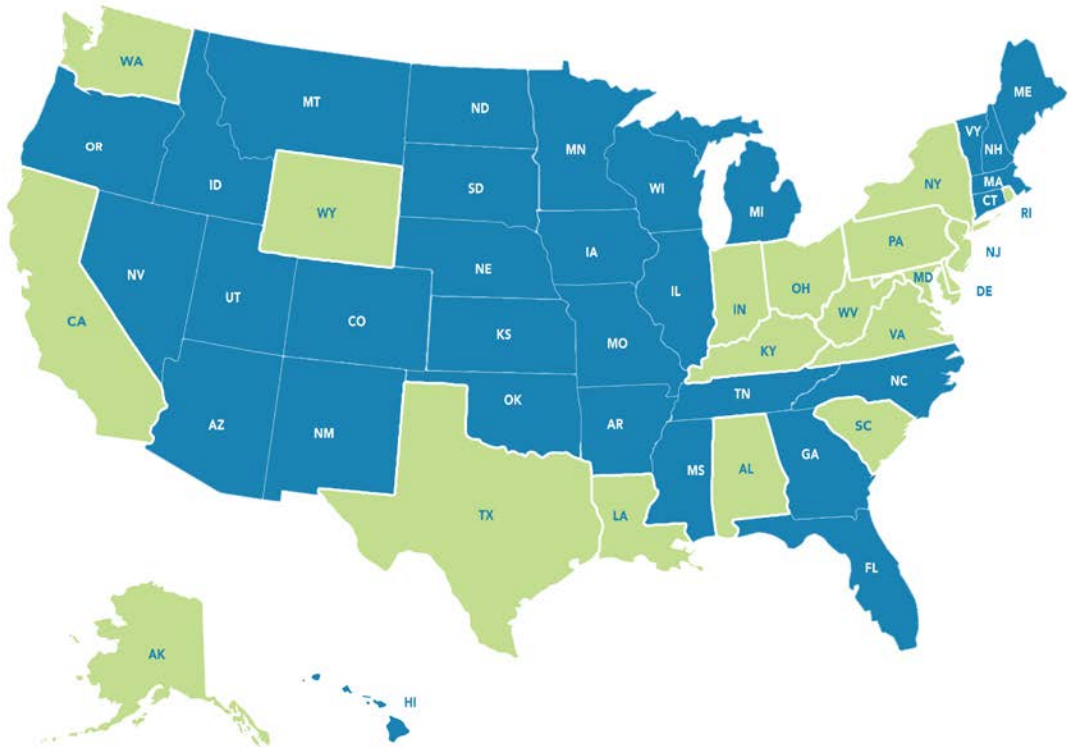


Within the 10 year span, **Grafton reduced the use of restraints by 99.8 percent**, lowered workers' compensation policy costs and reduced employee turnover for a total return on investment of over $15 million. Client induced staff injuries have been reduced by more than 70 percent (from a high of 424 in FY05 to 129 in FY16) and staff injuries from restraints have gone from a high of 126 in FY05 to three in FY16.

The Ukeru Revolution

Leaders from Grafton understood that their new protocol needed to be shared. They named the new training technique Ukeru, Japanese for "receive." **Ukeru is the first national crisis training program to completely eliminate the use of restraints and seclusion as accepted behavioral management tools.** Kim Sanders, president of Ukeru, believes that in many cases, teachers don't want to use these techniques but when fear and frustration take over, they believe they have no other choices.

Ukeru believes that if we are going to make a real change, we have to train teachers to recognize why a child is exhibiting a particular behavior and how to offer meaningful intervention, which includes a safe, physical alternative to use before restraint.



Today, Ukeru conducts trainings nationwide.

We believe that all intervention — educational and behavioral — should be built on an approach of comfort versus control. To help make this a reality, we provide training on the conceptual ideas — such as trauma informed care and conflict resolution — as well as the physical techniques that minimize the need for restraints and seclusion.

Our award-winning program has helped behavioral health providers and schools reduce the use of restraint, seclusion, and injury, while lowering workers' compensation costs and employee turnover.

AVAILABLE TO COMMENT: UKERU EXPERT

Kimberly Sanders,
President, Ukeru Systems

Kim Sanders has worked with children and adults with autism and other developmental disabilities for over 25 years. Kim has served in a series of both hands-on and leadership roles in Grafton facilities, including Case Manager, Direct Support Professional, Residential Administrator and Executive Director, and Executive Vice President. Kim has presented at the national and international level on the Minimization of Restraint and Seclusion model, and she is recognized as an innovator for moving towards a physical restraint free environment at Grafton. Kim holds a BA in Psychology and a MS in Strategic Leadership.

Kim is a notable speaker, columnist and has extensive media experience.

UKERU IN THE NEWS: A SELECTION OF RECENT MEDIA COVERAGE

THE HILL

Making safer and more equitable classrooms requires change

BY KIM SANDERS, OPINION CONTRIBUTOR - 02/17/17 06:20 PM EST

Like many other issues in our country right now, a case before the United States Supreme Court, Endrew F. vs. Douglas County School District, is causing heated national debate. The case involves a child with autism in Colorado whose parents are suing the school district over whether he is being denied his legal right for a meaningful education in the public school setting.

At the root of the argument is the level of education public schools are required to provide students with disabilities. Existing legislation defines this requirement as “free appropriate public education.” But, what does that really mean? There are those who interpret it as “some” education — often understood as the bare minimum — while others believe it should be defined as providing “meaningful,” substantial benefit. Beyond this “blizzard of words,” as Justice Alito described it, is an even more pressing issue – one that presents the greatest barrier to learning for children with disabilities.

Children with disabilities — particularly those with intellectual disabilities, behavioral problems, and communication or sensory related disabilities — are disproportionately secluded and restrained in classroom settings on a regular basis. According to recent data from the U.S. Department of Education, students with disabilities comprise two-thirds of the 277,000 children who are secluded from their classmates or restrained annually, despite representing only 12 percent of the overall student population.

Why is this important in this particular case? If a special needs student is spending the majority of their day restrained or in a seclusion room, it doesn’t matter how challenging the lessons, what goals are set or how good the intention; a child simply can’t learn if they are in emotional or physical submission for the majority of the school day.

Surely, a free appropriate education, regardless of the nuances used to define that term, ensures children are not physically or emotionally abused.

However, for many years, teachers have been taught that physical restraint and seclusion as the default approach when a student acts out. Until educators are given training that offers meaningful intervention, which includes safe, physical alternatives to use before restraint or seclusion, our classrooms will not be productive educational environments for any child, not just children with disabilities.

While these “behavioral modification techniques” have historically been considered appropriate, we now know these techniques have potentially deadly and, without question, traumatic consequences. They are not evidence-based practices and there is no data to suggest that either leads to reduced violent or uncontrolled behavior. In fact, research indicates that restraint and seclusion actually cause, reinforce and maintain aggression and violence. And they are certainly barriers to education.

As demonstrated by the Supreme Court case, parents are often the greatest advocates. New statistics recently released by the Office of Civil Rights (OCR) cites a significant increase in complaints involving restraint and seclusion of children with disabilities. According to the report, Securing Equal Educational Opportunity, the overall number of complaints filed last year with the U.S. Department of Education's OCR soared to a record 16,720, with the largest increases in the areas of restraint or seclusion of students with disabilities.

I anticipate the number of complaints will continue to rise unless educators are given training that offers meaningful intervention and alternatives to restraint and seclusion. Only then will these complaints decrease.

But this can be done. Grafton Integrated Health Network — an organization serving children and adults with autism and co-occurring psychiatric diagnoses — initiated an agency-wide restraint reduction over a decade ago, achieving compelling results: reducing the use of restraints by 99.8 percent and significantly reduced the number of injuries to both clients and those who care for them.

Today, Grafton is helping other organizations’ to do the same through Ukeru Systems, a division of the organization which provides training for a safe, comforting and restraint-free approach to crisis management.

So while I applaud the debate about what an “appropriate” education looks like for children with disabilities, we are skipping a fundamental first step. Before we can educate children, we have to stop hurting them.

Kim Sanders is President of Ukeru Systems, a division of Grafton Integrated Health Network, which trains direct support professionals, teachers, clinicians and others in the conceptual and technical elements of trauma informed care, physical restraint-free crisis management approaches, and conflict resolution

Behavioral Healthcare EXECUTIVE

What Works: Alternatives to physical restraint

by Tom Valentino, Senior Editor

Sometimes the best ideas come from those who have been in the weeds the longest.

With a history of using traditional, physical, crisis-management tactics, Grafton Integrated Health Network, a Winchester, Va.-based not-for-profit behavioral health and special education services provider, found it could no longer advocate for the approach. By 2003, the organization had a direct-care staff turnover rate of 54%. Numerous injuries to staff members by patients in crisis also drove up its worker's compensation insurance premium to an untenable $2.5 million. Relations between staff and clients were strained.

"There was seclusion, restraint, timeout, restitution—everything you could imagine when you think of restrictive practices," says Kim Sanders, executive vice president at Grafton. "Over time, as that culture grew, it was highly controlling and somewhat negative. We had staff who felt like helpless, hopeless victims. They were working with the toughest individuals who couldn't be served in schools or live with their families. They'd come in day in, day out, and get hurt or injured."

Sanders, who has been with Grafton since 1989, experienced firsthand the challenges direct-care staff faced: Among her past roles, she served as a residential instructor from 1990 to 1993, providing residential care and supervision of students with severe disabilities and maladaptive behaviors.

Turning point

CEO Jim Gaynor, who arrived at Grafton in 2002, told his leadership team that changes needed to be made, particularly in the company's crisis management protocols. In time, working hours were rearranged, but the bigger change was the home-grown development of an alternative to restraint for crisis management.

The "Ukeru" program is based on the principle that restraint is unnecessary and unproductive and that intervention should be built on comfort, not control. Instead of using restraint or seclusion to quell potentially combative clients, staff were instructed to use soft materials, such as a beanbag, to shield themselves while talking with clients to de-escalate them.

Feelings of fear and frustration had plagued staff at Grafton in the past, Sanders says. Implementing less aggressive protocols addressed that and strengthened the therapeutic alliance between staff members and clients

"If I can hold up a beanbag and block you while you are being aggressive and trying to attack me, I take away the majority of that feeling of fear," Sanders says. "I'm much calmer and can stick with you. I'm not going to do anything intrusive like hold you against your will. I can continue to say kind, compassionate things to you if that's what works for you."

Otherwise, care staff could react in counterproductive ways that escalate the crisis, by running away or shouting, for example.

Staff initially used couch cushions, throw pillows and large beanbags as shields. Umpire's gear and karate blocking pads were also implemented before Grafton teamed with an outside vendor to develop proprietary pads.

An orientation process known as “presenting the pad” helps familiarize clients with the pads. The pads are kept out in the open at Grafton, and It’s not uncommon to see clients leaning on them to watch TV or for children at a Grafton facility to use the pads to build forts, Sanders says.

Dramatic improvement

With the implementation of the program, Grafton reports a significant reduction in the use of restraint at its facilities, as well as the elimination of the use of seclusion, according to Sanders. Direct-care staff turnover has been reduced to 30%. Grafton leaders estimate the use of Ukeru has saved the company over $15 million since 2004.

In December, Grafton announced the launch of Ukeru Systems as a commercial product available to other treatment centers. Sanders says the organization hopes it can help behavioral healthcare providers relying on traditional physical crisis management protocols find alternatives.

Takeaways

Are your behavioral healthcare organization’s crisis management protocols up to par? Consider the following indicators:

- **Track the use of restraint and seclusion.** By 2003, Grafton direct care staff was using restraint 6,600 times and seclusion 1,500 times for the 220 individuals served in a given year, prompting the organization to begin exploring physical alternatives.
- **Review your worker’s compensation costs.** Because of numerous injuries to staff members, Grafton faced a worker’s compensation insurance premium of $2.5 million in 2003 and struggled to find a private insurance provider.
- **Listen to your staff.** Before the implementation of Ukeru, Sanders says Grafton employees felt a sense of hopelessness and helplessness. As a result, the organization saw a direct care staff turnover of 54%.

Behavioral Health Expert and Ukeru President Kim Sanders Calls for an Immediate Reduction in Restraint and Seclusion of Children with Disabilities

Winchester, VA: Today Kim Sanders, an internationally known behavioral health specialist, expressed extreme concern over the new statistics recently released by the Office of Civil Rights (OCR) citing a significant increase in complaints involving restraint and seclusion of children with disabilities. According to the report, *Securing Equal Educational Opportunity*, the overall number of complaints filed last year with the U.S. Department of Education's OCR soared to a record 16,720, with the largest increases in the areas of restraint or seclusion of students with disabilities; harassment based on race, color, or national origin; and sexual violence.

"The good news from this report is that more and more parents are standing up for the rights of their children, recognizing that restraint and seclusion should not be an acceptable form of behavior modification, especially for children with disabilities," stated Sanders. "However, I anticipate the number of complaints will continue to rise unless educators are given training that offers meaningful intervention, which includes a safe, physical alternative to use before restraint or seclusion. Only then will you see these complaints decrease."

The OCR report offered case studies of real investigations of complaints. One investigation involved a 9-year old child in California that had been restrained 92 times over an 11-month period. They confirmed the child, in total, had been held face down for 2,200 minutes.

"This is a perfect example of a perpetual cycle of aggression and violence," stated Sanders. "We have to shift the mentality of control to an environment of understanding and comfort. Training teachers to recognize why a child is exhibiting a particular behavior and how to offer meaningful intervention will be the key to massively reducing these practices, decreasing complaints and increasing the safety of the child and caregiver."

Sanders believes that in many cases, teachers don't want to use these techniques but when fear and frustration take over, they believe they have no other alternative but to force children into physical or emotional submission which could explain the high complaint numbers seen in the report.

"We call on the Department of Education to mandate a trauma-informed approach to training educators across the country in order to see a major reduction in incidents and complaints for 2017," stated Sanders.

The Trauma of Restraints: Eliminating an Ineffective Approach in Our Classrooms

By Kim Sanders

It's happening all over the country. A 7-year old handcuffed during his afterschool program for being hyper in Flint, Michigan. A South Carolina high school student forcibly yanked from her chair and restrained in her classroom. Autistic children confined and sprayed with water in Maryland. Recent media coverage and several "caught on cell phone" videos have given the world a frightening glimpse of the trauma inflicted in the classroom as teachers and others use physical restraint on students.

Unfortunately, these are just a few examples of the use of restraint and seclusion in our schools. It is happening every day. In fact, in 2014, a National Public Radio investigative report found that restraints were used at least 267,000 times each school year in schools throughout the U.S.

Restraints are intended to contain a child or adult considered a danger to themselves or others. But these misguided intentions are doing far more harm than good. As illustrated by these examples, what constitutes a "need" for restraint is debatable at best. At worst, restraint is an ineffective behavior modification technique that can have potentially deadly consequences.

While some may argue for the use of restraint as a necessary evil, research indicates that these types of interventions actually cause, reinforce and maintain aggression and violence.[i] The reason is most likely tied to trauma. It's also important to note that while trauma is often thought of as an experience of violence and victimization, it can also be caused by bullying, shame, fear and anxiety, among other experiences. Children most "at-risk" for behavioral problems in the classroom typically have a history of traumatic experiences. When a child is restrained, the current trauma is compounded by past experiences, leading to even more aggression and fueling a psychologically destructive cycle.

When a situation escalates to the forced used of restraints, not only is the individual directly experiencing the event affected, so are those who bear witnesses to it. If students did not have a history of trauma before, they certainly will after watching a classmate being violently and forcibly restrained. Witnessing an aggressive, physical interaction between a trusted authority figure such as a teacher, principal or security guard, and a fellow student is likely far more detrimental than the disruption that may have preceded it.

So what's the answer? We all want to keep children and their caregivers safe, while not inciting even more trauma to all involved. For many, however, the thought of eliminating restraints all together solicits fear that we are placing many at a higher risk of injury. The good news is there are now studies of schools that have successfully reduced or eliminated the use of these practices with outstanding results.

For instance, Grafton Integrated Health Network — an organization serving children and adults with autism and co-occurring psychiatric diagnoses —issued a mandate to eliminate restraints without compromising employee or client safety. Within 10 years, we have reduced the use of restraints by more than 99 percent, while reducing workers' compensation policy costs and employee turnover. We also significantly reduced the number of injuries to both clients and those who care for them. Thanks to our success, I am able to now travel the country teaching the "Ukeru" System to others in the hopes of creating more restraint-free learning environments.

This is proof that with proper training on trauma informed care and conflict resolution, as well as the physical techniques that minimize the need for restraints and seclusion, teachers and staff will be able to de-escalate conflict and divert aggression. Most importantly, they will ensure that everyone in the classroom is kept safe

The numbers do not lie. There is no reason to use the kind of force shown in the earlier, real-world examples. Alternative methods have proven to be successful by allowing organizations to significantly reduce the number of injuries to both children and those who care for them. Not only does legislation need to be passed to protect all students, but teachers and administrators need to be supported through trainings in communication, de-escalation and trauma informed care. We can eliminate restraint and ensure that we never again see a child unnecessarily traumatized in one of the places they should feel most secure – their classroom.

Ukeru Applauds Endrew vs. Douglas County Supreme Court Ruling

President Kim Sanders Warns that "Before we can Educate Children, We Must Stop Hurting Them"

Winchester, VA: Ukeru Systems, the nation's only crisis management training program that eliminates the use of restraint and seclusion, heralded the recent decision by the United States Supreme Court in the case of Endrew F. vs. Douglas County School District. The case involved a child with autism in Colorado whose parents sued the school district on the basis that his legal right for a "free, appropriate public education" was denied. Late last week, the Court unanimously agreed that the term "appropriate" goes beyond the minimal education being offered in the public school system.

"This ruling is a victory for children with disabilities, creating a new bar by which to measure a meaningful education," stated Kim Sanders, President of Ukeru Systems. "However, unless our teachers are appropriately trained to work effectively with children with learning and behavioral challenges, like the child in this case, the ruling is purely symbolic."

Children with disabilities — particularly those with intellectual disabilities, behavioral problems, and communication or sensory related disabilities — are disproportionately secluded and restrained in classroom settings on a regular basis. According to recent data from the U.S. Department of Education, students with disabilities comprise two-thirds of the 277,000 children who are secluded from their classmates or restrained annually, despite representing only 12 percent of the overall student population.[ii]

"If a special needs student is spending the majority of their day restrained or in a seclusion room, it doesn't matter how challenging the lessons, how aspiring the goals or how good the intention," continued Sanders. "Children simply can't learn if they are in emotional or physical submission for the majority of the school day."

National Expert and Ukeru President Kim Sanders Comments on Recent Lawsuit on Confinement and Seclusion of Special Needs Child in Oregon

Winchester, VA: In light of the recent lawsuit filed against the Lincoln County School District which involves the alleged confinement of a non-verbal child with Down syndrome, Kim Sanders, an internationally known behavioral health specialist, today urged Oregon legislators and school administrators to provide more in-depth trauma-informed crisis training for all teachers and child caregivers. The lawsuit states that the 10-year old child was placed in a seclusion room no bigger than a closet for most off the 2014-1015 school year and the child's parents were never informed.

"This child will likely experience long-term trauma which is disheartening considering that Oregon has taken clear steps to introduce trauma-informed care into the classroom," stated Sanders, President of Ukeru Systems.

Currently, the use of restraint and seclusion in the public schools are legally acceptable discipline techniques in Oregon despite the fact that Governor Brown signed a landmark trauma-informed education bill in April which requires two state education agencies to develop a statewide plan for funding "trauma-informed" approaches in schools.

"The introduction of trauma-informed care in the classroom has to be combined with training that offers teachers alternatives to trauma-inducing behavior modification techniques," stated Sanders. "Most school staff are trained that if verbal de-escalation doesn't work to immediately go to restraint or seclusion. It's like a car going from 0 to 60. "

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[i] *Promoting Alternatives to the Use of Seclusion and Restraint – Issue Brief #4.* SAMHSA, 2010

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