



Schools operating safely: ten alternatives to medication, seclusion and restraints

How homes and schools can help get children back on track toward more healthy and sustainable futures, by proposing establishment of a school-based child behavior management policy called Schools Operating Safely.

by **Cris Rowan**

This article is Part Two of a two part series that profiles problematic issues of the New Millennium Child in home and school settings. The past issue of OTLine was titled “Child Diagnosis, Medication and Therapy – Who really benefits?” which discussed an increasing trend by the health and education systems to diagnosis and medicate children. Part Two of this series profiles how homes and schools can help get children back on track toward more healthy and sustainable futures, by proposing establishment of a school-based child behavior management policy called “Schools Operating Safely” (SOS)

Problem

Managing child behavior in school settings poses potential injury risk, to both staff and students, resulting in increased

use of questionable practices. In the past decade, schools have witnessed an unprecedented rise in the medication of children, use of seclusion rooms, and the need of physical restraint. To protect children with behavior problems and their staff, it is imperative that schools take proactive measures by establishing effective child behavior interventions and policies.

Rationale

Twenty years ago children played outside, walked or rode their bikes to school, and watched 1-2 hours television per day. Today elementary-aged children are exposed to an average of 8 hours per day of combined technologies, resulting in an epidemic of physical, mental, social and academic disorders, often described as “behaviors” (Zone’in Fact Sheet).

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Schools Operating Safely (SOS) - policy and procedures

■ **No restraints** No behavior diagnosis, medication, use of seclusion or restraints for six month period (P. Breggin 2009). Consider introduction of this policy at your next staff meeting or student Individual Education Plan.

■ **Limit technology** No technology use during breaks or recess (G. Small 2008). All children should be outside, restricting ALL hand held devices e.g. cell phones, iPods, electronic games.

■ **Physical exercise** 45 minutes per day cardiovascular exercise (J. Ratey 2009). Add treadmills, exercise bikes, stationary weight sets, mini trampolines, wobble boards, and chin-up bars to classrooms, gym or hallways.

■ **Access nature** 20 minutes per day access to "green space" (A. Faber-Taylor 2005). Nature is attention-restorative, so teach one subject per day outdoor; create "green space" by planting trees, grass, gardens, and shrubs.

■ **Take breaks** Unrestricted breaks - fresh air, bathroom, standing desk, Zone'in Tools and Techniques (C. Rowan 2005). Establish Zone'in Stations in every classroom with designated rules and procedures.

■ **Organize activities** Physical Education instructors for organized recess and gym activities (A. Pelligrini 2005). Designate

one teacher for planning organized gym activities before/after school, recess and lunch time inter-murals, sports coaching etc.

■ **Improve playgrounds** Access to "sensational" playgrounds – vestibular, tactile, proprioceptive input (J. Ayers 1979). Minimize injury risk and maximize attaining critical factors for child growth and academic success through use of equipment that is suspended and promotes "heavy work".

■ **Teach printing** 45 minutes per day printing instruction (S. Graham 2008). Children who can't print, yet are required to do so on a daily basis, hate school. Use consistent printing strategy instruction and evaluation for 4-5 ten minute periods per day. Every child has the right to learn to print.

■ **Build attachment** Build respectful student-teacher connection and attachment (A. Montagu 1972). Children with difficult behaviors often have difficult families, necessitating forming healthy connections with teachers, support staff, and older students. Eye contact, empathetic listening, and appropriate touch build attachment.

■ **Educate parents** Parent education - limit combined technology use to 1-2 hours per day (AAP 2004). Yearly Balanced Technology Management modules offering student and parent information; take family "technology usage histories" at parent-teacher meetings.

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As children connect more and more to technology, they are disconnecting from humanity at an alarming rate. In Canada, 30% of children enter school developmentally delayed (Kershaw P. 2009), and 14.3% have a diagnosed mental illness (Waddell C. 2007). With the majority of media content now containing violent images (Anderson, C. 2008), managing child aggression in schools, has put both students and staff at risk for significant injuries.

Policy

The ten evidenced based interventions shown above should be implemented by schools for a six months, prior to any behavioral diagnosis, medication, or use of seclusion rooms or restraints.

Procedure

The attached "Schools Operating Safely (SOS) - Policy and Procedures" form can be used by school administrations as a guideline to determine proactive interventions to manage escalating child behaviors, thereby reducing risk of injury to students and staff. Potential funding for SOS equipment can be obtained through applications to pharmaceutical and/or technology production corporations.

Evaluation

Implementation of the "Schools Operating Safely" policy should not only reduce risk of injury to students and staff, but also will serve to improve student's physical, mental, social and academic performance. Therefore, school measurement of the following outcomes are suggested, following an initial baseline data gathering period: attention and learning ability, printing output speed, obesity, developmental delay, behavior, office referrals, school fights, suspensions and grades.

Research

■ Alphabetical - <http://www.zoneinworkshops.com/research/foundation-series-workshops-2/>

■ Topic Fact Sheet - <http://www.zoneinworkshops.com/fact-sheet/zonein-fact-sheet/>

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