



End isolation, restrict restraint in schools

Peter Musante, peterm@OpenDoorsWA.org; Ramona Hattendorf, rhattendorf@arcofkingcounty.org

Who is working on this issue?

Open Doors for Multicultural Families, The Arc of Washington and chapters, Washington Statewide Parent Coalitions, and a coalition including Disability Rights Washington, The Arc of King County, League of Education Voters, Roots of Inclusion, ACLU-Washington, TeamChild, and the Equity in Education Coalition

Advocacy areas

Civil rights; early learning/O-5 supports; K-12 education; health care (including behavior or mental health)

What is the problem you are trying to solve?

Restraint and isolation cause severe psychological and emotional harm; suicidal ideation; anxiety; and depression. There is no educational, behavioral, or therapeutic benefit to the practices. Isolation – which is forcing a child into a locked space, alone – can further escalate children and lead to disassociation. Restraint can cause physical injury to children and staff and mental distress to staff and other children who witness it. Both are used in ways that are not legal. Statewide data shows 92% of instances involve students with disabilities and more than 80% of instances involve young children, in grades K to grade 5. Among these students, Black and multiracial children are over-represented, as are children in foster care and children experiencing homelessness.



What is your proposed solution?

- Require training on de-escalation strategies and proven, trauma-informed alternatives for staff working with kids experiencing complex behavior.
- Increase technical assistance, monitoring, and support for schools.
- Phase out isolation rooms; end the use of mechanical and chemical restraints.
- Improve follow-up with staff, students, and families to review the incidents, improve planning, and provide for reflection and healing.

Why is this a good solution?



Students with disabilities and those with a trauma history are often punished for stress responses. It happens when they are overwhelmed and dysregulated – in flight, fight, or freeze mode.

They need support to regulate. This involves connection and relationship. Feeling safe.

Continued use of restraint and isolation in our schools is setting up students and staff for failure. These practices do NOT help; they harm, with long-term consequences for student health, well-being, and academic growth. We have evidence-based alternatives that DON'T cause trauma and instead help staff work with students to first regulate, and later problem solve with the child. It is important for the safety of students and staff to use strategies and practices that support well-being and address what is causing the complex behavior.

We know from incident reports, interviews and a US Justice Department investigation that the practices are often not used legally in Washington and discriminate against children with disabilities. They are allowable only when there is imminent likelihood of serious harm, and only for a short time. Instead, the practices are used to force compliance, as punishment, or in situations where de-escalation and co-regulation are needed.

Isolation should not be confused with students opting to use quiet spaces where they can self-regulate. It is defined in law as forced seclusion in an area from which the child cannot leave. Usually that is a small, locked cell or closet.

Restraint has caused death, and locking kids into isolation leads to self-harm, suicidal thoughts, and long-term trauma. (See, Crisis Response Workgroup Report). Schools and districts have ended the use of restraint and isolation by implementing evidence-based practices, so we know this is achievable.

What is the fiscal impact?

The policy change is cost-neutral. Training and technical support were partially funded in the current state budget.

Is there a bill number?

HB 1479 and
SB 5559

Is there a legislator working on this issue?

Rep. Lisa Callan
and Sen. Claire Wilson