



# Occupational Therapy to Reduce School Aggression, Restraint, and Seclusion

**S**chools in recent years have increasingly come to appreciate the importance of prevention efforts for reducing aggression and minimizing the use of restraint and seclusion to cope with student aggression. This trend has emerged as legal advocates have documented the use of restraint and seclusion by schools, categorizing these techniques as *corporal punishment* that can have negative physical and psychological effects on students (LeBel, Nunno, Mohr, & O'Halloran, 2012). As a result, the U.S. Department of Education (n.d.) directed every state to review and, if appropriate, address their restraint and seclusion policies. *Restraint* is defined as physical methods impeding a student's physical movement, and it includes *mechanical* (e.g., equipment like straps) and *physical* (e.g., manual holding) restraints. *Seclusion* is defined as

**Strategies and tactics for promoting positive behavior in the classroom through general school and classroom initiatives as well as individual interventions.**

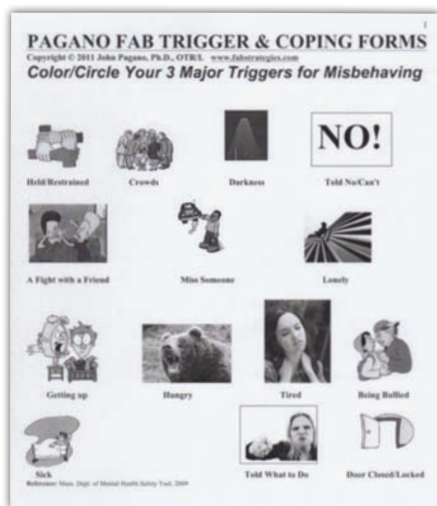
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involuntary confinement of a student, in which he or she is physically prevented from leaving a designated area (LeBel et al., 2012).

In psychiatric hospitals and residential treatment facilities, occupational therapy to reduce aggression, restraint, and seclusion involves facilitating meaningful occupations, identifying triggers for out-of-control behavior, teaching coping strategies to manage strong feelings, individualizing environmental adaptations, and providing sensory coping rooms (Caldwell et al., 2014; Warner, Spinnaz-

zola, Westcott, Gunn, & Hodgdon, 2014). Through task analysis and collaborative problem solving with clients, occupational therapists provide a unique contribution to team trauma-informed intervention for reducing out-of-control behavior by evaluating a client's unique triggers and utilizing his or her most effective coping strategies (Sutton, Wilson, Van Kessel, & Vanderpyl, 2013).

That same approach also applies in school, where occupational therapy practitioners can help reduce aggression, restraint, and seclusion through school



**Figure 1. Pictures of Common Trigger and Coping Strategies to Help Students With Special Needs Identify Their Individual Trigger and Coping Strategies.**



**Figure 2. Example of a School Occupational Therapy Board**

and classroom prevention efforts as well as intensive group and individual intervention (Cahill & Pagano, 2015). This article provides an introduction to school-wide and individual interventions, with some resources provided for obtaining additional information.

### School and Classroom Prevention Strategies

Behavior and classroom management are the most commonly identified concerns for which teachers request technical assistance (LeBel et al., 2012). At the school and classroom prevention level, occupational therapists evaluate the occupations of students and faculty to help embed self-control strategies in the school culture (Cahill & Pagano, 2015).

Occupational therapists can help school teams reduce student aggression, restraint, and seclusion by adapting classroom management strategies to better address the requirements of students with special needs as well as those who are typical (Simonsen, Sugai, & Negron, 2008), keeping the interventions in as inclusive an environment as possible. The sidebar on page 15 illustrates integrating evidence-based, school-wide strategies with more intensive strategies to simultaneously teach all students, including those who have special needs.

A specific example of providing prevention in the inclusive classroom, pictured in Figure 1, is the use of pictures of common trigger and coping strategies. These forms

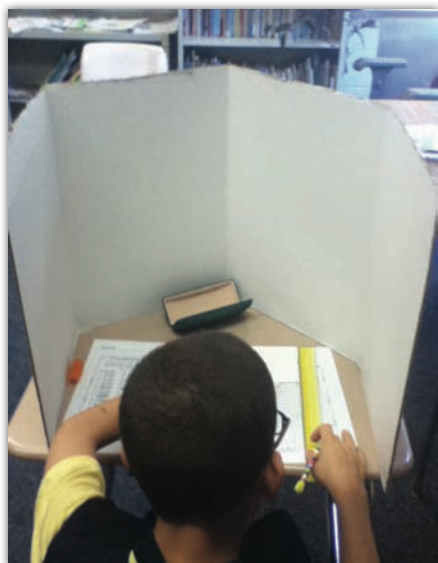
can be included as a component of the occupational therapy evaluation, enabling students and teachers to collaboratively identify the student's most common triggers for out-of-control behavior and most effective coping strategies. After students are able to identify their most common triggers for inappropriate behavior, they can learn to minimize these situations (e.g., asking for a snack or break when they realize they are getting hungry or tired), and better anticipate their need for coping strategies.

Another universal prevention strategy is a school occupational therapy bulletin board, shown in Figure 2. This example invites students and teachers to pause and "feel your feet," a body awareness mindfulness strategy documented to significantly reduce aggression in students with conduct disorder (Singh et al., 2007). Posting such coping strategy bulletin boards help occupational therapy practitioners embed self-regulation into the school culture.

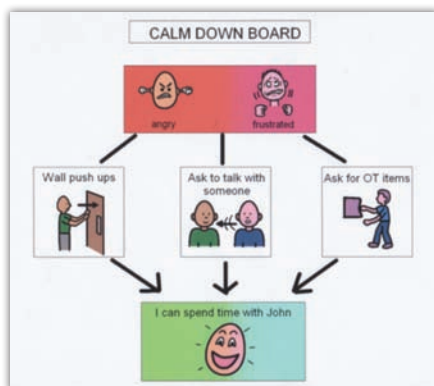
Occupational therapists can also help teachers and students prevent aggression, restraint, and seclusion through the following steps:

- Recommend strategies that address the social environment and facilitate friendships in the inclusive classroom—for example, direct students who lack understanding about maintaining appropriate personal boundaries with others to first ask, "Is it OK if I touch you?"

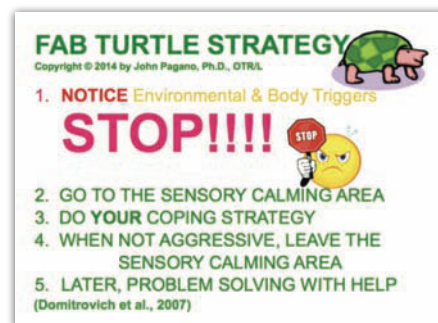
- Evaluate and modify the physical environment, such as lowering classroom noise levels or teaching students to adapt by using noise-canceling headphones.
- Provide student-specific consultation for developing individualized adaptive techniques and equipment that increase academic success. Strategic use of adaptive techniques and equipment can reduce frustration tolerance, decreasing the risk for student aggression, restraint, and seclusion. Adaptive techniques (e.g., assignment modifications that reduce the number of math problems assigned while ensuring the concepts are fully addressed) and adaptive equipment (e.g., optimally stable seating close to the teacher) are best developed jointly by the teacher and occupational therapist. Figure 3 on page 15 shows a study carrel that an occupational therapist and teacher developed to help a student reduce his frustration, improve visual attention, and increase independent completion of written assignments.
- Prepare students for upcoming transitions by offering picture charts, schedules, and other visual supports.
- Promote classroom initiatives, such as bullying prevention, by developing visual supports for students with special needs, such as the poster shown in Figure 4, which offers specific coping strategies and rewards for appropriate behavior.



**Figure 3. Study Carrel Developed by an Occupational Therapist and Teacher**



**Figure 4. Examples of Visual Supports for Special Needs Students**



**Figure 5.**

- Help teachers develop a quiet area in the classroom where students can go when they begin noticing their triggers to implement coping strategies for self-calming.
- Adapt an existing school-wide positive behavioral support curriculum by including Simon Says games and

mindfulness movement activities to accommodate students' needs for kinesthetic learning opportunities (Cahill & Pagano, 2015). For example, Figure 5 shows an adaption of the Promoting Alternative Thinking Strategies school-wide program (Domitrovich, Cortes, & Greenberg, 2007). In this

adaptation of the traditional "turtle" technique (Domitrovich et al., 2007), students are trained to notice individual environmental and body triggers, and (rather than pull their shirt over their head and take three deep breaths) use their individualized coping strategy (e.g., do pushups,

## Evidence-Based Class Behavior Strategies

### Integrating Special Needs Adaptations

(Simonsen, Sugai, & Negrón, 2008)

#### Create a structured classroom environment with maximal open space, dividers, and minimal distractions.

Cut-out footprints, stop signs, and masking tape can help students remember physical boundaries. Study carrels and optimally stable sitting (symmetrical, neutral pelvis against seat back, 90° angle of thighs, calves, and supported feet) can promote attention. Children who have good balance but difficulty remaining seated can benefit from a Theraband tied on their legs or arms of their chair, Disk-o-Sit cushions, Therapy-ball seats, or by standing.

#### Maximize students' opportunities to respond in class with small erasable boards they hold up to answer questions.

#### Teach, review, and post a few major classroom procedures and expectations.

Strategically place visual schedules, social stories, choices, and self-control reminders; prepare before transitions; direct students to choose one activity for a set period before cleaning up and choosing another task; designate a quiet area in the classroom to promote direction following.

#### Teach responding appropriately to feelings and social skills using positive behavioral support strategies.

Basic positive behavioral support (e.g., turtle technique, character comics, stretching exercises, tense and relax muscles, freeze dance) can be co-led with related services mental health staff, occupational therapists, speech-language pathologists, and physical therapists. For challenging groups, it is especially helpful to use co-leaders; one leads the group while the other supports students with direction following.

#### Use a sticker chart to reward specific desired behavior.

Differential reinforcement can reward students for avoiding inappropriate, self-injurious, or aggressive behavior. Children who work with multiple staff can construct and use a coping card—a laminated index card listing their behavior goal, reinforcement plan, and pictures of their preferred character and coping strategies.

#### Provide group reinforcement opportunities for the class to earn special privileges through appropriate behavior.

Additional positive behavioral support activities, mindfulness games, exercise, movement, and muscle breaks (e.g., Giant Steps, Simon Says, pushups) can be earned by the class for safe behaviors during break activities and returning to classwork immediately after breaks.



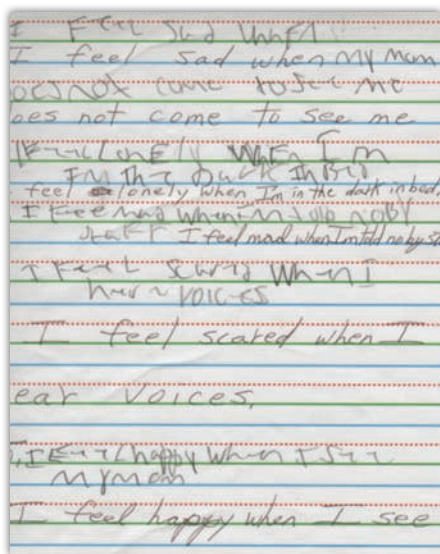


Figure 6.

## For More Information

### School Mental Health Tool Kit

[www.aota.org/Practice/Children-Youth/Mental%20Health/School-Mental-Health](http://www.aota.org/Practice/Children-Youth/Mental%20Health/School-Mental-Health)

### FAB (Functionally Alert Behavior) Strategies to Improve Self-Control

<http://files.eric.ed.gov/fulltext/ED555615.pdf>

### Best Practices for Occupational Therapy in Schools

By G. F. Clark & B. Chandler. Bethesda, MD: AOTA Press. (\$89 for members, \$126 for nonmembers. To order, call toll free 877-404-AOTA or shop online at <http://store.aota.org>, and enter order #900344.)

### Online Course

#### Bully Prevention and Friendship Promotion: Occupational Therapy's Role in School Settings

By S. Bazyk, 2014. Bethesda, MD: American Occupational Therapy Association. (Earn 1 AOTA CEU [1 NBCOT PDU, 1 contact hour]. \$10 for members, \$19.95 for nonmembers. To order, call toll free 877-404-AOTA (2682) or shop online at <http://store.aota.org>, and enter order #WA1080.)

### Self-Paced Clinical Course

#### Collaborating for Student Success: A Guide for School-Based Occupational Therapy

By B. Hanft & J. Shepherd 2008. American Occupational Therapy Association. (Earn 2 AOTA CEUs [25 NBCOT PDUs, 20 contact hours]. \$259 for members, \$359 for nonmembers. To order, call toll free 877-404-AOTA (2682) or shop online at <http://store.aota.org>, and enter order #3023.)

put on noise-canceling headphones) in the quiet area to self-calm (Pagano, 2015).


## Intensive Occupational Therapy Assessment and Intervention

For more intensive, individualized interventions, the occupational therapy evaluation can consider how functional writing, visual-motor, sensory processing, and other school-related skill difficulties appear to contribute to students' aggression, restraint, and seclusion challenges. Occupational therapists can also collaborate with educational teams to conduct a functional behavioral analysis that identifies the role that setting events (e.g., loud classroom noise levels) have on a student's aggressive behavior, and contribute to a behavioral plan by specifying adaptive techniques and equipment that can reduce aggressive school behavior (Cahill & Pagano, 2015; Champagne, Koomar, & Olson, 2010).

School occupational therapists can also include increasing appropriate on-task learning behavior as part of students' individualized education program (IEP) goals. Occupational therapy sessions to promote appropriate behavior can address the development of emotional regulation strategies (e.g., self-identifying arousal level, environmental triggers, body triggers, and coping strategies). Occupational therapy sessions can also be used to evaluate curriculum modifications (e.g., movement breaks, rest periods, mindfulness activities, adjusting teaching methods to the student's learning style).

Direct school occupational therapy often simultaneously addresses multiple IEP goals, such as improved functional writing, as well as decreasing aggression by writing about distressing feelings. An occupational therapist could use color-lined paper to improve functional writing while simultaneously using partial sentences to encourage the written expression of feelings. Figure 6 is an example of a school occupational therapy intervention done in conjunction with the student's language arts teacher and school social worker to address functional writing skills and the expression of feelings.

## Conclusion

A student's ability to behave appropriately is important for school learning tasks, and school occupational therapy practitioners can enhance team efforts to address the very important need to reduce student aggression, working to support broader school and classroom efforts to promote positive behavior, as well as effectively addressing the issue through individual interventions. 

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