

THE PROFESSIONAL CRISIS MANAGEMENT ASSOCIATION

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# **The Premature Call for a Ban on Prone Restraint: A Detailed Analysis of the Issues and Evidence**

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## Executive Summary

Although the PCM system makes use of a very safe prone hold, it is only one of a variety of physical procedures contained in our system. We provide a well thought-out hierarchy of physical interventions including transportation (escorts), vertical (standing) immobilization and horizontal immobilization (lying on a mat) in either a prone (face-down) or supine (face-up) position. We currently provide services to a wide variety of organizations that serve a wide range of persons with special needs. Some of these organizations are prohibited from using prone holds and others are not. They can all take advantage of our system as it is highly customizable for any given facility. As our system does not hinge upon any single procedure, the outcome of the prone holding controversy is irrelevant to us from a business perspective. Our crisis management system contains numerous non-physical methods for preventing and de-escalating crises, and these methods are valuable to our customers even with no physical interventions at all. This paper is intended to help protect the rights of clinicians to make their own decisions in the careful use of procedures that may be the safest and most appropriate for an individual based on their specific needs.

There are several issues regarding the call for a ban on prone restraint. These issues include fatalities associated with the prone position during physical or mechanical restraint. We are primarily addressing the concerns with physical (manual) prone holding that is used with children in schools although the same arguments and assertions apply to adults in residential settings. Although many people believe that the prone position, irrespective of other variables is the foremost cause of the fatalities in a number of cases, there is no scientific empirically derived data describing the exact causes of the fatalities. The descriptions of the fatalities generally provide little if any useful information that would aid in an analysis of the potential causes. Although it is clear that an individual can suffocate by extreme pressure on their torso, and this has been described in several cases, theories about sudden cardiac fibrillations without any airway obstruction or chest compression have never been proven. There are numerous inherited and acquired forms of cardiomyopathy that can result in sudden cardiac death and the vast majority of the individuals who die from fibrillations are not being restrained in a prone position.

The position of PCMA is that it is premature and ill-advised to ban an *entire category* of procedures that share in common only a generic descriptor (prone) because of fatalities or injuries associated with *specific incidents*. Such a ban can actually *increase* the risk of injury for a group of individuals suffering from aggressive behavior who may have otherwise been manageable, allowing them to remain in a less restrictive therapeutic environment. Furthermore, a total ban on all prone holds will discourage a detailed analysis of any danger that exists and create a false sense of security in the use of all non-prone procedures.

The proponents for the banning of all prone holds view all holds as equivalent and therefore equally dangerous. Most likely this is because the reports of fatalities contain little information on the exact positions of staff, clients, the names of the systems used (if any) or the exact procedure that was implemented (if there was in fact any legitimate procedure used at all). PCMA maintains that our hold is quite safe and has been used by thousands of practitioners and has been implemented safely tens of thousands of times over the last 20 years. Our procedure is dimensionally different than the “procedures” that are alleged to have taken place in the numerous fatalities that have been reported.

The motivation to ban this entire class of procedures was in large part due to the white paper published by Protection and Advocacy Inc., (PAI) a California-based group of advocate attorneys. Their white paper, entitled “The Lethal Hazard of Prone Restraint” was not a scientific study in a peer reviewed journal, but was a position paper. Their conclusions were based on a handful of complex case studies backed by the opinion of a single forensic examiner. The cases had multiple variables that complicated the conclusions of PAI. These variables include but are not limited to multiple injected psychotropic medications, excessive pressure to the person’s torso (producing petechial hemorrhages), undiagnosed hypertrophic cardiomyopathy and/or other undiagnosed/undetectable conditions, improvised holding procedures and “hog-tying. The other paper that is motivating the ban for prone holding is the National Disabilities Rights Network (NDRN) report entitled “School is Not Supposed To Hurt.” This paper chronicles a variety of fatalities and injuries related to restraint and seclusion and is also calling for ban on prone holding. Their only “evidence” for the danger of prone holding is the aforementioned PAI white paper. Furthermore, not a single professional organization referenced in their paper is in support of a total ban on prone holding.

The PCM prone hold is dimensionally different from the types of holds described by PAI or the NDRN. PAI is only proposing a ban on what they call prone restraint. They also refer to “prone containment” which is the “brief physical holding of an individual prone, usually on the floor, for the purpose of effectively gaining quick control of an aggressive and agitated individual.” The PAI describes prone restraint as holding the person for lengthy durations (although they don’t say how long) and the person is held past the time of their struggling. The NDRN defines prone restraint as “A physical restraint in which an adult holds a child’s face on the floor *while pressing down on the child’s back.*” The PCM prone hold requires that staff use a 6’x4’x2” foam mat and never place an individual on the floor, never hold their face down, and never apply pressure to the torso. According to both of these organizations, the PCM prone hold is not prone restraint as they each define it, even though they define it differently. Many advocates for persons with disabilities are seeking to ban all prone holds for all persons with disabilities, not only children in schools. The definition of what constitutes a prone restraint is not even universally agreed upon. To some people it just means face down and nothing more. Even though our form of prone holding does not meet the definition of prone restraint for these two very vocal advocate organizations, our prone procedure is often banned because it is subsumed under the heading of “prone restraint.”

PCMA agrees with many advocates on some of their concerns about prone holding and restraint in general. These points of agreement include the overutilization of restraint in general. This is because there is often no clear criteria for its usage and sometimes because there are poor treatment systems or in some cases no real treatment at all. We also agree that not all children in crisis need to be held in a prone position. Many staff will automatically use a prone hold because they have no other intervention options that are less restrictive in nature. There is also consensus on the need for policies that clearly state which procedures can and cannot be used and the need for careful documentation of all forms of restraint. Many advocates contend that staff need proper training and supervision and we agree on that point as well. In fact we feel that one of the most relevant factors in the safety of a procedure is the proper training and certification of staff. Finally we agree that *some* forms of prone holding are very unsafe. For example the one-person prone “basket hold” (the child has their arms crossed at their waist and are held face down with the weight of an adult on top of them).

PCMA also strongly *disagrees* with those advocates who propose a ban on all prone holds (regardless of the safety of individual systems). Many advocates believe that banning prone holds will prevent their usage. We respectfully disagree, in fact we believe a complete ban will encourage staff to invent procedures that they are not authorized to use and have never been trained to use. Many deaths listed in a variety of reports involved spontaneously invented procedures that were never part of a nationally known crisis management system. Many opponents of prone holding feel that good behavioral programming will eliminate the need for restraint, and that if restraint is occurring at all it is because there is poor or absent treatment. This can be correct in some instances, but only in some. Many individuals with complex behavior problems will continue to exhibit behavior problems for years despite the best efforts at treatment. Some advocates believe that prone holding is never justified and always dangerous. We disagree. We know of many instances where it is virtually impossible to stop an individual’s violent behavior in any other way unless there is the use of mechanical restraint or chemical sedation. We also contest the notion that prone holding is always dangerous as our 35,000 practitioners have used the procedure safely for many years. Some advocates believe that restraints can and should be entirely eliminated (all forms) for all persons with disabilities. We believe that this goal can be accomplished for specific individuals, but that it is an unrealistic and dangerous goal for the entire population of persons with disabilities.

Finally, the proponents of the ban on all prone holds, as well as those seeking to ban all restraint, fail to discuss the ramifications of being unable to stop dangerous behavior. These consequences include but are not limited to increased intervention by the police, increased psychotropic medication usage, increased injury to staff/teachers and students, an increase in the number of more restrictive educational placements, treatments that rely too heavily on antecedent manipulations, creating a microcosm of society that tolerates dangerous behavior, and increased disruptions to the educational process in school settings.

PCMA recommends a postponement of the ban on all prone holds in favor of conducting a root cause analysis to discover all of the variables that make holding safer or less safe, regardless of the form the restraint takes. There are many safeguards used in the general area of developmental disabilities that can be mirrored in education. Prohibiting procedures, which might help discourage their use, cannot eliminate their use entirely. Such a prohibition encourages staff to invent dangerous procedures and then conceal their use of such procedures. This has already happened and will continue to happen. The only way to ensure the highest level of safety is to train staff in well

established systems of crisis intervention and provide proper oversight of those staff. There is no single variable that makes a physical hold more safe or less safe. It is a confluence of variables and they must all be understood and accounted for. The PCMA knows that prone holds and other holds can absolutely be used safely. None of the deaths listed in any of these advocacy group reports lists a single fatality in which the PCM prone hold produced the fatality. Our system is not safe for a single reason, it is safe for dozens of reasons. We know that students can be safely managed at school where they can continue their education. We know that prone holds, when used judiciously, have a place in keeping people safe. We know responsible caring teachers who have used these procedures hundreds of times with no problem whatsoever and continue working with their students with no degradation in their relationships. We also know that this can be done anywhere in any school (not only the schools we serve), but there must be a conscious and collaborative effort on the parts of parents, teachers, clinicians, administrators, crisis management training organizations and legislators to make students safe in every aspect of their educational experience.