**Transcript**

>> LEO WYTKIND: Welcome, everyone. We'll get started to honor your time. Good afternoon. My name is Leo Wytkind, and I'm a program associate at the Arc of the US. Welcome to TheArc@School's webinar entitled Restrained & Secluded: How a Change in Perspective for Students with Disabilities and Simple Science Can Change Everything. Thank you so much for joining us.

Before we begin our presentation, I'd like to go over a few housekeeping rules. You should see them up on the screen. All participants are in a listen-only mode and will remain so during the entire webinar. If you need technical assistance, please send the host a message in the chat box at any time. The webinar will be closed captioned. To turn on the closed captions, go to the meeting controls at the bottom of your screen, click on 'live transcript', 'show subtitle', and the caption should appear right above your meeting controls. If your captions are too small or too large, you can resize them by clicking on 'live transcript' again and selecting 'subtitle settings'.

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And finally, you'll receive a survey to evaluate this webinar once it ends. Your feedback is very important, and helps us make sure this webinar and all future webinars are meaningful. Please take a couple of minutes to complete the survey.

And now I'll introduce today's webinar topic and speaker. In today's webinar, our presenter will discuss seclusion and restraint, and how students with disabilities are more likely to be restrained, secluded, suspended, expelled, and subjected to corporal punishment. Our presenter, Guy, will discuss how a bit of neuroscience and a new lens on behavior can reduce and eliminate punitive practices, and lead to endless potential for students with disabilities.

So, now to introduce our speaker. Our speaker, Guy Stephens, lives in southern Maryland with his wife and two children. He is the founder and executive director of the Alliance Against Seclusion and Restraint, AASR, a nonprofit that he started in 2019. AASR is a community of over 25,000 parents, self advocates, teachers, school administrators, paraprofessionals, attorneys, related service providers, and others working together to influence change in supporting children whose behaviors are often misunderstood. He has presented at conferences and events across North America, and he guest lectures for undergraduate and graduate courses as a national expert on the issue of restraint and seclusion.

Guy, we're so happy to have you here, and I'll turn it over to you.

>> GUY STEPHENS: Well, thank you, Leo, and thank you for the introduction. I appreciate that. So, I'm going to go ahead and share my screen here, so give me one second here to get that going.

And it's great to see already people saying hello in the chat. I know you had told folks to put their questions in the Q&A, but it's always nice to see the hello in the chats, so if you haven't said hello in the chat yet, let us know who you are and where you're from. I may not be able to look at it right now, but I always love to be able to go back and take a look and see where people were joining us from.

So, of course, we're talking today, Restrained & Secluded: How a Change in Perspective for Students with Disabilities and Simple Science Can Change Everything. As Leo said, my name is Guy Stephens, and I think you had enough of an introduction, but I am a father of two amazing children who really were the inspiration for the work that I'm doing now, the founder of the Alliance Against Seclusion and Restraint, and I am driven by a strong belief that we can do better. We can do better in the context of a school, for students, for teachers, and for staff, and that's a theme hopefully you'll hear throughout today's presentation.

So, I'm really excited to be here today. As Leo mentioned, I am from Maryland, and live along the Chesapeake Bay, which of course is known for blue crabs and oysters, the Baltimore Orioles, and additionally, I've got a strong connection to the Arc. I serve as the Vice President of the Board of Directors for the Arc of Maryland, which is a fantastic organization doing amazing work, and I see a number of other Arc chapters across the country joining in, so that's fantastic to see.

As Leo had mentioned, I started an organization called the Alliance Against Seclusion & Restraint. If you had asked me a number of years ago about restraint and seclusion, I don't know that I would've even imagined that they were things that happened to or were done to kids in school. Unfortunately, I had a personal experience.

My son, who is neurodivergent, experienced restraint and seclusion, and significant trauma due to that, and that led to a promise that I made to my son to make sure that what had happened to him, what had been done to him, wouldn't happen again, and that ultimately led me to forming this organization. So, we started in 2019. The organization has grown, and I'll tell you a little bit more about our work, but our mission is really about informing changes in policy and practice. We want to reduce and eliminate things like punitive discipline, restraint and seclusion, and really tackle even bigger problems, like the school-to-prison pipeline, which I'll talk a little bit about as well.

Our work focus is in a couple of broad areas. We do a lot of work around legislation, how do we get better policies and laws. We do a lot around education. To me, that's one of the most important things that we do organizationally. That includes things like today, coming to share some information with all of you.

But we also do a lot of our own live events. Every two weeks, we do live events where we talk to experts, self advocates, families, really trying to focus on what are the better things that we can and should do to really better support all humans, but certainly a lot of the humans that we're going to talk about today that are often being subjected to a lot of punitive practices that are really harmful.

And, of course, we do a certain amount of family support, so if somebody's child is being physically restrained and secluded at school, making them aware of what they might be able to do, and we try to offer help.

So, that's a little bit about us organizationally. I have a lot I want to cover today, and in fact, as I was making this presentation, thought, "You know, I could probably easily fill half the day." There's a lot of things I'd love to share with you, but I'm going to try to kind of stay focused. I want to talk a little bit about a problem. I want to talk a bit about brain science and why it's critical to helping us to see a different way forward. And I want to talk about how we change our perspective in working with and supporting people, certainly with a big focus on supporting individuals with disabilities.

So, I begin here with something I've already said, and you will hear me say over and over again. I love this quote from Maya Angelou, which is, "Do the best you can until you know better. Then, when you know better, do better." And that's really what this is all about. As we talk about better approaches, better approaches to helping our children, better approaches to helping children in schools, none of this is designed to say, "Oh, you're doing things wrong." It's really about how do we get information so that we can do better, and then when we know better, how do we do better and better support others?

So, with that, I'm going to get into part one, which is talking about the problem, and the problem, really broadly speaking, is that we have a lot of children who are chronically misunderstood in the name of behavior. What I mean by 'misunderstood' is, very often we look at behavior from a very particular lens. We think about behavior as being intentional, and that drives the responses that we have, and often those responses are things that are leading to a lot of punitive discipline, and often further traumatizing kids. So, we're going to look at some of these approaches, and why many of them that are based on really 100-year-old ideas... things like operant conditioning and reward and consequence models... why these sometimes are not only ineffective, but can actually cause some harm as well.

So, when I talk about kids that are misunderstood, who am I talking about? Well, broadly speaking, we can begin with children with disabilities. Children with disabilities are more likely to be restrained, secluded, suspended, expelled, subjected to corporal punishment. We find that Black and brown children, far more likely to be on the other side of punitive approaches. And, of course, the other piece of this is children with a trauma history. Many of you may be aware of things like the ACEs study, which was looking at trauma and early childhood experiences, and how they can affect kids. We have a lot of kids that have experienced trauma. I would also say... and I'll mention this later... but there's a huge intersection with trauma and disability as well.

So, why is misunderstood behavior a problem? Well, misunderstood behavior is a problem because quite often it's leading to things like physical restraint, seclusion, suspension, expulsion. Even in some states... and, of course, we're talking right now across the country, and I saw we had some folks from Canada on as well, but we're talking across the world, there are places that still do things like corporal punishment. We have states across the United States that do that as well. And these things can lead to harm, even if that's not the intent.

So, I'm going to talk a little bit about restraint and seclusion, and I want to make sure that we're all kind of on the same page. When we're talking about physical restraint, as I said before, this is not even something I would've imagined happened in schools, much less would I have imagined that kids with disabilities were more often the ones that were being physically restrained and secluded, but when we talk about physical restraint, we're talking about exactly what it sounds like. We're talking about an individual being held against their will, often as a way to stop them from doing something, going somewhere, but you're restricting their ability to move on their own. It can be a standing hold, it can be a seated hold. Of course, we have holds that might happen on the ground, like a prone restraint or a supine restraint.

And you've probably heard of some of those, like prone restraint. You've probably heard stories where people have died being put into prone restraint. And I will mention to you that kids have died being physically restrained in schools across the country, and unfortunately I'm not talking about one or two, I'm talking about hundreds of kids have died being physically restrained and secluded in schools.

Now, a restraint is not kind of a temporary hand on the shoulder, or a light touching, but it really is when you're trying to control someone else. And these things, restraint and seclusion, are often done under the umbrella of crisis management, so the thought is that we wouldn't use these things unless there was a crisis. Unfortunately, the definition of what is a crisis sometimes varies considerably, and what we find is that kids are often restrained and secluded for things that were absolutely avoidable.

A true crisis situation, if somebody was going to jump in front of a moving car, of course we'd want you to do something to save that life, but very often we find that kids are physically restrained and secluded for noncompliance, for disrespect, for minor behaviors. And when we're talking about the kids this is happening to, as you can see in the stat here, 80% of restraints are children with disabilities. And if you go in a little deeper, more often Black and brown children, more often children that already have a trauma history, and often very, very young children; five, six, seven years old, they're being physically restrained. And if you look at what our federal government says about restraint and seclusion, we don't have a federal law, and I'll talk about that more a little bit later. But, the federal guidance that's been out there since 2012 says you don't restrain or seclude unless it's a crisis situation. You've tried everything else you can try, and it's needed to avoid imminent serious physical harm, which is essentially a life-threatening situation.

What I would tell you is that the majority of these instances are not life-threatening. The majority of these instances really begin very often with noncompliance, and escalate to situations that can be avoided, and we're going to talk about how they can be avoided.

When I talk about mechanical restraint, this is using some kind of device, and I've got a picture here of duct tape, and that's not to be sensational. We've seen stories across the country where kids have been duct taped. In Hawaii, there was a situation where kids were being tied to trees. We've seen things like Rifton chairs, which have a legitimate purpose, which is positional support, being used for kids as a way to mechanically restrain them. And again, children with disabilities more likely to be affected. 41% of mechanical restraints, children with disabilities, and of course you know that children with disabilities might make up 15% of the general enrollment in schools.

When we talk about isolation or seclusion, we're talking about putting a kid in a room or area from which they're basically there involuntarily. They are prohibited from leaving, and they are most often alone, but those laws can vary considerably from state to state. The picture you see is an actual seclusion room. You see it looks like a padded room. Kids are often put in these rooms in the spirit of, "They need to calm down. They're dysregulated, they need to calm down." And what I'll tell you is there is nothing calming about being put in a room against your will while someone holds the door shut.

In fact, not only is it not calming, kids will go in those rooms and they will bang and they will scream, they will sometimes urinate or defecate, and that's not intentional, that's a stress response. Maybe in 20 minutes they'll kind of put their head down and they'll slouch down. Somebody outside might go, "Oh, they're calming down." That's not calm. When we become so overwhelmed that we are at a hopeless stage, our brain will actually go into a shutdown phase, and that is an autonomic response, a kind of a shutdown response. Some kids even go into dissociation in those places.

But again, you can see 77% of seclusions are kids with disabilities, according to federal data. I would tell you it's probably even higher than that. I'm not going to go into this in great detail, but our general belief at the alliance is that the use of a physical restraint should be exceedingly rare. Situations that are potentially life-threatening should not be happening in schools on a daily basis, or happening hundreds of times over the course of a school year.

I would also say to you that I believe that seclusion should completely go away. Putting a kid in a room or area against their will should never be done. It is extremely traumatic on kids, and there are better things that we can do.

And, of course we know that kids with disabilities, Black and brown children, kids with a trauma history, more likely to be suspended, expelled. In fact, one out of 11 kids with disabilities is suspended. We often see these things happening at quite high rates.

And then, corporal punishment. We still allow, in this country, in various states, the intentional infliction of pain to control children's behavior. I have a lot of thoughts on that, but I'll make it short and say we should never be hitting kids to get their compliance. There are far better things we can and should do to support children, and I don't believe that it ever makes sense, and in fact, I think it's modeling something really terrible to kids when we hit them to get their compliance. If a kid hits another kid, or a kid hits an adult, we say it's aggression, we say it's violence. We can't then, as adults, hit children and call it discipline. It's quite different.

So, of course, all of these things together, what happens? A kid that is being restrained, secluded, suspended, expelled, subjected to corporal punishment, school is not a safe place, school is not a friendly place. Kids become disengaged. They may get to a point where they don't want to go, they resist going to school. They may drop out. They may end up in the juvenile justice system. And, of course, we know we can look at the data on our prisons across the country, and we know many of the same kids that are being over-disciplined in school with very harsh consequences are ending up moving into prisons, going down that school-to-prison pipeline. And this is an avoidable situation. We can do better to better support children, and to better support the adults and the schools as well.

So, why are kids misunderstood? This is an important question, because ultimately today, what I want to say is yes, there's a problem, and there are solutions, and we can do different things, but there are reasons that kids are misunderstood. I would say to you that there's a couple that I'll talk about here, and there are certainly more we could talk about. One of those has to do with a lot of the traditional approaches around behavior. A lot of our approaches around behavior are really based on things like reward and consequence. They're based on assuming behavior is intentional. They are based on, really, research from well over 100 years ago, and research that's really more focused on how to train people than how to help raise human beings, so a lot of these approaches, while well-intended, can be harmful. We'll talk about the science behind that. Many of these approaches are really steeped in compliance. It's all about getting people to comply with the things that we want them to do, and these approaches, again, even some of the well-intentioned ones, can lead to significant harm.

The other thing I'll mention is, we're going to talk a little bit about the medical model and the social model of disability. Just the way we view disability can have an impact. Do we look at how we can best support an individual's needs, or do we look at it from kind of a deficit mindset?

So, we're going to talk about these things in a little bit more detail here, but I'm going to start off by talking a little bit about behaviorism. It's a science that looks at behavior, looks at interactions with the environment; a lot of research from the 1800s and early 1900s. A lot of that research was actually done on rats and pigeons. And these programs are really about kind of reward and consequence, "How do we reinforce certain behaviors?" And again, while there are things that can work, there are sometimes better ways than trying to train people with star charts and stickers and treats.

And even sometimes well-intended programs can also have concerns. I bring up here PBIS, and that's not to pick on positive behavior interventions and supports, but it's to say that sometimes the interventions that are part of these programs are things that can unintentionally do harm. Sometimes these are things that are very driven in the idea of rewards, and people often say, "Well, what's wrong with rewards?" I'll talk a little bit about that in a few minutes, but there are better ways, and part of that better way is understanding our brain, understanding the biological basis for behavior, and we're going to talk about that, and hopefully not in a way that seems overwhelming, because there's some important things we can learn from the science that really helps us change the way that we interact.

So, again, a lot of common approaches out there. Many of them are based on, again, clip charts and behavior tracking charts and token systems, and many of these are really trying to reinforce or extinguish behaviors, but are often missing some really important elements here. Very often, there is this focus on compliance, and I love this little cartoon from NeuroWild. If you don't follow NeuroWild on social media, it does some really amazing little illustrations with just really meaningful points.

You know, here we see somebody standing by a pool with a clipboard saying, "Student would not comply with the instructions to swim," and we see a student going below the water. Very often when we're working with people and we're focused on compliance, we don't take the time to realize that very often what we're seeing is not a child who is refusing to do something, not a child that is, in a sense, not doing something because they don't want to, it's often a matter of they don't have the ability. They don't have the skills. They don't have the capacity in that moment in time. So, there are a lot of things that lead to our ability to meet expectations, and simply offering, for instance, some sort of reinforcement. If somebody can't read, you get them a reading intervention. You get them help they need to be able to learn the skill and learn the ability.

But often, with behavior, we look at it differently. We look at it as a matter of motivation, and if you look through a lens of motivation, you're often missing what's going on beneath the surface. So, compliance is a big part of what we do.

Alfie Kohn, I happen to be a big fan of his work. He says, "The way kids learn to make good decisions is by making decisions, not by following directions," and let that sink in for a minute, because often our focus is on following directions. Often our focus is on compliance.

I'll tell you, I talk to a lot of families, and if I ask them a question like, "What is important for your child? What would you like to see for your child?" I can never think of a time that somebody said, "I want a child that's compliant." They want children that are creative, that can do the things that they enjoy, that can interact, that can have relationships, but we often focus heavily on compliance in a lot of our systems, and our systems of care.

So, how did we get here? And honestly, it's a matter of, sometimes we continue to do the things we've done, even if they're not working, because they're the way we've done things. Many of us grew up in very compliance-based households. It was all about meeting expectations. I'm seeing more and more a need to really see children, and look at children, and support children differently. And again, because we may have lived through something... I survived corporal punishment. I went to a school where, as young as kindergarten, I was hit for not meeting expectations, and I'll tell you, those kinds of things have an impact, and we can do better.

I want to talk very briefly about the medical model and social model. Many of you may be familiar with this, but there are different models for looking at disability. The medical model often uses terms like 'disability', 'disease', 'dysfunction', 'disorder'; kind of looks at things from a, "What's wrong with the person? How do we fix the person?" kind of standpoint. And again, it may be a natural part of that kind of viewpoint, but there are other ways to view differences. There are other ways to view disability. I happen to be a big proponent of what's called a social model of disability, which is not looking at people as having deficits, but looking at the world and saying, "How do we better meet the needs of this person? How do we remove barriers," whether it's physical barriers or accessibility barriers. Let's not pathologize people's differences, but let's figure out how we can make the world a better place.

One of the things I'll tell you is that when I see people that are being restrained, secluded, suspended, expelled, subjected to corporal punishment, below the surface, what I often see is kids who are not having their needs appropriately met. And when you approach your philosophy from a, "How do I help? How do we provide a better world and better support for people?" it really changes the way you respond.

So, the take-home message from this first part is really just that we have a lot of kids that are chronically misunderstood. It leads to a lot of negative consequences, which lead to a lot of really poor outcomes. If we look at our prisons, we have a lot of kids that are children with disabilities: dyslexia, dysgraphia, ADHD, ADD, autism. In fact, I think a number I saw was almost 60% of the prisoners across the United States identify with some sort of disability. So, we have to ask questions and think, "How do we do better, and how do we have better outcomes?"

So, I want to talk a little bit about brain science here. And again, this is not to take you back to high school or college science classes here, but it's just to shed a little bit of light, because I'm a really big believer here; in my journey over the last several years, I've dug into trying to understand behavior. I've talked to incredibly intelligent people from across the world. I've talked to experts, I've talked to families, I've talked to self advocates, and in doing all of this, the brain science really stood out to me as something that was really critical, because when we understand a little bit more about the human mind and how it works, we actually begin to look at things very differently, and when we look at things differently, we see things far differently. So, I'm going to mention a couple of parts of the brain. This is not intended for, "Let's get really deep into science," but a couple of important parts.

The prefrontal cortex, the front part of our brain here, is really the rational decision-making part of our brain. It's where we have impulse control, it's where we have cognitive flexibility, it's our planning; a really important part of the brain. And I just want you to kind of think about that. That important part of the brain in the front of our brain there, the prefrontal cortex.

You know, as we go through, I'm not going to talk about... obviously... all the parts of the brain, but there's what we call the hippocampus, and more kind of in the limbic system. That is something that has a function with memory and learning. And I mention these parts of the brain not, again, because I wanted to later have a pop quiz, but because I want you to understand a little bit about brain development and what it means for children's brains and adults' brains.

The other feature that I want to talk about is the amygdala, and some of you may have heard of the amygdala. It's what we kind of call our threat detection system. The amygdala is really a part of our brain that is responsible for keeping us alive, for processing threats of danger, or helping us to potentially even feel safe. So, the amygdala is almost like an internal detector that helps us to determine whether or not our environment might be safe, or might not be safe.

So, thinking about those parts of the brain, I'm going to share with you a very simple fact about brain development, which is our brain development happens in a very particular way. Our brains develop from back to front, and kind of from inside out. What that means is that brain development which starts really rapidly when individuals are born, brain development actually goes on for 25 or 30 years, so our brains are not fully developed until we're probably 25 or 30 years old. Now, what does that mean? Well, one, it means that I know now why I did a lot of really silly things when I was a teenager. My brain, my prefrontal cortex, the decision-making rational part of my brain was not fully developed.

Guess what? When we're looking at children, and we think about that pattern of brain development, children are not miniature adults with miniature brains. They are growing, and their brains are maturing, but they don't have the same capacity that an adult brain has, which is important, because sometimes we put expectations on children that are not developmentally appropriate. And if you begin to introduce individual differences, if you begin to introduce disability, if you begin to introduce other things, you can see that, really, again, decision-making rational part of the brain is not a fully-developed part of our brains until we're much older. So, it's really important to think about this.

There's another process called myelination. It has to do with how the axons or the nerves are coated with a protein in our brain. It actually increases transmission speeds. So, not only does our brain develop kind of that back-to-front, the myelination that occurs actually helps transmit signals faster as well. That happens over time also. So, it's really important to remember that a brain of a five-year-old or six-year-old, it's not that they just haven't learned or had the same experience, it's their brain is not as developed as a fully-developed adult.

There are a lot of different models that look at the brain and try to figure out, "How do we..." And a model, a model is an oversimplification. A model is a way to communicate to people something that sometimes is rather complicated. I'm showing you a model here which is called the Neurosequential Model. It was a model developed by somebody named Dr. Bruce Perry, who is a leading expert on trauma, and the Neurosequential Model kind of looks at the brain, looks at the various parts of the brain that we talked about... like the prefrontal cortex, our limbic system, our amygdala... and it talks about kind of the functioning of that in how our brain works.

So, here's what's really important here. If you look at this model here, and this is what you see often when you think about the Neurosequential Model, we have this kind of model that goes from the brain stem... and the brain stem does things like our blood pressure, our heart rate, the autonomic things that happen... and then we get into kind of our limbic system, where we're talking about arousal and appetite and sleep. We get up a little further there and we have this model, you can see, that has 'regulate', 'relate', 'reason'. Well, it's actually mapping to the various areas of the brain that really have a strong connection to those things, and what we find is that those things are related to each other.

So, for instance, when you are dysregulated, if you are overwhelmed, the logical, rational part of your brain begins to kind of go offline. Dr. Dan Siegel talks about flipping your lid. He has a little model of the brain. He says, "Take your hand like this and put this in here, and that's your amygdala there, and fold this over, and we've got our prefrontal cortex. When you are dysregulated, you flip your lid, your reasoning, your logic." And we've all experienced this, not just kids, but if a kid is having a meltdown, if they've kind of flipped their lid, that child is not accessing that logical, reasonable part of the brain.

So, it's really important to understand this, because very often, when kids are having a hard time, we try to come to them with logic, and that's not how you reach a kid. What we need to do is we need to help somebody that's having a hard time to regulate, and we can do that a number of ways. One of the ways we do it is through relating to them, being there. We have a process called co-regulation. I don't have time to go into all of this, but the idea that I want you to take home is that our brain works in such a way that, in order to get to these higher functions of reason and logic and executive function, we have to be regulated, and we regulate through connection with others. So, relationships are really critical in all the work that we do. And if we have a child that's dysregulated, we have a child that's not there.

And the same happens to you. If you're dysregulated... If I could see a show of hands, if I was in a room, I'd say, "Who here has ever said something that they later regretted when they were really upset?" Well, guess what? When you were really upset, when you were dysregulated, that prefrontal cortex was not what was running the show. In fact, I've got another graphic here that shows this, but it shows kind of a brain under stress. When we're not stressed, the prefrontal cortex is kind of in charge. It's helping to run the show. And again, simplification, but I want you to understand the importance of understanding how this model is kind of working is that that cortex is really important to us, and when we become stressed, that cortex... you can see in the other diagram... it kind of goes offline. We are reacting and we are responding. The important part about this is we often look at children's behavior as being all intentional, all thoughtful, all cortex, and the truth is, when kids are dysregulated, that's not what's happening.

So, I'm going to introduce you really briefly to something called the Polyvagal theory. The Polyvagal theory... again, this sounds like science, and I know it is, but we'll try to keep it simple here... it really has to do with how our brains and bodies are wired, and really, the theory kind of explains that our behavior at its root is really about supporting our survival. So, we like to kind of think of ourselves as thoughtful and deliberate, but much of what is in our brain, much of our brain and body is actually still connected for survival. And when you see individuals that are under a lot of stress, you're often seeing a stress or a survival response.

So, the idea behind this theory is that our brains and bodies are wired to keep us safe, and we have these survival states. I'm sure you've heard about things like fight-or-flight. You might've heard about freeze, or even shutdown. These are things that are actually kind of mediated through our autonomic nervous system, meaning they're happening without us knowing. So, if you've ever gone someplace and suddenly felt unsafe, but didn't know why, it wasn't because you were thinking with your cortex, "I don't feel safe here"; it's very often a response that happens due to your nervous system, due to these cues that your body is always taking in through all of our senses. So, this theory really talks about why it's important to understand that we are hardwired for survival.

So, one of the pieces of the Polyvagal theory is something called neuroception, and neuroception is this idea that our nervous system... our brain, our central nervous system, our senses... are constantly scanning our environments for cues of threat and cues of safety, and when you look at a child that becomes dysregulated, we often hear things like, "Oh, it just came out of nowhere! Just suddenly we had this big behavior." That is often an autonomic response, not something a child is doing intentionally. They're not trying to give you a hard time, but it's very often a response. It could be a response to sensory stimuli. It could be a response to even something as simple as a smell or a sound. Our bodies, again, are hardwired for survival, so what happens is, through neuroception, we're always taking those cues in, and if we begin to feel... if we feel unsafe, our amygdala is responding. Our cortex is beginning to shut down.

Now, some children experience what Porges calls 'faulty neuroception'. We can look at it through other lenses, like trauma, where I would say it's kind of experience-based neuroception, but depending on who we are, depending on our individual differences, some people have a oversensitive threat detection system. And what that means is, imagine the smoke detector that's going off every time and it shouldn't. People sometimes have these oversensitive threat detection systems, and it may lead to behavior that is a stress response, not an intentional response, and what kids need in that moment is they need help to regulate, and they need connection. They don't need a lot of consequences, they really need support.

So, Porges talks about, "If you want to to make the world a better place, you begin by making everyone feel safe." I couldn't agree with that more. And many of you are probably aware that trauma actually affects our brain as well, and what we find is that trauma can lead to changes in those three parts of the brain we mentioned... the amygdala, the hippocampus, the prefrontal cortex... and those changes can actually make it more likely that we will not feel safe, more likely that we will have big responses, that we might be what we would term as kind of hypervigilant, or kind of always on alert. And when a brain is always on alert, it can lead us to have behaviors that seem not to make sense, because what's happening is an autonomic response. It's not a thoughtful, "This happened and now I'm responding in this way." So, if you begin to look at behavior through this lens, you can begin to understand that a lot of what we see, a lot of what we might tell children are bad choices are actually things that are coming, as we would say, kind of bottom-up. They are coming from our nervous system.

Now, there are top-down behaviors. There are behaviors that we are thoughtful and we plan, but I would tell you that many behaviors that we see with children, especially young children... especially young children with disabilities... many of these are kind of bottom-up behaviors that we're seeing, and they're really being mediated by our nervous system and our sense of safety.

I do want to mention that there's a huge intersection here with trauma and disability. Oops! Excuse me. Something... Oh, I clicked on a link here and something went wrong, but we will fix that, so bear with me here. All right. All right, give me one second here. That's the one problem with having a link in a slide deck, is it's really nice later to go back to, but at the same time, can get in the way here, so I'm actually going to stop that for one second and reshare. All right, so bear with me as I bring this back up. That's our technical difficulty hopefully for the day. All right. One second here. There we go. All right. I apologize for that.

All right, so let me actually get back to where we were here. Of course, that probably dysregulated me a little bit, and my cortex has gone away for a second, so you'll have to forgive me as I find where we were. All right. Perfect.

So, again, wanted to kind of make the point about disability and trauma; that we often see trauma actually related to disability. Having a disability in and of itself, being neurodivergent can be itself traumatic. When you're in a world that is not designed for you, when you're trying to communicate with people that are unable to understand your needs, all of these things can be quite traumatizing. And what we know about trauma is, as you can look at this graphic here, that trauma can cause changes to the brain. Those changes can lead us to be hypervigilant. That sense of hypervigilant, not feeling safe can lead to the stress behavior.

And here's where it's important. If our response is compliance demands, it often escalates the situation. It leads the behavior to increase, and that often leads to these punitive consequences, like restraint, seclusion, suspension, expulsion, which cause further trauma. So, we actually have this trauma discipline cycle that can be really important to understand.

So, the take-home message from this part is just that there is some brain science here that's really foundational in understanding that not all behavior is choice. Not all behavior is intentional. Our behavior, we are hardwired for survival, and when you're seeing behavior, if you first assume that it's intent, often you're going to be wrong, and your responses may in fact be harmful to kids if that's the road that you're going down.

So, what does this mean? What part of this presentation was really focused on was this idea of changing perspective. How do we take the science... And, of course, I've given you just a few minutes of it. There's so much more I'd love to share with you. But, we can take that information and it can help us to look at things differently, and when we look at things differently, we often have very different outcomes. So, my recommendation here is begin to think about the fact that not all behavior is what you think. Not all behavior is a choice. Not all behavior is kids choosing to do things, and if your responses are rewards and consequences because you want to motivate them to make better choices, you might be missing a really big part of this work that is critical.

I would say one of the biggest things that people can do that's very simple is just change your general philosophy. I have a colleague, Dr. Stuart Shanker, who is with the Merit Center, and he says something very simple but very meaningful. He says, "When you see a child differently, you see a different child," and it's really true. When you begin to look at kids differently...

If you look at their behavior as intentional, you actually take it personally. You feel the need to give them a consequence because you think that they decided to do something, but when you look at them differently, when you look at the fact that children have brains that are not fully developed, when you look at the fact that children often are exhibiting behaviors that are stress responses, not intentional behavior, it can really help you see a child differently, and that often yields a very different child. Dr. Ross Greene says, "Kids do well, if they can." Same kind of idea here, is that don't assume that kids only do well if they want to. If that's your assumption, you try to meet it with rewards, consequences, and other ways that often aren't really getting at the root. The root is, "How do we help people to feel regulated? How do we connect with them through relationships?" And there's a lot of things that we can do to really help.

But, it's important to realize that behavior is complex. We often hear people say behavior is communication. I agree with that; I'll take it a step further and say behavior is biology, right? Behavior is biology. There's so much beneath behavior, many of which people often don't understand. And again, if you make the mistake to think that it's all intentional, your approaches are probably not going to help a child that really needs your help. So, again, brain science tells us not all behavior is intentional. We have kind of these top-down behaviors that may be mediated by our cortex or the thinking part of our brain, but we also have these kind of bottom-up or body-up behaviors that are stress responses. They may not always make sense to you. You may not notice the thing that was difficult for the child. Maybe it's something sensory. It could be a lot of different things that might be giving a child a difficult time. But again, the empathy of remembering this is someone having a hard time, not someone giving you a hard time, is really important.

So, again, Stuart Shanker says, "The underlying cause for behavior is biology; we are wired to survive." We are wired to survive, though, in a world that's quite different from the world that our bodies were designed for. We're not escaping the threat of a lion; it might be, for an adult, being stuck in traffic. It might be, for a kid, multiple demands. It can be a lot of things, but we have to remember that behavior is really the symptom. We've got to dig deeper and get to the underlying cause, because when we're only trying to reward and punish behavior, we're often not really getting to what we need to get to to help the child in the long run.

And I mentioned rewards and consequences a few times, and a lot of people say, "Okay, I get it. Punitive discipline, that's a bad thing. We shouldn't do that. We shouldn't hit kids. We shouldn't... " but we do. We still have a lot of punitive things we do to kids, and maybe in certain situations, absolutely consequences may be needed, but I would tell you that if you're working with a child who is having a stress response, the idea that you punish a child for a stress response doesn't make a lot of sense, nor does it make sense that you approach this from a reward and consequence standpoint. There's actually a lot of research on rewards, and what it finds is that while rewards sometimes are okay at getting short-term compliance, they don't help kids develop skills. They can decrease intrinsic motivation. They can lead to masking, which can be very stressful for individuals. They can devalue the value of actually doing things. They can lead to an impact on self-esteem.

So, what I would share with you, and what has been shared by Alfie Kohn, who I mention again here, is that rewards and punishment are both ways of manipulating behavior. They are two forms of really doing things to students, and to that extent, the research suggests that it's counterproductive to say to students, "Do this, and here's what I'm going to do to you," and the same applies to saying, "Do this and you'll get that." If you really want to help kids, help them develop skills. Help them solve problems. Help them make connection. Help them to identify the things that are difficult for them. And again, that's what I'm suggesting here, is that we need to focus on other things.

Another thing I'll mention here is that we've gotten this neuroscience lens to look through, and that really can help us to reframe not only the way we look at kids, but the words that we use around kids. I'm sure that there are some of you on the call that have heard kids... and maybe even yourself described kids with words like 'challenging' and 'maladaptive' and 'aggressive' and 'limit-testing' and 'intentional'. What I would say to you is not that these words may never fit an individual, but what I would say to you is that many of the behaviors that you're seeing are stress responses, are stress behaviors. It's not a child choosing to act in a certain way, but it may be a child that is really having a stress response.

I hear words like 'violent' and violent always upsets me, because violence assumes intent. When we have kids in classrooms with big behaviors that flip a desk or do something kind of along those lines, it's easy to use a word like 'violent', but what I would say is that that child in that moment is not intending to do harm, but they may be struggling. They may be having a kind of a bottom-up response, a stress response, and again, if you reframe the way you look at that, and think, "This isn't a kid that's giving me a hard time, this is a kid that's having a really hard time," you can really reframe in a way that can be helpful, and ultimately avoid getting into situations that you might get into.

And some of this is rooted in our language. We use words like 'behave', and if you look at a definition for 'behave', it says things like, "To act in a particular way, to do things in a particular way, to manage the actions of oneself." All of those definitions assume intent, and what I'm here to tell you today is that not all of our behavior is intentional. And I'm sure that all of you can relate to that, because all of you, even as adults, can think about times that you have said something or done something that you later regretted, but you were dysregulated. There was something that was going on. If we can look at behavior through a lens of neuroscience and realize that not all behavior is intentional, we can really reframe that behavior is not just a matter of choice. Again, not to say that there are never choices, but much of what we see, much of what we see that leads to harsh discipline is stress behavior, is trauma behavior, are things that are associated with disabilities.

The word 'discipline'... and there's nothing wrong with the word 'discipline'. Discipline is really... Well, discipline as I believe it should be framed is really about teaching. In fact, the word comes from a Latin word, which was about "to teach". If we look at discipline through that lens, we should always look, when children are having difficulty, of ways, "How do we help support them? How do we understand what's getting in the way?" And ultimately, discipline should be about teaching, about helping people develop skills, ability, and connection to be successful.

So, I just want to hit a few things here, and then we'll wrap up and do a couple of questions, but in terms of a better approach... and I have a little under an hour here, so there's not a lot of time, and a lot of ground I would love to cover. At the Alliance, when we talk about a better approach, how do we reduce the use of physical restraint, eliminate the use of seclusion, reduce the use of punitive consequences? And my answer to you would be that we use a trauma-informed neuroscience-aligned relationship-driven and collaborative approach. Trauma-informed is really kind of a lens in understanding the impact that trauma has on so many children, and adults, and understanding how those impacts affect the brain; and being neuroscience-aligned is kind of understanding how our brain works, understanding that not all behavior is intentional, understanding what a stress response looks like, understanding that need to regulate before we're able to connect and reason.

And, of course, relationship-driven, I'm a huge believer in the importance of relationships, especially as we look at schools and places where kids need support. I've always said my son was a relationship kid. I'd say a lot of kids are relationship kids. We all benefit from it, but there are some kids that will not do well if they're not with somebody that they're really not connected to. We have a biological need for those connections, and it's really important that we focus on relationships. That is not to say that, as an educator, you have to make relationships with 30 kids in your class, but what I will say to you is that you have one or two kids in your class probably that, if you don't form that relationship, it's going to be really tough for them; it's really going to be tough for you as well.

And, of course, we are huge believers in collaborative approaches. It's time to move beyond doing things to people, and even doing things for people, but how do we do things with people? So, in any of our solutions, we recommend doing things with people, collaborating with people.

I'm going to share a quote here from Dr. Mona Delahooke, who is an amazing friend and colleague. She says here, "A child's brain and body best learn to regulate emotions through loving interactions with adults who notice the child's emotional state and provide individually attuned interactions to help a child feel better." A lot of this work is about reframing the way we look at behavior, understanding the importance of connection, and really helping other small humans grow into adults.

So, the take-home message here is that when we change our perspective based on neuroscience, when we change our lens, we change our words, we change our approaches, we can really have far better outcomes for everyone. And I'm a big proponent of this isn't just about doing better for our kids, but when we do better for our kids, we can also do better for our adults; so, for our teachers, for our paraprofessionals, for our administrators. And it requires a shift, but we have the information today, we have information we didn't have 100 years ago, and it's time to do better.

So, as I wrap up here, and we'll take a few questions, I do want to encourage you, certain restraint and seclusion is an issue that is very meaningful to us at the Alliance against Seclusion & Restraint. The Arc of the United States is supportive as well on federal legislation that would eliminate the use of seclusion, reduce the use of restraint, get rid of prone and supine restraint that are very dangerous, and more importantly, bring funding to schools to help them find better ways of supporting kids. We have many schools across the country, some of them are doing work that's highly aligned with the things we're talking about today; some of them this is all completely new. We need to change hearts and minds. It's not just a matter of changing policies and laws if we really want to see progress.

So, you can actually visit, there's a petition here. I've got the link down at the bottom. I'm sure that Leo might be able to share that as well, but there's a petition about supporting the Keeping All Students Safe Act that would ban the use of seclusion, reduce the use of restraint. I'd encourage you to look at that as well.

So, with that, I've got my contact information here. This was a really quick hour. Probably a lot more I'd love to share with you, but I hope that this has been... I hope that this has been helpful. So, with that, I'm going to leave this up for a second, but I'm going to stop sharing my screen, and I'll let Leo kind of take over, and if we have questions or comments, I'm happy to take a few.

>>LEO WYTKIND: Thank you so much, Guy. What a wonderful presentation. If you scroll through the chat, just people are singing your praises. This has really resonated with the folks who've attended today.

>> GUY STEPHENS: And I'm glad to hear that. I'll tell you... and you know, because you were like, "Hey, get some of that deck when you're ready." I'm like, there's so much I wanted to say, and kind of bringing it all down, but there's a lot of people out there doing amazing work, and I'm, in some places, standing on the shoulders of giants that have done amazing things to get this work out there. There's a lot of resources out there. We have a lot of them on the Alliance site, but, just want to encourage people to dig deeper and certainly reach out if there's questions or things that we can help with.

>> LEO WYTKIND: Yeah, absolutely, and we'd encourage folks now to take a moment and ask some questions in the Q&A. Just as a quick reminder, please try and keep your questions broad. I know this is a really personal topic, so you might want to ask personal questions. If you have a question related to an individual or a specific family, you're welcome to reach out to School@TheArc.org, or to Guy's contact information, if that's okay, Guy.

>> GUY STEPHENS: Oh, absolutely. I encourage people to reach out. I will say, I just saw something in the comments, and I'm not really able to look at all the comments right now, but it just stood out to me. Jodi said, "As a person with ADHD, my prefrontal cortex has caused me to say things I later regret, and now laugh about, before I knew I had ADHD." And when we learn this information... I work with people that teach kids about their own brain science, teach kids to understand the different parts of the brain, and then teach them skills to help them to regulate if they're becoming dysregulated, and understand these things, but it can lead to some funny things. My son now will tell me, "Well, Dad, I know I did that, but my prefrontal cortex is not fully developed." So, you know, you can use this information however you'd like to, but...

But, really, I make a joke about, "Well, that explains why I did things as a teen"; well, it really does. There's science behind this that's really compelling, and of course, we've just barely scratched the surface, but yeah, I'd love to get some questions if we have a few.

>> LEO WYTKIND: Absolutely. Yes, we have plenty of questions here. Firstly, we just have a few folks who would like to know where they could go for some more in-depth information, or maybe what information they could bring to their school board. We had a question about that. Do you have resources you could point folks towards, or?

>> GUY STEPHENS: Sure. So, the first thing is to point them to our website, which is endseclusion.org. We have a lot of resources there. I do encourage people to reach out, because if you're looking to... For instance, we work with... We work sometimes with schools or school boards. We work sometimes with states, and of course, we've been working to try to make changes federally as well, but I'm always willing to have a conversation with anyone, always willing to have a conversation with somebody at a school, or help you to send some information to your board of education. There are a lot of great books that I could recommend; Beyond Behaviors by Mona Delahooke is one that I would very quickly recommend; Self Reg by Stuart Shanker. Lots of great resources, but if you go to our website and reach out and let me know... If you want to go to your school board, great. We need people to go to their school board. We need people to raise awareness about these things. If you want to do that, please reach out, and we're happy to provide some guidance for that as well.

>> LEO WYTKIND: Absolutely, and we'll make sure to send out your website link and other resources with the recording. We have another question in here, if you know this off the top of your head; if not, we can send it with followup. What are the restraint rate differences for children with disabilities by race? Do you happen to know more information about that?

>> GUY STEPHENS: Yeah. So, I shared some of the data. We do know it's disproportioned. It's heavily disproportionate. And I don't have the numbers in front of me right now, but Black and brown children, far more likely to be restrained. In fact, the US Department of Education, there is data collected at the federal level through the Office of Civil Rights, and that data gets collected every two years. There are requirements that states report on the use of restraint and seclusion, and a lot of other punitive discipline. So, I say, "Hey, there's this great data"; the problem is the great data is not so great. The problem is many states are not reporting data accurately. But the data that we have shows significant disproportionality when it comes to looking at this against race, and in fact, if you go to the report... there's a report on the Department of Education website... it actually will break it down further by race.

>> LEO WYTKIND: Wonderful. Thank you. Another question that we have here... We have time for maybe two or three more. What tips do you have for sharing this information with school teams or in the context of a conflict with a school around particular behaviors?

>> GUY STEPHENS: So, I said earlier that one of our key thoughts is about collaboration, and I would say that first of all, many parents that are going through... have an IEP and are going through that process, it can be difficult. It's not always a very friendly process. It can be somewhat adversarial. That said, any time we can collaborate, it's a really good thing, so if you can begin by even planting seeds. Find something that you think resonates with you, or that you've used. I've been known to buy copies of a book, like Lost At School by Ross Greene, or Beyond Behaviors by Dr. Mona Delahooke, and share it with the team. If we can begin by having some conversations, that could be helpful.

Now, some are open to change. Some are willing to listen and change, and others aren't. Many times it's kind of like, "Hey, we're the experts. Just let us do this," and it's a gradual process. We're really trying to bring more people on board with, "Hey, there are better things that we can do," but it's hard, so we've got a lot of resources that you can share, but there's a lot of great books out there as well. But, begin collaboratively. There are things that you can do if that's not working, but that's always a great place to start.

>> LEO WYTKIND: Thank you. That's definitely helpful. And, sifting through here, we have so many great questions. I'm trying to pick the next one.

One individual asked about the Alliance, and how you meet with school districts, and kind of what that could look like.

>> GUY STEPHENS: Sure. Sure. So, it probably starts with me having a conversation with the individual that's asking the question, and what I'll say to you is if you have a district that would be willing to have a conversation, you have a director of special education, or you have a superintendent, or you have a board member, I am always happy to talk to anyone that will have a conversation. I've been known to do presentations for boards as well, if that's something that they're interested in, but it begins with a connection. And the truth is that someone that is willing to have the conversation, that's a really great sign. Unfortunately, if they're not, I can't... There's not much I can do from that point, but if you have somebody that's willing to have a conversation, reach out and we'll see how we might be able to help, whether it's providing resources or saying, "Hey, we could meet with this person and have a conversation with them."

>> LEO WYTKIND: Wonderful. We're about to hit the hour, so it looks like we have time for one more question. We have so many questions in here. Let's see if we have a general one.

We had one interesting... or did you have one?

>> GUY STEPHENS: Oh, no, no, no. Nope. You can go ahead.

>> LEO WYTKIND: Oh. I was just going to say, we had one interesting question about stress behaviors, like you were mentioning towards the end, and the idea of behaviors aren't necessarily with intention. Can you talk more about that, and parse out that idea a little bit more?

>> GUY STEPHENS: Well, so, if we're talking about a stress response, that what we refer to as kind of that bottom-up behavior. That may be a situation... And we talked a little bit about the Polyvagal theory. That may be a situation where, because of our experience, because we have an... Our nervous system is different. We have individual differences in our nervous system and our responses. But, because we may not feel safe, we may have a stress response, and a stress response doesn't just look like, "I don't feel safe. I'm worried." That's cognitive. A stress response might look like a child getting up and running out, or knocking something off a table, or hitting at another student.

These responses are often being driven kind of from the bottom up, and what I would say to you is that people often say, "Well, how do you tell the difference? How do you tell the difference between a stress response and an intentional?" What I would say to you is that the best way to move forward is assume stress. Assume it's a stress response, because if you assume it's a stress response, what are you going to do? You're going to try to, one, help the child to regulate, and a child that is dysregulated, regardless of what the cause is, needs to regulate before they have access to their thinking brain.

So, at the point where the child is dysregulated, had a big behavior, assume stress. Assuming stress, you're going to try to help them regulate. You're going to try to connect with them. You're not going to continue to place demands on a child that has already flipped their lid and their prefrontal cortex is not available. That doesn't help. That actually will generally push things further. So, I would always recommend that you assume stress.

Now, what if you're wrong? What if it wasn't a stress response, but in fact was a intentional behavior? Well, that's something that you want to work on with the child, and there are far better things that we can do aside from punitive discipline. I happen to be a fan of things like trauma-informed restorative practices. I've got a colleague, a guy named Joe Brummer, wrote a fantastic book on Building a Trauma-Informed Restorative School, and the idea there is restorative approaches aren't, "We've got to do something to you because you did something to someone else," it's really about teaching kids. Again, frame discipline as meaning to teach. It's not meaning to do something to somebody to get back at them. And I realize that sounds harsh, but sometimes that's our mentality. It's like, "Well, they did something. They hurt somebody. They need to suffer a consequence." What we really need them to do is be able to reflect and understand how what they did might've caused harm, even if that wasn't their intent. And Joe often says, "Accountability should feel good."

If we did something... Leo, if I did something and I upset you or hurt you in some way, it should feel good for me to make that right. It shouldn't just be that, well, now something bad has to happen to me. That's not helping to teach. That's not discipline. And that's why we're pushing kids on to prison. So, this isn't just about adult-imposed consequences to say, "You, you..." this is about, how are we respectful of children? How do we help them grow as human beings? Because that's what's really important here.

>> LEO WYTKIND: Thank you so much, Guy, and thank you for taking time to answer those questions. We'll, if it's okay with you, we'll send out your contact information with the recording so folks have an opportunity to reach out. And once again, we just really want to thank you for your presentation. It really resonated with so many folks. And, yeah, we look forward to staying in touch. Thank you to everybody for joining.

>> GUY STEPHENS:

Yeah. Yeah, absolutely, and I appreciate that, and I thank you for the opportunity to join you. I'm looking, there's a lot of great questions here, things that I would love to dive into, and I know we don't have time, but again, feel free to reach out. This is a little bit of time to cover a really big topic, and I can imagine there's a lot of questions. I see somebody has, "Well, what's the difference between a reward and earning something?" Intent. Like, if you're using it to control someone's behavior, it's a reward.

But anyway, there's a lot of questions. In fact, Leo, maybe if you share some of those with me, if there's a way that we can address some of them, we can find a way to do that, but feel free to reach out. Thank you so much for the work that you're doing at the Arc, and I know we've got a lot of other people joining from other organizations, and individuals, and I want to thank them all for being here.

>> LEO WYTKIND: Absolutely. Thank you. Thank you so much, everyone, and please take a moment to fill out the survey that will pop up on your screen. It's really important to us that we receive your feedback, and thank you again for joining.