

March 1, 2022

**Education, Health & Environmental Affairs Committee**

**11 Bladen Street**

**Annapolis, Maryland 21401**

RE: S705-Addressing the Use of Physical Restraint and Seclusion

Members of the Education, Health & Environmental Affairs Committee,

My name is Emily LaMarca, and I am writing to support S705, which addresses the use of physical restraint and seclusion. I am speaking to you today as members of this committee, but I also hope that you will be able to hear our son's story as a mom, dad, brother sister, or family member.

Our son Cole was born with Down syndrome fifteen years ago. I often say that when he was born, he flipped our world upside down in the best way. Cole's love of life and ability to appreciate each and every moment is something we can all learn from. He has always been a loving, kind, and funny little boy, just as he was when he started being restrained and secluded at the age of ten years old.

It was during this time Cole started being brought into, what we can only describe as a storage space off a classroom, where he would remain for close to an hour with the door shut and a paraprofessional that was instructed to ignore him. The storage room needed a key to be accessed. I felt anxious the one time I was allowed to see the space, and I simply couldn't imagine Cole being brought and held there. We do not know how many times a day or for how long Cole was brought to, what he called, the naughty room. We only learned that it was a consistent practice after requesting his data sheets from his school record.

The incidents of restraint for Cole were many and undoubtedly began to impact him emotionally. During a 9-day period, he was restrained at least 13 times. We could not get answers as to how the restraints transpired, only that our son escalated, which was the blanket term used for his behavior. During this difficult time, Cole regressed to wetting the bed at night, having nightmares, communicating angry eyes at school and started to resist school all together. He was able to communicate to us that it hurt when they held him and that he was scared. If we asked anything further, he would simply say "I can't tell you."

In one instance, Cole was restrained for a ten-minute period, another restrained while wearing a weighted vest, although he has a cardiac condition. The last incident before we ultimately removed our son from this school for fear of his safety, was about an hour and a half long, where he was physically moved twice and restrained multiple times. The paperwork did not show an end time to the restraint and Cole was shut in an empty classroom with the door closed, being monitored from the outside, where he eventually disrobed and lost control of his bladder-a trauma response.

From what we could understand many of incidents involving restraint began with clearing the students out of the classroom, shutting the door and most times, having three adults block Cole, and ultimately restrain him. I know that each person here, including myself, would be traumatized if we were repeatedly put in the position that Cole was, and this trauma would undoubtedly stay with us well after the physical act had concluded. This was the case for Cole.

We found a new placement for Cole and moved to a new town. During this time, I remember Cole telling me; "Mom, I might like a new school, I might, but one where my teachers don't hurt me." He told his sister over breakfast one morning how he used to be locked in a room at his old school and in his words "I tried to get out but couldn't." When he started therapy, he focused on him being a bad boy and having to be locked in a crate. It then moved on to the stuffed animals being bad and they too, had to be locked in the crate.

When Cole transitioned to his new school, he was anxious and fearful and the trauma from being previously restrained and secluded once again appeared. Initially, Cole couldn't attend school for more than 2 hours at a time and his teachers communicated Cole's worry and distrust of any adult that was new to Cole. Cole was constantly triggered, and his teachers described him as being in fight or flight mode. It took months before we could even pull into the school's driveway without Cole hitting his head against the seat of the car and repeating "turn, turn, turn."

He was afraid of his new principal for the sole reason that his principal at his old school "used to attack him." He communicated to his teachers that he still thinks of his old school and tells us his brain tells him he must fight. When a Scholastic Book Fair came to his school, Cole communicated his fear of his old teachers being there because he remembered book fairs at his old school. He still had nightmares and talked about being afraid of being held.

For anyone that has gone through trauma, but specifically for Cole, his processing and being ready to share his experiences has taken time. Two and a half years passed before he was ready to share that an aide would withhold food from him. Suddenly, it made sense as to why the first thing he would do at his new school was intensely eat all the food that was packed in his lunchbox.

He talked of two friends of his former school who were held and then taken to, again his words; "the room." He talked of the sounds they made when they were being held and then asked why did they do that? At the end of this conversation, the longest and most in depth he's been about the incidents there, he said to me: "Even though they hurt me, I still love them."

And after incidents of seclusion at his new school, Cole once again regressed to wetting the bed, having nightmares and being afraid to go to school. He was constantly triggered in the school environment and would arrive home stressed, which would leave him self-talking for hours. We decided to remove our son and homeschool him. It has been three years since we made this decision and Cole is finally in a place where he is thriving and happy. He is supported and feels safe. We finally have our son back.

I share all of this with you because Cole's story is not his alone. Thousands of children are subjected to these traumatic and dangerous practices each year. Many do not have the language to relay what is happening behind closed doors. This legislation has the power to protect our most vulnerable of children. It has the ability to introduce methodologies of training that are safe and effective, they are proactive, and they are built upon current neuroscience. These methodologies-CPS, Ukeru, Applied

Educational Neuroscience, the Polyvagal Theory, the Low Arousal Approach, and the Neurosequential Model of Therapeutics have shown to reduce the use of restraint and seclusion and in turn create safe and supportive classrooms for everyone. So, I ask that you please vote favorably for S705 and help Maryland move away from the dangerous and traumatic practices of restraint and seclusion.

Thank you for considering this testimony. Please feel free to reach out with any questions.

Sincerely,

Emily LaMarca

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