

February 24, 2021

HB 1166: Education – Physical Restraint and Seclusion Requirements, Reporting, and Training

Hello, my name is Guy Stephens. I am the founder and executive director of the [Alliance Against Seclusion and Restraint](http://www.endseclusion.org) (AASR). We support Maryland HB 1166. AASR is a community of over 10,000 parents, self-advocates, teachers, school administrators, attorneys, related professionals, and others who are working together to influence change in the way we support children with behavioral challenges. The mission of AASR is to educate the public and to connect people who are dedicated to changing minds, laws, policies, and practices so that restraint, seclusion, and other dangerous practices are eliminated from schools across the nation. I started AASR after my autistic son was traumatized by the use of restraint and seclusion in a Maryland public school.

Unfortunately, many children and young adults are traumatized, injured, and even killed in schools that are designed to help them. This is not a new problem, in fact, in 2009 the Government Accountability Office (GAO) issued a report titled “[Selected Cases of Death and Abuse at Public and Private Schools and Treatment Centers](#)”. The report concluded that no federal laws are restricting the use of seclusion and restraints in public and private schools and widely divergent laws at the state level. The GAO found hundreds of cases of alleged abuse and death related to the use of restraint and seclusion on children during the prior two decades. Today over a decade later children continue to be traumatized, injured, and even killed.

Restraint and seclusion are dangerous and can lead to significant trauma and injuries to students, and staff. Trauma is relevant for several reasons. Many children who are being restrained and/or secluded already have a trauma history and the use of restraint and seclusion is itself traumatic. Trauma can change the brain. Brain areas implicated in the stress response include the amygdala, hippocampus, and prefrontal cortex. Traumatic stress can be associated with lasting changes in these brain areas and lead to post-traumatic stress disorder (PTSD).

There are far better ways to work with children that avoid the need for crisis management. Our public and nonpublic schools should be moving towards

neurodevelopmentally informed, trauma-sensitive, biologically respectful, relationship-based ways of understanding, and supporting all children.

While some school staff believe that restraint and seclusion can be done safely, the truth is that there are always risks involved. There is a misconception that restraint and seclusion are “tools” that keep people safe. This too is a myth, the data supports that the use of restraint and seclusion increases the chance of injury to teachers and staff. When you hear stories of staff being injured, it is most likely to occur while the staff is attempting to restrain or seclude a child. Anytime hands are placed on a child the child may enter into a fight or flight response mode which increases the likelihood of injuries to everyone.

At AASR we support legislation that will include:

- Additional accountability and oversight.
- Reduction of the use of restraint and seclusion.
- Additional prohibitions on the use of seclusion.
- Collaboration with higher education to ensure appropriate teacher training.

We can make schools safer for children, teachers, and staff while reducing and eliminating the use of restraint and seclusion, but we need your help. Please support HB1166 and let us know if we can assist in any way possible.

Respectfully,



Guy Stephens
Founder and Executive Director
Alliance Against Seclusion and Restraint