

Elizabeth Thornberry
3724 Tudor Arms Ave
District 40

TESTIMONY IN SUPPORT OF HB1166

22 February, 2021

TO: Chair Kaiser and Members of the Ways and Means Committee

FROM: Elizabeth Thornberry

Members of the Ways and Means Committee, my name is Elizabeth Thornberry. I live in Wyman Park, Baltimore, and I am the mother of two children in Baltimore City Public Schools, as well as a university educator. I am writing to support HB1166, to limit the use of restraint and seclusion in Maryland Schools.

Restraint and seclusion are disproportionately used on students with disabilities, especially intellectual and developmental disabilities, and on Black and Latino students. These techniques can lead to long-term trauma. Consistent research has shown that, rather than making schools safer, the use of restraint and seclusion *increases* aggression and violence, due to this trauma. For a comprehensive review of this research, see Janice LeBel et al., “Restraint and Seclusion Use in U.S. School Settings: Recommendations from Allied Treatment Disciplines,” *American Journal of Orthopsychiatry* 82:1 (January 2012), pp. 75-86.

HB1166 specifically updates current Maryland regulations in three important ways. First, it requires that alternative interventions be “demonstrated” to be ineffective, rather than “determined.” The current standard of “determined” is unacceptably vague, and allows school staff to make this determination without attempting to implement alternative interventions. Seclusion and restraint should be last resorts, and school staff should be required to make every possible effort to avoid their use.

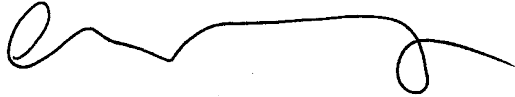
Second, HB 1166 requires that seclusion be observed by a qualified physician, psychologist, or social worker. Currently, seclusion can be monitored by any school personnel that has received training in a specified set of categories, but the extent or specific content of the training is not specified. It is unrealistic to expect that such training will allow a teacher, paraprofessional aide, or behavioral aide be able to gain the clinical competency to discern whether seclusion is contraindicated for the child or producing harm in this specific situation. For good reason, these clinical judgments are restricted in other contexts to personnel who hold an appropriate professional license. We should demand the same standards for our schools.

Third, HB1166 requires schools to report annual data on the use of restraint and seclusion, as well as on policies and procedures related to restraint and seclusion. Although MSDE currently has regulatory authority to collect such data, it is not required to do so, and data collection has not been sufficient to allow parents and other interested citizens to know whether restraint and seclusion are being used appropriately.

Finally, on a personal note, one of my children has an autism diagnosis. Although he is still quite young, this is one of my deepest fears about sending him to public school. He has significant speech challenges, and is not always able to verbalize his needs and emotions, particularly when under stress. He also has

intense sensory sensitivities, and can be deeply distressed by sounds that other people may not notice at all. I know that there will be times at school when these factors converge and mean that he is upset and not fully in control of his body, but unable to explain what is wrong. My hope is that he will always have teachers and staff who recognize that what appears like aggression is in fact a sign that he is in a state of crisis and needs help; and who respond by giving that help, rather than increasing his trauma. This bill is one step in making sure that he is safe while in public school.

Sincerely,

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke that ends in a small circle.

Elizabeth Thornberry