

**ALLIANCE
AGAINST**

**SECLUSION
RESTRAINT**

Guy Stephens
Alliance Against Seclusion and Restraint
P.O. Box 875
Solomons, Maryland 20688

Education, Health & Environmental Affairs Committee
11 Bladen Street
Annapolis, Maryland 21401

Chairman Pinsky, and members of the committee,

My name is Guy Stephens. I am a father and the executive director of the Alliance Against Seclusion and Restraint. I am writing to you today on behalf of the [Alliance Against Seclusion and Restraint](#) (AASR), as well as the children and families who attend Maryland Public Schools. AASR is a Maryland nonprofit corporation operating through a fiscal sponsorship with Players Philanthropy Fund. We are a community of over 17,000 parents, self-advocates, teachers, school administrators, paraprofessionals, attorneys, related service providers, and others working together to influence change in the way we support children who may exhibit behaviors of concern. 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, suspension, expulsion, corporal punishment, and other harmful practices are reduced and eliminated from schools across the nation and beyond. Our vision is safer schools for students, teachers, and staff.

About three years ago, my neurodivergent son was illegally restrained and secluded for the last time. The experience left him traumatized and afraid to return to school. As a result, he finished the remainder of the school year in a home and hospital program. Before our family's experience, I would have never imagined that children were routinely restrained and secluded in schools across the state. I talked to my son about what had happened to him. I made a promise to him that I would do anything in my power to make sure it never happened to him again.

P.O. Box P.O. 875 Solomons, Maryland 20688
www.endseclusion.org | info@endseclusion.org

Since my son was restrained and secluded, I've had the opportunity to talk to parents from all over the country. Jennifer Tidd's autistic son Quentin was restrained and/or secluded at least 745 times. This despite the fact that the Department of Education Office for Civil Rights (OCR) has said in a Dear Colleague letter¹ (2016) that OCR would likely not find the repeated use of restraint and seclusion to be a justified response where alternative methods also could prevent imminent danger to self or others. Ultimately Ms. Tidd joined a lawsuit with the Autistic Self Advocacy Network (ASAN), the Council of Parent Attorneys and Advocates (COPAA), CommunicationFirst, and several other families against Fairfax County Public Schools in Virginia for unlawful restraint and seclusion practices. The lawsuit was settled, and as part of the agreement, seclusion practices will be banned in all Fairfax County Public Schools and private schools that have contracts with the school system by the start of the 2022-2023 school year. Kristi Kimmel's son Zeke, who is autistic and nonspeaking, was secluded 206 times and restrained 71 times in less than one school year in the Frederick County School system. In 2021, the Department of Justice investigated Frederick County Public Schools, which found that the school district unnecessarily and repeatedly secluded and restrained students as young as five years old in violation of Title II of the Americans with Disabilities Act (ADA). Under the settlement, Frederick County will end the use of seclusion, overhaul its restraint practices, and train staff on the use of appropriate behavioral interventions for students with disabilities. These are just two of hundreds of stories I've heard from parents whose children have been restrained, secluded, and traumatized.

Let me share I learned from my research and advocacy work. Children with disabilities, Black and brown children, and children with a trauma history are most restrained and secluded. Many assume it is more common with older students, and it is not. It is most often children as young as 5,6,7 and 8 years old. According to OCR²,

¹ Dear Colleague Letter: Restraint and Seclusion of Students with Disabilities. (2016, December 28). U.S. Department of Education's Office for Civil Rights. Retrieved February 13, 2022, from <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201612-504-restraint-seclusion-ps.pdf>

² 2017-18 Civil Rights Data Collection Report. (2019, December 15). Department of Education Office of Civil Rights. Retrieved February 13, 2022, from <https://www2.ed.gov/about/offices/list/ocr/docs/restraint-and-seclusion.pdf>

students with disabilities make up around 13% of the enrollment in public schools yet account for 80% of physical restraints and 77% of seclusions. Reflecting on these numbers, it is clear that this is a civil rights issue, and we must do something to protect the civil rights and human rights of our most vulnerable children. I'm sure that many of you have someone you love with a disability, consider the potential impact.

In my extensive research, the next thing I wanted to understand was the impact of restraint and seclusion. I found that restraint and seclusion result in trauma, injuries, and even death. Trauma can impact students, teachers, and staff. The very act of physically restraining or secluding a child will trigger a fight or flight response in the brain. Being held to the ground or forced into a seclusion room is traumatizing. Trauma can lead to changes in the brain that lead children to be fearful and hypervigilant, often leading to an increase in distress behaviors, which may have been what caused them to be restrained and secluded in the first place. It is also traumatic for the other children who may be witnessing a classmate being physically restrained or secluded.

Injuries are common in restraint and seclusion instances. Children and educators have suffered from broken bones, head trauma, scratches, bruises, seizures, brain injuries, and other injuries³⁴. Children, teachers, and staff are more likely to be injured⁵ performing a physical restraint or seclusion. While we often hear proponents of restraint and seclusion say that they feel it is necessary to keep everyone safe, the truth is the most significant opportunity for injuries occurs during the events. Sadly there have been many deaths over the last several decades due to physical restraint and seclusion in our schools. Cornelius Frederick, a student in Michigan, died in May of 2021 after being placed in a prone restraint because he threw a sandwich in a cafeteria. Max Benson, a young autistic student in California, died in November 2018

³ *Our History*. (2021, April 22). Ukeru Systems. Retrieved February 13, 2022, from <https://www.ukerusystems.com/who-we-are/our-history/>

⁴ *Understanding the Risks of Physical Restraints*. (2022, January 1). Crisis Prevention Institute. Retrieved February 13, 2022, from

https://www.crisisprevention.com/CPI/media/Media/elearning/flex/PDF_NCI-Risk-of-Restraints.pdf

⁵ *A National Strategy to Prevent Seclusion and Restraint in Behavioral Health Services*. (2010, March 1). Substance Abuse and Mental Health Services Administration. Retrieved February 13, 2022, from https://www.samhsa.gov/sites/default/files/topics/trauma_and_violence/seclusion-restraints-1.pdf

after being placed in a prone restraint in his school. These are lives that should not have ended this way.

I wanted to address some common misinformation about the use of restraint and seclusion. One of the things we often hear is that physical restraint is safe. Some might even tell you that it is therapeutic. Physical restraint is intended as a crisis intervention only intended for life-threatening situations; it is not a therapeutic intervention⁶. The only safe restraint is when all parties willingly participate, such as occurs in training. In real-life situations, physical contact leads individuals into a fight or flight response, where children will do all they can to escape. The staff is also likely to enter into a fight or flight response, increasing the chance that someone will be injured or worse.

We also hear the myth that seclusion is a safe and calming intervention. Nothing could be further from the truth. Nothing is calming about being thrown into a room against your will, alone, while someone holds the door shut. Initially, children may respond by kicking, screaming, and beating on the walls to escape. Eventually, lacking the developmental capacity to self-regulate, children's brains will begin to shut down, and they may enter a survival state - this is not calm.

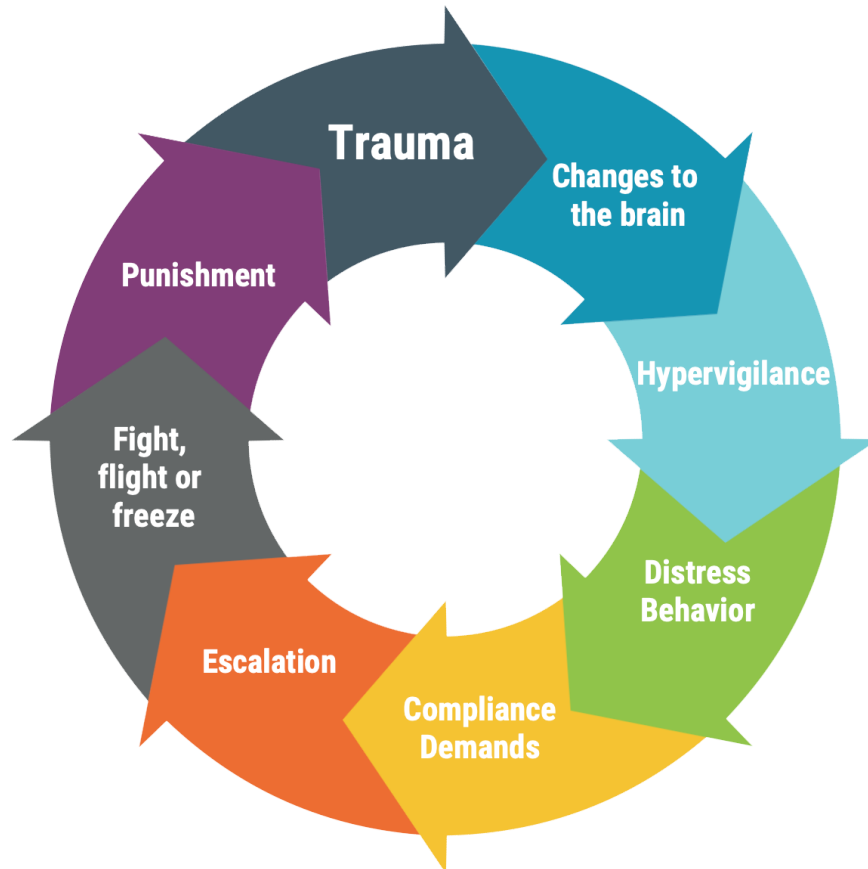
The final myth I would like to address is that there are no other choices, that restraint and seclusion are necessary. This belief is not valid. There are many alternative approaches to better support our children. Grafton Integrated Health in Virginia developed a method called Ukeru⁷, a trauma-informed alternative to restraint and seclusion. Grafton eliminated seclusion in all the schools and residential facilities it manages and now teaches the approach to other schools. Dr. Bruce Perry, a leading trauma expert, developed the Neurosequential Model⁸, proven to reduce the use of

⁶ Stephens, G. (2021, February 1). Prone restraint is neither safe nor is it therapeutic. Alliance Against Seclusion and Restraint. Retrieved February 13, 2022, from <https://endseclusion.org/2021/02/01/prone-restraint-is-neither-safe-nor-is-it-therapeutic/>

⁷ Home. (2021, October 14). Ukeru Systems. Retrieved February 13, 2022, from <https://www.ukerusystems.com>

⁸ The Neurosequential Model in Education. (2020, August 26). Sussex Psychology. Retrieved February 13, 2022, from <https://sussexpsychology.co.uk/the-neurosequential-model-in-education/>

restraint in trauma-exposed youth⁹. Dr. Ross Greene developed the Collaborative and Proactive Solutions Model¹⁰, an evidence-based approach to minimize restraint, seclusion, suspensions, expulsions, and corporal punishment.



Over the past forty years, there has been a tremendous increase in the knowledge base about the brain, nervous system, human development, and behavior. Our knowledge now includes understanding the role of toxic stress and trauma on the structure of the developing brain and brain functioning. State-dependent functioning, the polyvagal theory, bottom-up versus top-down learning and control, and the differences between

⁹ Hambrick, E. P., Brawner, T. W., Perry, B. D., Wang, E. Y., Griffin, G., DeMarco, T., Capparelli, C., Grove, T., Maikoetter, M., O'Malley, D., Paxton, D., Freedle, L., Friedman, J., Mackenzie, J., Perry, K. M., Cudney, P., Hartman, J., Kuh, E., Morris, J., . . . Strother, M. (2018). Restraint and Critical Incident Reduction Following Introduction of the Neurosequential Model of Therapeutics (NMT). *Residential Treatment for Children & Youth*, 35(1), 2–23. <https://doi.org/10.1080/0886571x.2018.1425651>

¹⁰ Greene, R., & Winkler, J. (2019). Collaborative & Proactive Solutions (CPS): A Review of Research Findings in Families, Schools, and Treatment Facilities. *Clinical Child and Family Psychology Review*, 22(4), 549–561. <https://doi.org/10.1007/s10567-019-00295-z>

intentional behaviors and stress behaviors (flight, fight, freeze) are all part of this new understanding¹¹. However, despite all this progress, students with disabilities and Black and brown students who cannot meet the behavioral expectations are often not supported or accommodated; instead routinely punished.

Today, we know the brain areas implicated in the stress response include the amygdala, hippocampus, and prefrontal cortex¹². We also know that traumatic stress can be associated with lasting changes in these brain areas. The amygdala detects threats in the environment and activates the "fight or flight" response. The use of restraint and seclusion can lead to actual changes in the brain. Children who have been traumatized may not feel safe and may enter a hypervigilant state, leading to distress behaviors when the child becomes overwhelmed or triggered. When demands on a child are made that they cannot meet, the situation may escalate. The current approach in many classrooms that focuses on compliance may lead to a fight, flight, or freeze response, leading to punishment and retraumatization, feeding the classroom trauma cycle.

It is time to shift to approaches that are relationship-based, trauma-informed, neuroscience-aligned, developmentally appropriate, individualized, biologically respectful, and collaborative to support all children, teachers, and staff in schools across the nation. This is a critical moment in time for moving forward. We need to base safer schools around current neuroscience to help us face the challenges that currently face the nation. The COVID-19 pandemic has increased stress and led to significant trauma for many as families suffered from loss and a changing world. Due to the increased stress and trauma, our teachers and staff are likely to face more children in distress that need connection, not compliance and safety, not consequences. So many children face nothing but consequences, and the outcomes are devastating.

¹¹ Tolley, B. (2022, January 19). A twenty-first century approach to supporting all students. Alliance Against Seclusion and Restraint. Retrieved February 13, 2022, from <https://endseclusion.org/research/a-twenty-first-century-approach-to-supporting-all-students/>

¹² Andrewes, D. G., & Jenkins, L. M. (2019). The Role of the Amygdala and the Ventromedial Prefrontal Cortex in Emotional Regulation: Implications for Post-traumatic Stress Disorder. *Neuropsychology Review*, 29(2), 220–243. <https://doi.org/10.1007/s11065-019-09398-4>

When I said to you that what happened to my son has changed my life, it was no exaggeration. Three years ago, I started a national organization called the Alliance Against Seclusion and Restraint. I have volunteered thousands of hours to research this issue and promote positive change to make our schools safer for students, teachers, and staff. We have advocated for changes to local policy and state and federal law. We have produced hundreds of hours of educational content related to reducing and eliminating the use of restraint and seclusion. Today we have over 17,000 members from across the world in the Alliance Against Seclusion and Restraint community. Our community includes parents, self-advocates, teachers, administrators, paraprofessionals, and others dedicated to finding better ways to support children and educators.

In the name of behavior, children are restrained, secluded, suspended, expelled, and subjected to corporal punishment. We can make classrooms across the nation safer for students, teachers, and staff by reducing and eliminating restraint and seclusion. We have reviewed the research and what we have found is that there is no data to support the use of seclusion in a school setting (perhaps any setting). Seclusion leads to increased aggression and more frequent challenging behaviors. Seclusion should be prohibited across the nation as it has been in several states, including Hawaii, Georgia, Nevada, Texas, and Pennsylvania. Like the Government Accountability Office¹³ (GAO), we are concerned the use of seclusion and restraint is often underreported by school districts and poses a significant danger to children. We agree with the United Nations¹⁴ that the use of seclusion and restraint violates fundamental human rights.

Three years ago, I examined data that resulted from 2017 legislation that required school districts and nonpublic schools to report the use of restraint and seclusion. In the first report, I learned that my school district, Calvert County Public Schools

¹³ K-12 Education: Education Should Take Immediate Action to Address Inaccuracies in Federal Restraint and Seclusion Data [Reissued with revisions on July 11, 2019.]. (2019, November 26). U.S. GAO. Retrieved February 13, 2022, from <https://www.gao.gov/products/gao-19-551r>

¹⁴ OHCHR | Convention on the Rights of the Child. (89–11-20). United Nations Human Rights. Retrieved February 12, 2022, from <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

(CCPS), had the highest rate of seclusion and the second-highest rate of restraint when viewed against enrollment. This data prompted me to reach out to my local board of education to raise awareness and promote change. I successfully worked with our school district to change our policy, practice, and training.

Interestingly, the district with the highest use of restraint and the second-highest use of seclusion was Frederick County Public Schools (FCPS). I am sure you know that the Department of Justice recently investigated FCPS.

In the 2017/2018 school year, Calvert County Public Schools (CCPS) reported 576 instances of restraint and 701 instances of seclusion. In the current school year, CCPS has reported 14 instances of restraint and just three instances of seclusion. The district has been proactive, which may have helped them avoid an investigation by the Department of Justice.

Today I ask you to be proactive in supporting a favorable outcome for SB 705.

Respectfully,



Guy Stephens
Founder and Executive Director
Alliance Against Seclusion and Restraint