Honorable Committee Members:

LD 1248 - LD 1398 are integrally related.

As a parent of a 14-year-old son with Down syndrome, autism, PTSD, Anxiety and ADHD I urge you to vote against any measure that would loosen restrictions and/or terminology related to physical escort and restraint and seclusion of students. I strongly urge your support for increased behavioral support for students and training for staff in Maine's public schools.

My son has been restrained over a dozen times at Oxford Hills Middle School this school year! This follows 8 years of successful school experience at Rowe Elementary with continual social, emotional and academic growth and no restraints.

What is the big difference between two schools in the same district? Why would a child with significant cognitive and behavioral disabilities thrive in one environment and be reduced to restraints in another school? TRAINING!

The Rowe staff were experienced in a wide range of behavioral modification and de-escalation strategies being led by a highly-skilled teacher. The middle school staff, without proper training and protocols for positive behavior intervention strategies or trauma informed practices set dangerous protocols in the first days of my son's 7th grade year that has led to multiple restraints and seclusions, and resulted unnecessarily in a traumatized, physically injured, depressed and lonely young man.

Please understand that most restraints and seclusions occur with students with developmental and behavioral disabilities. Many of these students also have medical conditions which make them vulnerable to injury or even death from physical restraint or force.

Physical intervention is an absolute LAST resort that should only be used in the event of immediate danger or harm. Physical intervention is always harmful to the psychological health of the student and even teaches them how to replicate force on others.

Please do not confuse "safety training" with behavioral health training. Only formal behavioral health training can give educators the necessary tools to implement proven trauma informed strategies for behavior modification and de-escalation to avoid restraints and seclusions in the first place!

Aranka Matolcsy
South Paris
LD 1248

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