

Monique Stairs
Speaking Up For Us
LD 1248

April 23, 2025
100 State House Station
Augusta, ME 04333

In Support of LD 1097 – An Act Regarding Behavioral Health Support for Students in Public Schools

Against LD 1248 (formerly 1398) – An Act to Provide De-escalation and Behavior Intervention Training for School Personnel

Good Afternoon Senator Rafferty, Representative Murphy, and Members of the Education Committee,

My name is Monique Stairs and I am the Executive Director of Speaking Up For Us (SUFU). SUFU has been the self-advocacy network in Maine since 1993 and we are an established 501(c)3 non-profit. Self-Advocacy is part of the civil rights movement for people living with Intellectual and Developmental Disabilities (I/DD) to advocate and voice their opinions on issues that are important to them. Self-advocates are the people who have the lived experience of what it means to live with a disability. Our Board of Directors is made up 100% of adults living with I/DD, which makes us a unique organization.

Thank you for the opportunity to submit this testimony today regarding the critical issue of physical restraint use in our schools. In 2021 I also had the honor of being a New Hampshire/Maine Leadership Education in Neurodevelopmental and Related Disabilities (LEND) trainee where I focused my leadership placement and capstone project on trauma and the use of restraints. This work led to empowering self-advocates to share their lived experience of being restrained to effect systems change to eliminate restraint use this legislative session by your colleagues in the Health and Human Services Committee. The committee received 55 pieces of testimony in favor of LD 769 to eliminate the planned use of restraints on adults living with developmental and intellectual disabilities in Maine. I share this information with you as it seems counterproductive to make it easier to restrain children when we are working to stop restraining adults.

The Harm of Restraints

Many self-advocates and family members have shared stories and opinions about the impact that the use of restraints has had on people's lives, the trauma it has caused and the lasting effects. I have reviewed multiple research articles on this subject and I have found that most conclude restraints are rarely therapeutic and frequently traumatic resulting in injury or death. In much of the research I reviewed, there was limited representation from the perspective of individuals who are the recipients of restraints. I want to highlight this is as a gap in research as well as in the overall framework for how we talk about people living with I/DD rather than including them in the conversation and decision making.

For children who have experienced trauma, the use of restraints can retraumatize and escalate behavior rather than calm it. This is especially concerning given that many students subject to restraint are those with disabilities or emotional and behavioral challenges. This is a systemic problem, and legislative action is necessary to ensure the dignity and safety of every child in our schools.

Trauma-Informed Care: A Better Path

We now have better models that support de-escalation and center the person. Trauma-informed care provides an alternative framework for understanding and responding to student behavior. Rather than asking, "What's wrong with you?" it asks, "What happened to you?" This shift allows educators to respond with empathy and appropriate strategies, de-escalating rather than escalating conflict.

A key model that embodies this approach is the Crisis Prevention Institute's (CPI) Nonviolent Crisis Intervention® program, which emphasizes:

- Early recognition of signs of distress
- Verbal de-escalation techniques
- Maintaining dignity and respect for students
- Using physical intervention only as a last resort and with strict, regulated guidelines

Their website can be found here for more information:

Create a Safer Workplace with De-escalation Training | CPI

Another effective program is the Ukeru® System, which is entirely restraint- and seclusion-free. Developed from within the behavioral health system, Ukeru provides training in sensory-based calming techniques and non-coercive intervention strategies. Schools using Ukeru report dramatic reductions in student aggression and restraint incidents, alongside improved staff and student morale. The Maine Developmental Disabilities Council funded a study in partnership with Sweetser a few years ago and had similar results.

Legislative Recommendations

I urge you to consider not passing LD 1248 and to pass LD 1097. We need less restraints and more support for our educators in de-escalating students in the classroom. As legislators, educators, and citizens, we have an obligation to ensure our schools are places of learning, not fear. Restraints may offer the illusion of control, but they sacrifice the trust and safety that children need to thrive.

It is time to reject the use of restraint as a disciplinary method and invest in practices that reflect the compassion, science, and integrity our students deserve.

Thank you for your time and consideration in reading this testimony today.

Sincerely,

Monique Stairs

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