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February 3, 2022

Sen. Deschambault, Rep. Warren, and members of the Criminal Justice and Public Safety Committee --

I am writing as a representative of the Maine Chapter of the American Academy of Pediatrics, an organization of over 400 health care practitioners who specialize in the treatment of children and youth. We are in support of LD 1897, which proposes to discontinue the use of certain physical and chemical restraints at our youth detention facilities.

Our national organization has outlined a variety of strategies to improve the outcomes of youth who are clients of the juvenile justice system. The impressive **System Assessment** document from Feb. 2020 describes many of these strategies. As Pediatricians and parents, we do empathize with the feelings of frustration and anger felt by the staff of residential facilities when confronted by an oppositional youth in the midst of a meltdown. However, the **Assessment** details the basis for our support of this bill – that many of these outbursts are preventable, and that de-escalation approaches are the preferred alternative to restraints.

The medical model for explaining behavioral pathology has evolved over the last decades. Nature and nurture have merged to a great degree – **adverse childhood experiences** are thought to interact with genetic and intrauterine factors to influence both endocrine and brain function. The concept of **epigenetics** affords a biological mechanism for this phenomenon.

While human variability creates different thresholds, childhood trauma typically **LOWERS** the set point that triggers an acute stress response – victims of abuse respond with extreme behaviors to events that “normal” children would consider mundane and only mildly irritating. These amplified pathological reactions can be directed at the self (suicidality) or at others (aggression against persons or property). We believe that the overlap between ACEs, psychopathology, and the “clients” of the juvenile justice system approaches 100%.

The vast majority of these children are not doomed. Psychologists employing trauma-informed therapies can help them gain insight and learn to control their undercurrent of anger. Those with more serious biologically based psychopathology may need the additional assistance of psychotherapeutic medication. In all cases, positive experiences that promote **resilience** can ameliorate some of the biophysical effects of trauma. Conversely, additional trauma compounds the underlying tendency for dysfunction by reinforcing the effects of their early emotional damage.

While we agree that the juvenile justice system must serve to protect society, whether institutions like Long Creek are necessary for that purpose is a matter for another debate. If these types of institutions continue, however, they need to be restructured to serve their true function – not as jails, but as secure mental health facilities. This transition will not be easy.

Sincerely,

Sydney R. Sewall, MD MPH  
Hallowell

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