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Dear Committee Members,

I am writing to share my significant concerns around the proposed legislation in LD 1373. In my role as a special educator and as a QBS Safety Care trainer, restraint and seclusion are part of my daily reality. I have dedicated the last 15 years of my life to supporting students with significant emotional, behavioral and developmental needs, sometimes to the detriment of my own mental and physical health. My decision to restrain or seclude a child is NEVER made lightly, or as a means to punish a child for maladaptive behavior. Restraint and seclusion are intended to keep both students and staff as safe as possible during very challenging situations. I was pleased to hear that the position on the supine restraint has been reconsidered, and my hope is that you will also reconsider the position on seclusion. I have faced many, many situations in which seclusion is preferable to restraint. The biggest factor is the number of staff available during a crisis situation. Currently, the majority of schools are facing staff shortages, especially in high severity, special education programs. To safely perform a supine restraint, a minimum of 4 staff members, trained in this high severity hold, are required. Most staff are only trained in basic restraint, and to be certified for supine requires additional training. When there is not enough staff to safely restrain a child, the other options are seclusion or allowing the child to potentially hurt themselves, the staff working with them, or peers around them. In my mind, this is unacceptable. Moving an escalated student to a space that includes minimal sensory input is often the safest option. It is important to note that Chapter 33 outlines many safeguards to ensure that the escalated student is never unattended. If it appears that the seclusion is becoming more unsafe than a restraint due to self-injurious behaviors, the team will make the determination to terminate seclusion and initiate restraint. This is a decision that is made quickly, by highly trained professionals, working in the best interest of the student.

Another aspect that must be considered is the student's diagnosis and trauma history. In my time working in a special purpose, day treatment school, I encountered many students dealing with the trauma of physical and sexual abuse. Placing a child with this type of trauma history in a physical restraint potentially reactivates that trauma experience, and can damage the relationship with the adults at school that they trust. Seclusion is a far more suitable response in this case. A child on the Autism Spectrum with acute sensory needs may actually become more escalated by a physical restraint, creating an even more unsafe situation. Seclusion would reduce the physical stimulation and a series of non-verbal prompts from behind a window (because as we know, Chapter 33 mandates that a student be visible at all times during a seclusion), has a greater success rate of deescalating that student than a restraint. Another point to consider is the size of the student and the size of the person working with them. On

that basis alone, at the middle and high school levels, seclusion can be a much safer option than a staff member attempting a physical restraint that would lose its stability.

While I could continue for many, many pages about my experiences with this topic, my final thought is around the Least Restrictive Environment (as outlined by IDEA) for our students. There is a significant amount of research that shows that students have a higher post-graduate success rate (whatever their plan may look like) when they are able to stay in their neighborhood school districts with typically developing peers. Those peers tend to come out of their school experience being more empathetic and compassionate towards others with differences. One of my greatest fears with this proposed legislation, is that instead of being able to train our staff to work with students and keep them in our public schools, districts will have to resort to out-of-district placements for students with significant needs, simply because our ability to appropriately respond to challenging situations will be curtailed.

I acknowledge and understand that the notion of restraint and seclusion has had a long and ugly history, but as a person who has dedicated their career to a population of students with significant needs, I truly believe that the benefits of these practices, when implemented appropriately and in accordance with our current law, far outweigh the risks.

Thank you for your time and consideration, and I am more than happy to discuss this further with anyone who would like more insight from someone who has been, and will continue to be, on the front line.

Sincerely,

A handwritten signature in black ink, appearing to read 'Megan Holden', with a long horizontal flourish extending to the right.

Megan Holden, MEd