



May 10, 2021

Testimony in Support of LD 1373 “An Act To Keep All Students Safe by Restricting the Use of Seclusion and Restraint in Schools”

Senator Rafferty, Representative Brennan and the distinguished members of the Joint Committee on Education and Cultural Affairs,

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. Our Board of Directors is made up 100% of adults living with I/DD, which makes us a unique organization.

I am submitting testimony today in support of LD 1373. I have recently advocated for the elimination of the planned use of restraints for adults living with Developmental Disabilities in Maine and offered up a suggested changes in organizational culture by adopting a Trauma Informed Care Model in the adult services system. I strongly feel that we need to have consistency across the lifespan of people living with disabilities in Maine. The experiences that many self-advocates have shared with me of being restrained as adults started when they were children in schools.

Many self-advocates and family members are sharing 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 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.

I have recently completed a Capstone Project through the NH-ME LEND program in which I conducted research on the affects of restraints and seclusion. All of my research has brought me to the same conclusion every single time; putting hands on people and restraining them is not the answer to managing difficult behavior. I want to be clear that I am not referring to emergency situations but speaking specifically about the planned use of restraining people as part of a Behavior Management Plan, or as the way we allow educators to manage difficult behavior with children in schools.



I shared the following statements with the Office of Aging and Disability Services (OADS) during the most recent listening sessions they hosted regarding behavior regulations. Though these points are focused on adult services, I believe they are also relevant to the use of restraints on children.

Maine currently has many systemic issues within our service delivery system that are compounded by the pandemic. There is a staffing crisis among support agencies with extremely high staff turnover rates. We also place a high expectation and demand on DSP's who we pay minimum wage with the only qualification required being a high school diploma. We expect staff people to connect people living with I/DD to their communities, achieve their PCP goals and know how to navigate difficult behavior when triggered. *Then the best tool we place in the tool box for them is using restraints?* I strongly feel this is a poor tool to use to help people with disabilities to regulate their emotions and communicate what is happening to them. By continuing to give support staff the wrong tools to manage the issue we are perpetuating a lifelong cycle of systemic failure.

The system needs to give staff different tools that are evidence based, person centered, and treat people with disabilities as people. Behavior is a form of communication and treatment teams need to examine why the behavior is happening. I often think about the "River Story," a public health parable of going upstream to find the source of the problem. When we settle with restraints as the only tool in the toolbox we are not focused on prevention of the behavior we are restraining against. When we talk about people living with I/DD as needing to be restrained, this communicates a message to society that people with I/DD are dangerous. This image further widens the divide that prevents true community inclusion from happening.

People living with I/DD deserve the right to be treated with dignity and respect. I really want to stress that these are real people we are talking about. People are allowed to have a bad day. They shouldn't have to constantly be worried that their emotions are going to cause them to be restrained or retaliated against. Historically, people living with I/DD have been victims of abuse, neglect and generally devalued by society. The planned use of restraints also communicates to the individual that it is allowed for people to touch them and desensitizes them to having their personal boundaries violated. A system that allows restraint sets up a power differential in which it becomes the staff versus the individual living with I/DD. When we introduce violence into a care system we open that system up to further opportunities for abuse and traumatic experiences.

There are several models that have been researched and attempted in different care settings where restraint is used to modify behavior. This web resource from the National Institute of Biotechnology Information has a snap shot of alternative to restraints: [Alternatives to use of restraint: A path toward humanistic care \(nih.gov\)](#)

The model that I would suggest as an alternative to restraints is developing an organizational culture that is based on Trauma Informed Care. Generally, the trauma history of an individual has not been recognized at the forefront of service delivery for people living with I/DD and has not been a significant identifier in a person's life. (Keesler, 2014)

Growing research has emerged and brought forward the perspective and awareness that trauma has an impact on people's lives and the Substance Abuse and Mental Health Services



Association (SAMHSA) issued a policy brief recommending adoption of a Trauma Informed Care Model where individuals and staff are valued and empowered by acknowledging their skills and abilities. (Keesler, 2014) The SAMHSA brief can be retrieved here: [seclusion-restraints-1.pdf](#). I recommend that OADS look to adopt a similar policy and action plan in working with providers to phase out the use of planned restraints and develop a system that is strengths focused and person centered.

If we continue to allow restraints to be an option to use in managing behavior then restraints will continue to be used to manage behavior. Only by removing this tool from the toolbox can we move past this harmful practice and begin exploring and defining a new system. Self-advocates and allies have pushed to close Pineland, sheltered workshops, and eliminate subminimum wage in Maine. I think we can move beyond planned restraints as well and offer a service system that is person centered and built on dignity and respect for all people living with I/DD in Maine.

Thank you for the opportunity to share my perspective on behalf of Speaking Up For Us. I hope you will consider the perspective that restraints and seclusion in schools continues to affect these children into adulthood.

Sincerely,



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