

Oregon State Legislature  
House Committee on Early Childhood & Human Services  
900 Court Street NE Salem, OR 97301

Submitted electronically via OLIS  
RE: HB 3835, Relating to improving safety, access and quality of care for Oregon children in need.

## OPPOSE

Dear Chairwoman Hartman, Vice-Chair Sharf, Vice-Chair Nguyen, and contributing members of the committee.

As I sit here trying to compose myself after tearfully reading through previously submitted testimony both supporting and opposing, I am left with a deep sadness for our state's children.

While I want to remain open to the support letters from institutions like Trillium, who are providing front line 24/7 care for our most vulnerable children dealing with serious self harm and other challenging behaviors, I am bereft of believing that this bill is the answer. I would hope that future bills could meet their needs without provisions that further expose our children to the unintended consequences of HB 3835.

A bill that would likely lead to less investigations of some of the most serious and traumatizing child abuse, and would allow for more seclusion and restraint cannot be our only option. While I understand that our state's integral organizations are under immense pressure, when I read the wise words and lived experience of advocates who have submitted testimony here, like Lilyann Miller, I know that we are at a pivotal juncture when we can do much better for our children, who are our future after all.

I will quote from one of the most poignant articles I have read on these topics and also submit the full article separately. Below is an excerpt from The Alliance Against Seclusion and Restraint's website published article,

**"Twenty-first Century Approach to Supporting All Students**

*A better approach that works while eliminating restraint, seclusion, and other harsh punitive and exclusionary disciplinary practices."*

<https://endseclusion.org/articles/a-twenty-first-century-approach-to-supporting-all-students/>

## Understanding basic brain development and function, including the impact of stress and trauma

When teachers (and parents) understand brain development and functioning – including state-dependent functioning, the impact of stress, toxic stress and trauma, and brain/body regulation, they can support students' healthy brain and body development. They recognize, understand, and support students who experience dysregulation and stress responses (fight/flight or freeze). Teachers and parents who understand the difference between intentional (top-down) behaviors and autonomic, non-intentional (bottom-up) behaviors, recognize that punishing bottom-up behaviors is as harmful to the child as it is ineffective as a disciplinary measure.

Dr. Stuart Shanker addressed this in an interview with Simon Currihan for the Beacon School Behavior Secrets Podcast, where he stated that the big discovery made over the last 30 years, is that what happens in the limbic system (midbrain) is as important, if not more important, than the things that are going on in the thinking part of the brain (the neocortex). He went on to say that the kids who struggle with behavioral issues have heightened stress loads generally, because of biological reasons. Before the discovery of the impact of stress loads with the resultant (non-volitional) stress responses, there was not an understanding of the difference between a stress behavior coming from the limbic system, and intentional behavior.

*“As a result, adults made things worse by punishing and shaming kids for unintentional behaviors. Dr. Shanker reports that “once you make this distinction, once you recognize the stress behavior for what it is, and deal with it accordingly, you get a totally different kid and that child's whole developmental trajectory is transformed as a result of the adults seeing their behavior through a different lens”.*

In the video [Stress, Trauma, and the Brain: Insights for Educators – The Neurosequential Model](#), Dr. Bruce Perry explains how the Neurosequential Model in Education can help educators increase students' engagement in learning and mitigate behavioral problems.

In [The Brain Science Behind Student Trauma](#), Dr. Perry says “the key to the success of any educational experience is the capacity to ‘get to the cortex.’ Yet, each year, nearly one-third of all children attending U.S. public schools will have significantly impaired cortical functioning due to abuse, neglect, domestic violence, poverty, and other adversities.

Understanding the effects of trauma on a child's brain and how these effects alter the ability to learn is essential to improving our public education system. Successful neuroscience- and trauma-informed education practices, programs, and policies show that when children feel safe and connected, our greatest invention—public education—can be more effective in helping express the potential in all students.”

In a state where so many of our children already have elevated ACEs (Adverse Childhood Experiences) ranking 4% above the national average, at 18.4 %, almost 1 in 5 children, we must do everything we can to curb the epidemic of childhood trauma, leading to devastating health outcomes. [https://port-api.americashealthrankings.org/explore/measures/ACEs\\_8\\_overall/OR/compare](https://port-api.americashealthrankings.org/explore/measures/ACEs_8_overall/OR/compare)

**In conclusion,**

Oregon has an opportunity to become a state at the forefront of this twenty-first century approach by mandating better education of ALL PROVIDERS of care for children in learning and implementing strategies that are driven by the understanding of

- brain development and functioning – including
- state-dependent functioning
- the impact of stress
- toxic stress and trauma

- brain/body regulation

*And eliminating restraint, seclusion, and other harsh punitive and exclusionary disciplinary practices not bringing them back.*

I leave you with two additional quotes

*When you seclude and restrain children, you are oftentimes traumatizing and reactivating stress responses. Adults are out of control, it's not a student issue. It's when the adults are dysregulated that restraint and seclusion occur.*

Dr. Lori Desautels

*When you have the **threat of isolation** and you walk by that room, there's no way you can feel safe in that environment. It's like walking down the hall in prison, that room is scary.*

Greg Santucci

Pediatric Occupational Therapist

With deep compassion and urgency for the protection of children,

Lindsay Freedman J.D.

Former CASA Advocate Supervisor and Mother