

Mary Lou Terrien

From: Ostrosky, Kelli M. <Kelli_Ostrosky@JudsonCenter.org>
Sent: Monday, April 18, 2016 7:32 PM
To: Mary Lou Terrien
Cc: 'WilliamsB18@michigan.gov'; 'Kristen Columbus'
Subject: Testimony for seclusion and restraint

Hello Ms. Terrien,

I understand there is an upcoming hearing on seclusion and restraint. I would like to include a testimony, as I am not able to be present in person.

My son, age 9, 3rd grade, is attending a mainstream program with assistance from an EI program, which is in house at his school. He was adopted from foster care and also has speech and language impairment, ADHD, low cognitive scores, and mental health diagnoses of mood disorder and his psychiatrist is also trialing him on a medication used for BiPolar disorder. He has an active IEP and behavior plan. We recently developed an emergency plan for seclusion and restraint but only when demanded from us, the parents. It has been a long road with the school, we just recently convinced them to remove the lock from the door of the seclusion room they use for my son during his outbursts. They are now instead holding the door shut with their foot when he is having an outburst. It is a large closet like room with acoustic tiles on the walls which the students pick at and have created holes. There are also scraps of the acoustic covering on the floor around the walls from the EI students picking at it. There is one additional door which would lead out of the room and into the hallway but it remains locked to keep students in the seclusion room. My son regularly kicks this door until he has pain in his legs and ankles. His average meltdown is anywhere from 10-45 minutes long. His meltdowns are frequently happening (daily or at least a few times weekly) and sometimes require removal from the school setting altogether.

Our main concerns are the escalation of his outbursts when he is in the seclusion room. He also has endured trauma from neglect as a toddler, and trauma approaches do not encourage the use of seclusion to help students recover, as they make the behavior worse and stunt the child's recovery from attachment disorders and other adoption and foster care related issues. We continue to invest time, money and energy into our child's therapies and medications with little to no improvement. My son picks at his fingernails until they almost bleed, chews at the inside of his mouth, and has other symptoms of anxiety. He was also observed biting himself on one occasion after he was in the seclusion room for approx. 45 minutes. This was observed by myself when I was finally notified of his behavior and picked him up from school.

Until recently, I was not being notified at the time of usage of the seclusion room for timeouts, he was kept in the room without constant supervision and was engaging in self harm, they were locking the door, and were not requesting meetings to discuss the repeated use of the room nor were they developing a different way to handle his outbursts from a preventative, proactive angle. Schools are not being held accountable for these procedures and are not using them appropriately and with the child's mental health and other diagnoses and traumas in mind. My child continues to be further traumatized by this isolations well as misses out on opportunities to learn coping strategies, and other de-escalation learning opportunities. He also cannot participate in the gen ed classroom setting due to the level of his emotional needs and escalation of those behaviors with continued use of seclusion. He continues to fall further and further behind academically and socially. The use of seclusion is an excuse to look past the child's behavior as communication and punishes them instead for factors beyond the students control. It also doesn't hold the school accountable for trying new techniques which would be more educationally and mentally sound and helpful to my child, and the thousands of other Michigan children in a similar position.

Children communicate through their behavior. They also need adults to model and help teach children, who no fault of their own, have traumas, mental health and other disabilities which make it harder for them to participate in the educational setting. Placing them in a room by themselves without teaching appropriate behavior is not the answer. Continuously modifying the environment and expectations, and accommodating for the child's disabilities with improved communication with parents and educators is. They cannot stand up for their own rights and do not have a voice for what will be helpful to them in order for them to lead a successful life, starting at home and at school. I would like to see laws put in place surrounding the use of these procedures so they are extremely limited and used for true emergencies. I would like to see schools held accountable for making fluid plans and following through with other de-escalation strategies. This would be much more helpful to students like my child in the long run. Let's keep children out of the juvenile justice system and give them equal rights by putting more appropriate measures into place at as young of an age as possible. Let's give them a fighting chance to be successful, educated and safe.

Respectfully submitted,



Kelli Ostrosky

Adoption Navigator & Adoptive Parent
MARE (Michigan Adoption Resource Exchange)
Direct Line: **1-734-528-2078**
Fax: 734-794-2962, attn: Kelli (MARE)

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of the message is not the intended recipient of the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any distribution or copying of this communication is prohibited. If you have received this email in error, please notify the sender immediately by telephone.