

March 21, 2025

## **House Committee on Early Childhood and Human Services**

### **RE: House Bill 3835**

Chair Hartman, Vice-Chair Nguyen, Vice-Chair Scharf, and Members of the Committee,

I am writing to express my strong opposition to House Bill 3835. The bill, which elevates several important challenges, contends to “[*improve*] *safety, access, and quality of care for Oregon children in need.*” As a parent, a family advocate, and a member of the SOCAC Legislative Committee, I have had the opportunity to consider carefully its strengths and limitations. While the issues the bill seeks to address are significant, many of the solutions it proposes will create greater harm than good for both children and staff.

### **Impact on Children and Staff**

It is unarguable that restraints – even when imposed judiciously – are harmful to both the child being restrained and peers who witness the process. Further, the utilization of restraints has been associated with negative outcomes for staff including secondary trauma, physical injury, burnout, moral distress, and a reduced capacity to provide therapeutic care<sup>i,ii</sup>. Leaving all these factors unaddressed, HB 3835 recognizes *only* the distress to staff that may be associated with the investigation of alleged abuse.

### **Staff Burnout and Organizational Distress**

While it is necessary to consider the physical safety of both children and staff during an episode of physical aggression, research has established that **many aspects of workers’ individual experience<sup>iii</sup> and organizational culture and climate<sup>iv,v</sup> perpetuate reliance on restraints** and other reactive solutions<sup>vi,vii</sup>. Without addressing the spectrum of underlying issues, it is unclear how HB 3835 will *improve safety or quality of care* for children. Additionally, burnout is a significant contributor to staff turnover and overall organizational distress. The omnibus bill excludes this and other fundamental gaps that contribute to the reactive problem-solving approach that keeps Oregon’s child-serving systems ranked among the lowest in the nation.

### **Lack of Incentives and Guidelines**

House Bill 3835 may succeed in creating greater access by minimizing abuse investigations and regulatory strictures. It does not, however, provide meaningful incentives, guidelines, or a timeline for change. In this way it may reinforce – and even encourage – reliance on restraints. Although there are plans for monitoring, the process is vague and, as *a forum for policy development, funding strategy recommendations, and planning*, it is not clear under what authority the SOCAC would be able to enact change under even the most egregious of circumstances.

## Accountability and Transparency

The aim of shifting accountability for harm to organizational leaders and away from the front line may be appropriate, however the bill lowers the threshold for accountability such that **anything less than an expressed *intent* to impose a restraint for the purpose of *discipline, retaliation, punishment, or convenience***, would be handled as a human resources issue and leveraged as a teaching moment. While the latter is important, the former would yield a nearly absolute loss of transparency, placing discretion at the hands of a necessarily self-interested agency or organization. In addition, the assertion that “abuse is abuse” does not apply universally. The same actions considered *teaching moments* within schools and Child Caring Agencies would still be cause for investigation if performed in a family home – regardless of the *intent*.

## Problem Solving Through Reframing

The goal of resolving ambiguity among statutes is important, however **the aim to *improve safety, access, and quality of care for children most in need* calls for more than a reallocation of accountability or a redefinition of terms**. Some would say that HB 3835 represents a start. I believe it represents a dangerous precedent of managing pervasive system deficits through simple reframing. The implication that, in lieu of a more comprehensive solution, any solution is better than the status quo, is a logical fallacy which favors expediency at the expense of some of Oregon’s most vulnerable children, youth, and families<sup>viii</sup>.

## Opposition

As written and amended, HB 3835 unambiguously prioritizes administrative utility over transformative change. **Its redefinitions and liability shifts will heighten disparities and increase risk for Oregon’s most vulnerable children, youth, and families**. A bill that is truly focused on *increasing safety, access, and quality of care for Oregon children in need* will pair regulatory clarity with evidence-based investments in workforce support and prevention-first care models.

Thank you for your consideration.

Respectfully,

Carol Dickey, MBA, MS  
Advocate for the Family Voice

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<sup>i</sup> Butterworth, H., Wood, L., & Rowe, S. (2022). Patients' and staff members' experiences of restrictive practices in acute mental health in-patient settings: Systematic review and thematic synthesis. *BJPsych Open*, 8(6), e187. <https://doi.org/10.1192/bjo.2022.574>

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- <sup>ii</sup> Hambrick, E. P., Brawner, T. W., Perry, B. D., et al. (2018). Restraint and critical incident reduction following introduction of the Neurosequential Model of Therapeutics (NMT). *Residential Treatment for Children & Youth*, 35(1), 2–23. <https://doi.org/10.1080/0886571X.2018.1425651>
- <sup>iii</sup> How adverse childhood experiences impact the professional quality of life of residential care workers: Resilience as a mediator for burnout, secondary traumatic stress, and compassion satisfaction. (2024). *Frontiers in Child and Adolescent Psychiatry*, 3, 1423451. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11732053>
- <sup>iv</sup> Roy, C., Morizot, J., Lamothe, J., & Geoffrion, S. (2020). The influence of residential workers' social climate on the use of restraint and seclusion: A longitudinal study in a residential treatment center for youth. *Children and Youth Services Review*, 114, 105037. <https://doi.org/10.1016/j.childyouth.2020.105037>
- <sup>v</sup> Anderson, E., et al. (2021). Influence of organizational climate and clinician morale on seclusion and physical restraint use in inpatient psychiatric units. *Journal of Patient Safety*, 17(2), 89–97. <https://doi.org/10.1097/PTS.0000000000000814>
- <sup>vi</sup> Geoffrion, S., Lamothe, J., Drolet, C., Dufour, S., & Couvrette, A. (2022). Exploring reasons motivating the use of restraint and seclusion by residential workers in residential treatment centers: A qualitative analysis of official reports. *Residential Treatment for Children & Youth*, 39(4), 416-436. <https://doi.org/10.1080/0886571X.2021.1973940>
- <sup>vii</sup> Kelly, P., Saab, M. M., Hurley, E. J., Mulud, Z. A., O'Malley, M., O'Mahony, J., Curtin, M., Ivanova, S., Jörns-Presentati, A., Lalova, V., Petrova, G., Korhonen, J., & O'Donovan, A. (2023). Trauma informed interventions to reduce seclusion, restraint and restrictive practices amongst staff caring for children and adolescents with challenging behaviours: A systematic review. *Journal of Child & Adolescent Trauma*, 16(3), 1023-1037. <https://doi.org/10.1007/s40653-023-00515-3>
- <sup>viii</sup> Lader, L. & Partelow, L. (2024, October 8). *Restraint and seclusion: How policy has failed to curtail the use of dangerous practices in US public schools*. Brookings. <https://www.brookings.edu/articles/restraint-and-seclusion-how-policy-has-failed-to-curtail-the-use-of-dangerous-practices-in-us-public-schools/>