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Chairperson and Members of the Legislative Working Group on Seclusion Rooms

Dear Chairperson and Members of the Working Group:

Thank you for the opportunity to provide written testimony regarding the work of the Legislative Working Group on Seclusion Rooms. I appreciate your commitment to examining this issue, and I would like to share both my personal experience and the broader story of Grafton—an organization that has undergone profound transformation in this area.

About Grafton

Grafton School Incorporated (Grafton) has been providing person-centered services for more than 60 years. Founded in Clarke County, Virginia, by Ruth Birch, Grafton began when Mrs. Birch recognized that the local public school system could not meet the needs of her son. She began educating him at home—using his strengths, interests, and abilities as the foundation for his learning.

What began at her kitchen table grew into a residential school, and ultimately into a multi-site provider serving both children and adults. Today, Grafton offers therapeutic day schools, therapeutic group homes, early intervention services, outpatient services, and psychiatric residential treatment in Virginia and Minnesota. Throughout its growth, the organization has held fast to its mission of ensuring dignity, respect, and individualized support.

My Personal Experience

I began my career at Grafton when I was 19 years old, just six months out of high school and enrolled in a local college. I saw a newspaper advertisement for a position working with children, and it immediately felt right for me. After my interview and walk-through, I joined the residential program.

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My first three days of training made an immediate and lasting impression. The first morning focused on human rights—treating people with dignity and respect. The next two-and-a-half days were spent in restraint training. Although it was described as “passive defense,” the techniques were anything but passive. I was taught to restrain individuals and escort them to seclusion. No one explained how individuals actually get to seclusion when they are in distress; in reality, students seldom walk there calmly. It was almost always a struggle.

For my first five years, I used the tools I had been taught. Over time, I moved into various management and leadership roles. Looking back at the 1990s and early 2000s, I now understand that we were doing what we believed was necessary based on the knowledge and training available at the time. As public schools evolved and children with the most complex behavioral needs were referred to places like Grafton, we believed that increasing behavioral intensity required increasing force and control. We convinced ourselves that restraint and seclusion were essential to maintaining safety. In truth, the more we used restrictive practices, the more everyone—staff and individuals—was hurt.

A System in Crisis (2003)

By 2003, the situation had reached crisis levels. For an organization serving about 220 individuals, our outcomes were alarming:

- Over **6,600** manual/physical restraints
- Over **1,500** seclusions
- Extremely high workers’ compensation claims
- A modification risk factor exceeding that of the New York City Fire Department
- Direct care turnover at **54%**
- Goal mastery for individuals at only **35%**
- Internal silos resulting in dysfunctional teams
- Families, regulators, and placing agencies losing confidence
- Financial instability

At this time, Grafton’s long-time CEO had recently retired. In 2002, our Board hired a new CEO, Jim Gaynor, who brought a leadership style grounded in hope, motivation, and collective problem-solving. He observed, listened, and then acted.

In the summer of 2004, he attended a Restraint and Seclusion Minimization Task Force meeting—a group that had existed for five years but taken little meaningful action. After hearing us review troubling data, he stopped the meeting, looked at the three regional executive directors, and said it was time for action. He issued a mandate: **We must reduce restraint and seclusion without increasing injuries to staff or individuals.** He asked for a written plan—and then left the room.

Searching for Solutions—and Being Told They Don’t Exist

My regional leadership team was at a loss. I began researching books, articles, and conferences—anything that might help. After hearing one national speaker several times, I finally approached him for guidance. His response was blunt: *It cannot be done with the population you serve*. He insisted that success required individuals capable of reasoning, negotiating, and problem-solving—which, in his opinion, excluded our clients.

I left devastated. When I relayed this to Jim Gaynor, he simply said:

“Then I guess you are going to have to build it.”

That moment changed everything. We knew we had to try.

Understanding the Real Problem: Fear and Frustration

My team and I began by asking a difficult question:

Why were we resorting to restraint and seclusion so often?

We identified two primary drivers:

1. **Fear** – When you are hit, bitten, punched, or pulled to the ground, the pain and trauma stay with you. Even small signs of escalation can trigger fear. That fear caused staff—including me—to intervene far more quickly than policy required.
2. **Frustration** – Surprisingly, the challenging behaviors of individuals served were not the primary source. Instead, staff were frustrated by:
 - Infrequent support or visibility from managers
 - Behavior plans created by people who spent little time with clients
 - Feeling undervalued or misunderstood
 - Personal stressors they were expected to “leave in the parking lot,” which is unrealistic

We realized that leadership—including myself—was spending 80% of our time “in the weeds,” leaving only 20% for supporting staff and improving systems. We needed to flip that balance.

Reimagining Our Practices

We began asking: **What helps us when we are having our worst day?**

A run, a nap, reading, a bubble bath, time alone, time with friends.

Then we realized: **none of these options were offered to the individuals we served.**

During their worst moments, they received:

- restraint
- seclusion
- time-outs
- loss of privileges
- isolation

We had unintentionally created an environment where the very supports humans need during distress were unavailable.

This realization became the foundation for a new approach—one centered on safety, dignity, creativity, and compassion. We now call this **Comfort vs. Control**, embedded within our comprehensive trauma-informed practices.

We quickly recognized that these practices must apply **not only to those we serve but also to our employees**. Staff cannot offer comfort if they themselves do not feel safe or supported.

Key components of our transformation included:

• Defensive blocking tools (Ukeru)

To ensure staff safety without restraints, we created a system of training and equipment for defensive blocking. When employees feel physically safe, they are far more able to use de-escalation strategies effectively.

• Transparency and orientation

All individuals served are oriented to the system—even a brief explanation promotes respect, reduces fear, and eliminates the staff-versus-student dynamic.

• Normalizing the tools

Ukeru blocking equipment is kept openly available in environments—not hidden or reserved for crisis. These tools are also used for everyday activities (building forts, sledding, games, or simply as cushions) so they are not linked solely to challenging moments.

• Learning Debriefings

We overhauled post-incident processes, replacing compliance-driven checklists with meaningful learning conversations. These focus on improvement—not shame or blame—so that teams do not repeat the same ineffective responses.

Our Results

Since implementing Ukeru at Grafton:

- Seclusion was eliminated more than 10 years ago
- Restraints have been reduced by over 98%
- Restraints have been eliminated in our Community-Based Programs
- Workers' Compensation claims have decreased by over 67%
- Employee turnover has decreased
- The organization has recaptured over \$27 million

When Ukeru was first created, we had no intention of sharing it beyond Grafton. But as results grew and word spread, organizations began reaching out. Today, Ukeru is used in **more than 1,300 schools and organizations** across every U.S. state, as well as in Brazil and Canada. It is not just a training program—it is a movement to change cultures and mindsets.

From our experiences at Grafton, we understand the fears, hopes, and dreams of families. At the end of the day, all of us—as humans—need **more Comfort and less Control** to be our best.

Conclusion

Our journey transformed Grafton. The process required honesty, innovation, and a willingness to challenge the long-standing belief that restraint and seclusion are necessary. What we ultimately learned is that these practices are not solutions—they are signals that something within the system must change.

I share this testimony because I believe deeply in the importance of your work. Policies surrounding seclusion and restraint profoundly impact the safety, dignity, and well-being of individuals and staff alike. Our experience demonstrates that meaningful change is possible—even when experts say it cannot be done.

Please consider that restraint and seclusion are not necessary tools for safety.

Thank you for your time and consideration. I welcome the opportunity to answer any questions or provide further information.

Respectfully submitted,



Kim Sanders
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