The Judge Rotenberg Educational Center is saving children from crippling disability, permanent injury and even death caused by their treatment-resistant, life-threatening behavior disorders. Before coming to JRC, these students were confined for years in psychiatric facilities or on the streets, suffering constant and excruciating pain caused by their untreatable self-mutilation, violent aggression, destruction and other aberrant behaviors. They engaged in such severe behaviors as manually pulling out their own teeth, violently attacking their parents and teachers and head-banging with such force that they detached their own retinas and caused themselves to have strokes. They were heavily sedated through the improper use of massive dosages of anti-psychotic and other potent medications that provided no effective treatment, but merely served as a form of highly damaging chemical restraint. Their bodies and minds were being ravaged by the deadly side effects of these medications, including liver damage, hyperglycemia, obesity, tardive dyskinesia, tremors, headaches, fatigue, tachycardia (rapid heart rate), blurred vision, sedation to the point of sleeping all day, massive weight gain, diabetes and premature death. All forms of counseling, drugs and positive behavioral supports had been tried with no meaningful effect. These children were too sick and too dangerous to be accepted by any residential school. (see Appendix A, immediately below this document, item 3). The parents of these children were being told by the psychiatrists, psychologists and other doctors treating their children, that nothing could be done and that their children would have to continue living a life of heavy sedation, confinement, isolation, restraint and no education or hope for their future. The students and their parents considered this to be the worst form of torture imaginable.

JRC has a 39-year history of using safe intensive behavioral therapy to treat the most severe forms of behavior disorders and has freed hundreds of children and adults from the deadly grip of sedatives, restraint, seclusion and institutional warehousing. JRC’s intricate twenty-four hour behavioral system of rewards and decelerative consequences works effectively (see Appendix A, item 2) in cases where every other treatment has failed and gives each student a chance to learn positive behaviors such as reading, writing, socializing and living in the community. These learned positive behaviors replace the prior behaviors of self-abuse, aggression and destruction. JRC has been able to save hundreds of children and has flourished as a fully licensed residential
program because it has been proven in courts of law time after time that (1) the failed drug regimes and other unsuccessful treatment and resulting warehousing of these students were torturing them before coming to JRC, and (2) JRC was able to free them restraint, drugs, self-abuse, and all the severe pain it was causing them, through the use of safe, effective and far less intrusive behavioral treatment. Many JRC students have been helped by JRC to go on to higher education, jobs and successful careers.

There is no credible evidence that for these most severe forms of behavior disorders, there is any pharmacological or psychological treatment that can effectively treat these students or even keep them safe. JRC is the only program willing to address the reality of these children’s disorders and endure the political firestorm in order to save these children and give them an education and a future.

The MDRI appeal is a completely false and misguided effort that would return these children to a life of drug sedation, confinement, and no future whatsoever. MDRI has offered no evidence that there is any other treatment that would effectively treat these severe behavior disorders and give these children a quality of life. The MDRI appeal is nothing more than a regurgitation of the outdated, false and unproven accusations that have been made against JRC, many by anonymous sources. MDRI has not conducted a credible “investigation” of JRC. MDRI never informed JRC that it was conducting an investigation of JRC and certainly never asked to visit JRC or speak with the thousands of students, parents, doctors and staff that would have told MDRI of the lifesaving work JRC is performing. MDRI did not seek to speak with or consult any of these individuals because they waned to avoid receiving any evidence that JRC provides a safe, effective and scientifically proven and accepted form of treatment, not torture. Likewise, MDRI did not seek to consult the hundreds of judicial findings and government reports detailing how JRC has saved hundreds of individuals from a previous life of torture, pain, seclusion and chemical restraint.

To illustrate MDRI’s egregious acts of fraudulent reporting, MDRI claims that most of its appeal is based on information contained on JRC’s website. MDRI, however, purposely misquotes the website to fraudulently make it appear to be evidence of mistreatment at JRC. To this end,
MDRI purposely misquotes statements made by students and parents of students at JRC that are contained on JRC’s website. For example, MDRI quotes a written testimonial from a former JRC student, Brian Avery, in an attempt to allege the use of restraint as coercion. Brian’s letter, which appears on JRC’s website, was originally posted on the Boston Globe website in response to an article by Globe columnist, Larry Harmon, which ran on March 9, 2010. Copies of both the article and Brian’s letter, in its entirety, are attached hereto as Enclosures 1 (http://www.boston.com/news/health/articles/2010/03/09/shocking_truths/) and 2 (http://www.judgerc.org/Comments/stultr15.html), respectively, and are available on JRC’s website (www.judgerc.org). In its doctored quotation of Brian’s letter, MDRI has taken his words out of context, ignoring such facts as his multiple unsuccessful psychiatric hospitalizations prior to admission to JRC; disregarding the positive rewards he recounts earning at JRC; falsely implying that he was completely deprived of food; and, perhaps most importantly, paying no heed to his statement that the GED “saved my life.”

The MDRI report allegedly quotes three other JRC students, based on their video testimonials which appear on the JRC website. None of the “quotes” are accurate. The students’ words have either been blatantly rearranged, or phrases are used that they did not actually say. The quotes are designed to imply that JRC isolates students, restrains them and simultaneously shocks them. However, it is clear from a review of the video statements themselves that this is not the case (see “Video Testimonials by Students” available by clicking on these three links:
(1) **Former JRC student Pucha: I used to be very aggressive, [Now I’m] married, 2 children, work 2 jobs...”**
(2): **Former JRC student Aracelis: If it was not for the GED, I’d be dead or in jail. Also clinician Von Heyn.** and at
(3) **3 former and current JRC students explain why treatment worked**. The student quotes in the MDRI report are taken out of context in that prior to the statements, the students discuss the severity of their situations prior to admission to JRC, including imprisonment and multiple unsuccessful psychiatric hospitalizations. One of the students describes her severe head banging, requiring that she have a shunt instilled in her brain, and how she threw her mother into the refrigerator and her sister into a wall. Ignoring the student’s own description of her severe, dangerous behavior prior to JRC, MDRI takes her statement that “I was always in restraint when
I came to JRC” as an indication of JRC’s alleged penchant for restraint, not as an illustration of her prior state. Further, the testimonial of each student regarding the life-changing positive effect the GED has had is expressly omitted.

Finally, MDRI also mischaracterizes and takes out of context the testimony of Ricardo Mesa, the father of a current JRC resident. Significant portions of Mr. Mesa’s 2009 testimony before the Massachusetts Legislature, discussing his daughter’s initial treatment at JRC, are deliberately omitted (see text in all caps below, which indicates the material that MDRI omitted):

“I refused to allow the GED BECAUSE IT JUST WAS SO COUNTERINTUITIVE. I LOVE MY DAUGHTER. SO I REFUSED TO ALLOW IT. AND THEY WERE FINE WITH IT. THEY ALLOWED ME TO KEEP HER IN THE SCHOOL. They used other methods TO TRY TO KEEP HER SAFE, the restraints, the arm splints AND SO FORTH. BUT [SHE] WAS NOT MAKING ANY PROGRESS. WHEN SHE’D COME HOME, IT WAS THE SAME STORY, THE SAME SCENARIO. I agreed after a long time. The hardest day of my life was going before Judge Smoot and asking for them to allow her to use the GED.”

A complete transcript of Mr. Mesa’s testimony is attached hereto as Enclosure 3 (http://www.judgerc.org/StateHouseTestimonies/42.%20Ricardo%20Mesa%20State%20House %). In it, he details his daughter’s severe behavior and multiple placements prior to JRC, her virtually immediate progress at JRC, and the fact that she now lives at home and receives a GED application approximately once per year. None of this is acknowledged by MDRI in its report.

MDRI even mischaracterizes B.F. Skinner, by implying that the psychologist was opposed to all forms of aversive interventions. What Skinner actually said, in addressing this very point was that “[s]ome autistic children, for example, will seriously injure themselves or engage in other excessive behavior unless drugged or restrained, and other treatment is then virtually impossible. If brief and harmless aversive stimuli, made precisely contingent on self-destructive or other excessive behavior, suppress the behavior and leave the children free to develop in other ways, I believe it can be justified.” (Skinner, B.F., A Statement on Punishment, APA Monitor, June 1988, p.22).
MDRI admits in their appeal that procedures cannot be defined as torture if “the stated purpose is to ameliorate a condition or illness.” Accordingly, JRC’s use of aversive interventions to supplement the behavioral treatment plans for only its most difficult cases (less than 50% of its total population and less than 23% of its school-age population.) after it has proven in a court of law that none of the other non-aversive treatments at JRC and elsewhere can effectively treat a student’s severe behavior disorder, does not meet the definition of torture used by MDRI or any other reasonable definition of torture. There are over one hundred scientific peer-reviewed journal articles which find that aversive interventions are a safe and effective treatment for severe behavior disorders – including articles on skin-shock devices, such as the GED and SIBIS, and articles on the use of aversives and skin-shock in other countries such as Canada and the Netherlands. A partial list of the most recent articles may be found at the web address http://www.judgerc.org/15_papers.pdf. The Van Oorsouw, et al. article (2007) (see Appendix A, item 1) concludes that there are no negative side effects to JRC’s use of skin-shock, but there are many positive side effects, such as increased socially appropriate behaviors and responsiveness, and increases in behaviors indicating a positive affective state such as smiling and singing or talking. It would be torture to not treat these students and allow them to be chemically restrained and warehoused for the rest of their lives.

In sum, the MDRI appeal is a fraudulent investigation that amounts to nothing more than MDRI’s opinion that aversives are bad and that all the parents, physicians, clinicians, laws, courts and government officials that approve the use of aversives to help these students are wrong to do so. The JRC students and their parents fortunately live in this great nation with honorable courts of law that protect them from being harmed by organizations that seek to promote themselves at the expense of vulnerable people through the use of lies and inflammatory statements.

There are currently millions of children in the United States needlessly suffering the painful and dangerous side-effects of psychotropic medications. Unlike aversive interventions, the use of anti-psychotic and other potent sedatives with children is not regulated and is not court supervised. These are the vulnerable and tortured people that MDRI should be trying to help. MDRI could help many people if it would focus on the truth, particularly the reality that severe
behavior disorders exist that cannot be effectively treated with positive behavior supports alone and too many children are being drugged and warehoused. The question is whether MDRI has the courage to stand up for what is right and not simply for what is politically expedient.

The MDRI document “Torture Not Treatment” (the “Report”) contains many other false, misleading, undocumented, and out-of-date assertions which are designed to paint the picture of JRC as a place where children are tortured and to elicit anger in the reader against JRC. JRC will respond to each of these assertions in detail in a subsequent document.

Again, more importantly, the Report is deficient in failing to acknowledge certain critically important facts and in drawing an absurd conclusion about JRC.

1. **The Report fails to explain that there is a small percentage of handicapped children have very real behavior problems that are self-maiming and/or life-threatening.** The average person who reads this report, would be totally unaware that some handicapped children blind themselves through eye-poking, pull out all of their own teeth, bite off their own tongues, cut off their own ears, scratch themselves to the point of blood and bone infection and resulting death, bang their heads to the point of giving themselves a stroke; wander into the streets and are killed by cars; aggress so violently against their own parents that they make them afraid to keep them in their homes, etc.

2. **The Report fails to note that often, the usual treatments for these behavior problems are either ineffective, or so problematic that their side effects are as bad or worse than the problem.**

   The usual treatments are: psychotropic drugs; manual and mechanical restraint; frequent violent “take-downs;” warehousing; and ineffective counseling.

3. **The Report fails to explain that behavioral treatment of these problems, including the use of supplementary aversives are often extremely effective, with no significant side effects.**

4. **When a treatment can avoid self-maiming, as well as save and extend lives, the sensible approach is to weigh the benefits against the risks and decide if the former outweigh the latter. The Report refuses to adopt this sensible and rational approach.**

Instead, the Report makes following assertions:

1. **JRC’s treatment involves causing pain to its students.**

2. **Therefore JRC is torturing its students.**
However, the notion that because a treatment involves causing the patient to experience pain, it therefore is equivalent to torture does not make sense. By that standard surgery and dentistry would also qualify as torture and should be banned as well.

Appendix A

RECENTLY PUBLISHED PAPERS INVOLVING GED SKIN SHOCK


   This article shows that the side effects of the GED skin shock device that JRC uses are either positive or non-existent.

   **Abstract**
   
   In this study, the side effects of contingent shock (CS) treatment were addressed with a group of nine individuals, who showed severe forms of self-injurious behavior (SIB) and aggressive behavior. Side effects were assigned to one of the following four behavior categories: (a) positive verbal and nonverbal utterances, (b) negative verbal and nonverbal utterances, (c) socially appropriate behaviors, and (d) time off work. When treatment was compared to baseline measures, results showed that with all behavior categories, individuals either significantly improved, or did not show any change. Negative side effects failed to be found in this study.


   This paper shows that treatment of aggression with the GED at JRC is effective (meaning that the frequency after treatment dropped by 90% from the frequency at the end of the baseline period) in 100 percent of the cases. By comparison, treatment of aggression with positive-only procedures has proven effective in only 50% to 60% of the cases using the same standard1.

   **Abstract**
   
   Behavioral treatment of aggression with contingent skin shock (CSS) has been investigated in relatively few studies and never with cognitively typical individuals.

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We evaluated CSS during a 3-year period with 60 participants, half to two-thirds of whom functioned at normal or near-normal cognitive levels. Sixty individual charts, arranged in a multiple baseline across participants display, reveal clearly the effectiveness of the treatment. When end-of-baseline data were compared with end-of-treatment data, CSS, as a supplement to positive programming, showed effectiveness (defined as a 90% or greater reduction from baseline) with 100% of the participants. This compares favorably with positive behavior support procedures, which, according to the 1999 treatment outcome review by Carr at al., achieved that effectiveness standard with only 55.5% of the cases (Carr et al., 1999). Higher functioning participants showed from 2 to 6 times more reduction than did lower functioning participants. Psychotropic medications were reduced by 98%, emergency takedown restraints were reduced by 100%, and aggression-caused staff injuries were reduced by 96%. As a result of the treatment, 38% of participants no longer required CSS and some returned to a normal living pattern.


This paper takes up seven cases of students who were expelled from programs that use positive-only treatment procedures, and who were then treated with the GED at JRC.

Abstract
In the debate over aversives a little-known but significant fact is often overlooked: programs that restrict themselves to positive-only treatment procedures sometimes expel individuals with severe behaviors when their behaviors become too difficult to handle. We review seven such cases of individuals with severe behavior problems who were expelled from state-of-the-art, positive-only programs and describe what happened to them when they were enrolled in a program that was able to supplement its positive-only procedures with contingent skin-shock when necessary.

2. Letter of Brian Avery, former JRC student, in response to Harmon article.
3. Transcript of 11/4/09 State House Testimony of Ricardo Mesa
4. List of Peer-Reviewed Articles on the Use of Contingent Skin Shock
5. Recently published papers involving the GED skin shock procedure