Follow Up Study

May 2014

88 Students Before and After Attending JRC
As of May 2014 we were able to obtain follow up data for 88 of our former students. The pie chart above shows that for 60% of the former students, treatment consisted of Positive-Only Programming. For 40% of these former students, treatment had consisted of Positive Programming supplemented with contingent aversives in the form of a brief skin shock, as authorized by the Probate Court. The results of this study indicate that former students of JRC demonstrated a marked improvement in their quality of life following treatment.
The reporter was either a mother or father (either by birth or adoption) in 66 (75%) of the cases or the former students in 22 (25%) of the cases.
The analysis of the former students’ living situation following their treatment at JRC shows that 57% of the former students were either living independently on their own (22%) or successfully living in their family’s residence (35%). Forty percent were in supervised residential situations such as group homes, most of which were considered (by the parent/guardian or former student) less restrictive that JRC. One individual is in a homeless shelter, and two were incarcerated.
Prior to their JRC admission, all of these students had required ongoing treatment, as evidenced by the very fact that they had to be placed at JRC. Post-JRC only 53% of these students required any kind of ongoing treatment.
Are the Former JRC Students Receiving Any Further Treatment?

The graph above shows that 46% of the former students no longer needed or used any ongoing treatment resources at the time of the study, 38% utilized outpatient counseling therapy or psychiatric consultation and 16% required at least one psychiatric hospitalization because of their behaviors.
Prior to admission to JRC, 89% of the students were receiving psychotropic medications. At the time of follow-up, only 30% were receiving such medications. This reduction is important given the serious long-term side effects of psychotropic medications.
Fifteen percent were in competitive jobs. Another sixteen percent were working on supported settings. Sixty-nine percent of the former students were not employed. Part of this can be explained by the age of the former student. That is, it is not necessarily reasonable to expect school-age individuals to be working. Some of those students that were not working indicated that either they were training for a position or that they were actively looking for employment opportunities. Also, many of JRC’s former students have developmental or physical disabilities that might limit their employability. All of these students entered JRC demonstrating behaviors that prevented them from maintaining any gainful employment, either competitive or supported.
Thirteen percent of the former students are now either in high school (4%) or in college, vocational or professional education (9%). Nine percent stated that they are applying for further education. Forty percent are not involved in post-JRC education; however, some of these students have aged out of the educational system and have pursued employment rather than further education. Thirty-eight percent have continued to received residential or special educational services. Most of these settings were considered less restrictive than JRC, a fact that reflects the improved behaviors of those individuals.
This area of functioning is difficult to quantify. When asked directly about meaningful relationships and dating, 28% of the former students reported that they were either married, in a long-term relationship, or consistently dating. This statistic is remarkable in that it was these very close relationships that the typical JRC student was unable to enjoy prior to enrollment at JRC due to the extreme disruptiveness of their inappropriate behaviors. An additional 68% reported some enjoyable casual friendships or family relationships. Only 4% reported a severe lack of ability to enjoy, or lack of effort to build, interpersonal relationships.
These subjective ratings are vulnerable to a number of reporting biases, but do reflect a genuine perception of the respondents that the participant’s overall level of functioning has continued at an improved level since discharge from JRC.