

## **Observations and Findings of Out-of-State Program Visitation Judge Rotenberg Educational Center**

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### **Background Information**

The Judge Rotenberg Educational Center (JRC) (formerly known as the Behavior Research Institute) is a private residential school located in Canton, Massachusetts. JRC is currently approved by the New York State Education Department (NYSED) under Chapter 853 of the Laws of 1976 as a residential school serving students with autism, mental retardation, emotional disturbance and multiple disabilities. JRC serves students who exhibit serious behaviors that interfere with learning and provides an intensive behavioral treatment program to students 24 hours a day, seven days a week.

### **Recent Activity**

Based on documentation provided by the program subsequent to a previous site visit which raised concern about JRC's use of aversive interventions, as well as recent questions from legislators, the Board of Regents and others, NYSED conducted a review of JRC's program on April 25 and 26, and on May 16,17, and 18, 2006. The review was conducted by NYSED staff and three behavioral psychologists in the role of independent consultants. The April 25-26 review was an announced visit. The May 16-18 review was an unannounced visit.

The purpose of these visits was to conduct a review of the behavioral intervention program at JRC to gain an understanding of the scope of the behavior intervention plans; to identify any health and safety issues relating to JRC's use of aversive interventions; to identify the general standard for implementing and monitoring students' behavior plans; to determine if the interventions are commensurate with the level of behavioral difficulties the students' are exhibiting; and to determine if students are receiving behavior interventions consistent with their individualized education programs (IEPs).

Methods used for the site review in April and May included the review of school policies, student records, observations of school and education programs, and staff and student interviews. A sample of 12 NYS students were selected for review from the 71 NYS students receiving aversive interventions that included electric skin shock, food contingent programs and/or manual or mechanical restraints (Level III Behavioral Interventions). The students were randomly selected based on age and disability category. The school district of residence of the student was also considered to ensure that the sample included students from districts other than New York City (NYC), where most NYS students served at JRC reside. In addition, the Registered Dietician (RD)

reviewed records of four students on the Contingent Food Program, one student on the Specialized Food Program and one student that was reported to be at nutritional risk.

The site team reviewed the following information:

- student records including student program plans, student program data and progress summaries;
- school menus, nutritional analysis of menus, nutritional assessments, weight charts, biomedical data, daily health sheets and a Court Order for the Contingent Food Program and Specialized Food Program;
- observations conducted throughout the five days of the site review, including observations of school and residence environments, classroom instructional periods, transition periods, and transportation periods; and observations of personnel, program operations, student-personnel interactions, and student activities;
- interviews with JRC staff including the following: Director of Clinical Services, Psychologist, Director of Quality Assurance, Director of Curriculum, nurse, nutritionist, chef, two classroom teachers, and four classroom aides;
- interviews with five students with verbal skills sufficient to participate in an interview process; three students had psychiatric diagnoses, another was dually diagnosed with Asperger's Syndrome and psychiatric diagnoses, and the fifth was diagnosed with autism and psychiatric diagnoses; and
- interviews with chairpersons from NYS Committees on Special Education (CSE) of two former and one current student at JRC were conducted.

### **Summary of Findings**

Following is a summary of the findings<sup>1</sup> of concern primarily relating to the behavioral interventions and related instructional practices used at JRC. The findings represent the collective professional opinion of the site review team members based on data obtained from a review of written information, direct observations and interviews obtained during and related to the April and May 2006 site reviews. These findings include the specific observations and/or information obtained during the review process that support the conclusions of the team.

- *The integrity of the behavioral programming at JRC is not sufficiently monitored by appropriate professionals at the school and in many cases the background and preparation of staff is not sufficient to oversee the intensive treatment of children with challenging emotional and behavioral problems.*

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<sup>1</sup> This report does not include findings of noncompliance with Regulations of the Commissioner of Education. The compliance findings will be addressed in a separate letter and report to JRC.

- *JRC employs a general use of Level III aversive behavioral interventions to students with a broad range of disabilities, many without a clear history of self-injurious behaviors.*
- *JRC employs a general use of Level III aversive behavioral interventions to students for behaviors that are not aggressive, health dangerous or destructive, such as nagging, swearing and failing to maintain a neat appearance.*
- *The use of the electric skin shock conditioning devices as used at JRC raises health and safety concerns.*
- *The Contingent Food Program and Specialized Food Program may impose unnecessary risks affecting the normal growth and development and overall nutritional/health status of students subjected to this aversive behavior intervention.*
- *The education program is organized around the elimination of problem behaviors largely through punishment, including the use of delayed punishment practices.*
- *There is limited evidence of comprehensive functional behavioral assessments (FBAs), in accordance with the Individuals with Disabilities Education Act (IDEA), being conducted at JRC and limited evidence of the collection of data relevant to FBAs.*
- *Behavioral Intervention Plans (BIPs) are developed to support the use of aversive behavioral interventions with limited evidence of students “being faded” from the electric skin shock conditioning devices or other aversive interventions.*
- *JRC promotes a setting that discourages social interaction between staff and students and among students.*
- *Students are provided insufficient academic and special education instruction, including limited provision of related services.*
- *JRC often does not support the continuation of related services that have been previously recommended on students’ IEPs and/or promote the transition of students to less restrictive environments.*
- *The privacy and dignity of students is compromised in the course of JRC’s program implementation.*
- *The collateral effects (e.g., increased fear, anxiety or aggression) on students resulting from JRC's punishment model are not adequately assessed, monitored or addressed.*

## **Information Regarding NYS Students Attending JRC**

At the time of the site visit on April 25 and 26, 148 NYS school aged students were enrolled at JRC. Eighty-two percent of NYS students were placed at JRC by the New York City Department of Education. The additional NYS students represent school district placements from 22 other NYS school districts. Most of these students have the disability classification "Emotional Disturbance" with IQ scores that fall in the low average to average range of intelligence. There are also a number of students with the classification of Autism with cognitive abilities falling in the range of mild to profound mental retardation. Many of the students from NYS have diagnoses of posttraumatic stress disorder (PTSD), schizophrenia, attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), and bipolar disorder. A number of students also have histories of abuse and abandonment. JRC has a 'near zero' rejection policy and accepts students with psychiatric, developmental, and dually diagnosed disorders.

In March 2006, NYSED requested that JRC submit the IEPs of all NYS students. NYSED received a total of 146 IEPs. Seventy-one out of the 146 IEPs indicated students were receiving Level III behavioral interventions<sup>2</sup>, which constitutes a range of punishment techniques designed to reduce or eliminate target behavior(s). The IEPs identified ten additional NYS students for whom court ordered substituted judgment was being sought in order to include Level III aversive procedures in their behavior intervention programs. Of the 71 students' IEPs, 49 indicate NYC as the district of residence (69 percent). A total of 33 of the 71 students receiving aversive behavioral interventions have the educational classification of Emotional Disturbance (46 percent), 21 are classified with Autism (30 percent), one student is classified as Other Health Impaired (one percent), five are classified with Mental Retardation (7 percent), and 11 have Multiple Disabilities (15 percent).

## **JRC Program Model and Operations**

The behavioral program model at JRC is based on a Skinnerian (behavioral) approach and does not differentiate between the treatment of students with psychiatric or developmentally related childhood disorders. Instead childhood disorders are viewed as learned behavior disorders, which can be corrected through behavior modification techniques. Psychotropic medication is discouraged at JRC and currently only a small number of students with severe psychiatric diagnoses are receiving medication for symptoms associated with their psychiatric conditions.

### **Referral and admission practices**

A review of student records revealed that in a number of instances the family of the student became aware of JRC's program as a result of their child's psychiatric hospitalization.

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<sup>2</sup> Level III behavioral interventions are explained beginning on page 6 of this summary.

- JRC's marketing representatives provide information through presentations to staff at some NYS psychiatric facilities that in turn discuss the program with the families. JRC's marketing representatives visit the family in their homes and as indicated in representatives' case notes, provide the family with information and gifts for the family and student (e.g., a gift bag for the family, basketball for the student).
- A review of JRC's internal IEP admission checklist states that staff 'eliminate' (where possible) related service recommendations. For example, an admission waiting list form was observed that included a box "Drop Speech/OT" with the handwritten note "if at all possible" next to it.
- Prior to or upon admission, for many students, JRC informs the school district to include a statement on the students' IEPs that JRC will be seeking court authorized Level III interventions to include movement limitation procedures and the Graduated Electronic Decelerator (GED) to treat aggression, health dangerous, destructive, major disruptive and noncompliant behaviors. (One school district informed NYSED that JRC did not inform or seek approval of the CSE prior to initiating such interventions with the student.)

#### Determination of the need for aversive interventions

JRC may decide prior to a student's acceptance into the program that he/she requires aversive procedures based on historical and current behavioral information provided by parents, the CSE and other records/reports. The school districts and the parent are informed that JRC will seek a Court Order through the substituted judgment process to use aversive procedures that include the use of skin shock, manual and mechanical restraints, helmets, and contingent food or specialized food programs (Level III). Parents are asked to sign an informed consent for JRC to use the aversive procedures and for JRC to seek the Court Order to use the aversives. The school district and parents are informed that the use of aversive procedures may be a condition of the student's acceptance and continued enrollment in the program.

Upon enrollment, a student may be initially placed in an educational setting designated by JRC as an "alternative learning center (ALC)" or a "small conference room" and a residence that is identified by JRC as one of the most restrictive settings characterized by a high staff-to-student ratio. The stated purpose for student placement in these restrictive settings is to control students who present with current behavioral difficulties which require physical intervention at a high rate, and for whom substituted judgments have not yet been obtained. The majority of staff in the ALC and "small conference rooms" are Mental Health Aides (MHA's). (JRC employs a total of 386 MHAs and 254 Mental Health Relief Aides in the school and residences. Most of these individuals, 468 of the total 640 MHAs and Mental Health Relief Aides, have completed only a high school education.)

- It is during this initial restrictive placement at JRC that the frequency of behaviors is documented for purposes of obtaining a substituted judgment for the use of Level III

aversive procedures (described below). In this setting, interactions with students involved little to no instruction; staff primarily attended to students' negative behaviors and employed the use of physical and mechanical restraints at a high frequency and for extended periods of time.

- One student's behavior chart documenting total inappropriate behaviors showed an increase from 800 per week during the first weeks after admission to JRC to average of 12,000 per week. Clinician notes only document the number of inappropriate behaviors. They did not denote any positive behaviors or academic progress. The data showing an increase in inappropriate behaviors is used to substantiate the need for Level III aversive behavioral interventions, and not for analysis to determine alternative forms of intervention. Clinician's notes, on at least three occasions, indicated that the staff was anxiously awaiting court approval of the use of the GED to help the child more effectively.

### **Level III Aversive Procedures Used by JRC Staff**

Upon receipt of parental consent, JRC applies to a Massachusetts Probate Court through a substituted judgment petition to use Level III aversives in the student's behavioral program. Level III aversives constitute a broad spectrum of punishment techniques that include movement limitation (i.e. mechanical and physical restraint), contingent food, helmet, and electric skin shock. The use of Behavior Rehearsal Lesson (BRL)<sup>3</sup> and combined use of aversive techniques are also Level III interventions.

#### **Substituted judgment process**

Pursuant to a settlement agreement between JRC and the Massachusetts Office for Children, Level III aversive procedures are permitted for use at JRC only when authorized as part of a court-ordered "substituted judgment" treatment plan for each individual student. The settlement agreement states that in any substituted judgment proceeding the court appoints a monitor who will report to the court as to the effectiveness of the treatment plan, adherence to orders by JRC and any proposed modifications to the treatment plan. The settlement agreement also required ongoing training and supervision of staff by a doctoral level psychologist, and treatment approaches as a method of minimizing the use of restrictive procedures including passive behavior management, functional communication, analysis of stimulus control and analysis of consequence control.

#### **Electric skin shock**

The most common Level III aversive procedure used at JRC is skin shock in which one or more electrical stimulations are administered to a student after he or she engages in a targeted behavior. Skin shocks are delivered through a graduated electronic deceleration (GED) device that consists of a transmitter operated by JRC

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<sup>3</sup> BRL is described on page 9 of this report.

staff and a receiver worn by the JRC student. The receiver delivers an electrical current to the student's skin upon command from the transmitter. Electrodes are worn by the student on various parts of the body, notably the arms, legs and stomach area, and can range in number and placement dependent upon the students' behavior program guidelines.

Students wear the GED device for the majority of their sleeping and waking hours, and some students are required to wear it during shower/bath time. The GED receivers range in size and are placed in either "fanny" packs or knapsacks. Staff carry the GED transmitters in a plastic box. Students may have multiple GED devices (electrodes) on their bodies. For example, one NYS student's behavior program states, "C will wear two GED devices. C will wear 3 spread, GED electrodes at all times and take a GED shower for her full self care."

The GED is manufactured by the JRC. While JRC has information posted on their website and in written articles which represents the GED device as "approved", it has not been approved by the Food and Drug Administration (FDA). FDA has cleared the device for marketing as "substantially equivalent to devices marketed or classified as "aversive conditioning devices." FDA's clearance prohibits JRC from representing the device as FDA approved. JRC's GED was modified from other similar devices on the market by doubling the intensity (amperage and voltage) and increasing the duration by 10 times (from .2 to 2 seconds) of the shock administered and by expanding the positions on the body where the electrodes could be placed. JRC also uses a device called the GED-4, which applies an even greater intensity shock to the student when the student fails to respond to the lower level shock.

FDA recommended warnings on the GED device include statements that the device is to be used only by or under the direct supervision of an appropriately licensed professional as part of an overall therapy program; the GED should not be allowed to become wet or submerged in water; the electrode must be properly located and secured to the skin and never placed on the chest or breasts, genitals, head, top of hand, top of foot, the lower quadrant of the buttocks, or on any area of skin that the patient is known to be unusually sensitive or subject to allergic reaction to contact with stainless steel; the instructions must be thoroughly reviewed and fully understood by the operator/therapist and the supervising professional whenever the GED is in use with a patient; a regular program of training and review for anyone operating the GED is necessary; a review of the GED manual by each operator no less frequently than once a month is strongly recommended."

The site review team was informed by JRC staff that most students have behavior programs that require two-person verification of a behavior that will result in a GED skin shock. There are students with 1:1 staff for whom the two-person verification is not required.

- At the time of team's April visit there were 148 NYS students enrolled at JRC. At that time, 77 were approved to receive Level III behavioral interventions from staff at

JRC. Of these 77 students, 53 were receiving skin shock through the GED that is adjustable with an average intensity of 15.25 mill amperes RMS, a duration of .2 seconds to 2 seconds, an average peak of 30.5 milliamperes, and 24 students are receiving GED (referred to as a GED-4) skin shock which has a maximum current of 45.0 milliamperes RMS, an average peak of 91 milliamperes, and a maximum duration of 2 seconds. The higher-level shock is used when it is determined that the student is not responding to the lower level shock.

#### Use of automated electronic devices – “automatic negative reinforcement”

At JRC, an additional form of electrical circuitry is used to automatically administer a series of aversives (e.g., skin shocks) as soon as a behavior is initiated. Shocks are administered at regular intervals (e.g., one every three seconds). The automatic negative reinforcement shocks terminate as soon as the behavior stops occurring. This device is not operated by JRC staff. For example, some students are made to sit on a GED cushion seat that will automatically administer a skin shock for the targeted behavior of “standing up”, while others wear waist holsters that will administer a skin shock if the student pulls his/her hands out of the holster. NYSED could not find evidence, nor did JRC provide the evidence as requested, that this automated electric shock device has been cleared for marketing by FDA or approved by FDA. FDA regulations prohibit the use of an aversive conditioning device that has not been approved or cleared by FDA.

#### Movement limitation

Movement limitation is another commonly used Level III intervention that may be applied manually or mechanically. When applied manually, staff members physically hold the student. With mechanical movement limitation the student is strapped into/onto some form of physical apparatus. For example, a four-point platform board designed specifically for this purpose; or a helmet with thick padding and narrow facial grid that reduces sensory stimuli to the ears and eyes. Another form of mechanical restraint occurs when the student is in a five-point restraint in a chair. Students may be restrained for extensive periods of time (e.g., hours or intermittently for days) when restraint is used as a punishing consequence. Many students are required to carry their own “restraint bag” in which the restraint straps are contained.

Under the terms of the Court Order, JRC must notify the Court Monitor if a student requires more than eight continuous hours of movement limitation procedures in a 24-hour period. In addition, the Court must also be notified if the student spends five or more days in movement limitation in a seven-day period. The school nurse stated that she is responsible to monitor any skin burns caused by the GED and abrasions due to restraints. She also advises staff on the positioning of restraints and potential complications for each student. Based upon the nurse’s recommendation, a student may be restrained in a prone, seated, or upright position.

- During a classroom observation, the nurse was called in to examine a student who complained of hand pain and swelling from restraint the previous evening at her residence. The nurse provided the student with an ice pack for her hand, and staff informed the review team that the student later received outside medical attention for the injury.
- The meeting minutes from one student's CSE meeting stated the student was unable to attend the meeting because she was in restraint. This was one of the students interviewed and she stated that she needed to talk with her CSE Chairperson regarding her behavior program at JRC, but was unable to attend the last meeting. On follow up with the Chairperson, the team learned that the student was in attendance at a more recent CSE meeting in May 2006, but was unable to participate because she could not control her sobbing. According to the Chairperson, the CSE recommended at the May CSE meeting that this student be faded from the GED.

#### Combined restraint/shock interventions

A combination of mechanical restraint and GED skin shock is also used to administer a consequence to students that attempt to remove the GED from their bodies. In instances where this combined aversive approach is used, the student, over a period of time specified on his or her behavior program, is mechanically restrained on a platform and GED shocks are applied at varying intervals.

- An example of this is found on one NYS student's behavior program; a consequence for pulling a fire alarm is to receive 5 GED, over a 10-minute period, while being restrained on a four-point board.

GED skin shock and restraint are also used together when the Behavior Rehearsal Lesson (BRL) is practiced on a student. The BRL is used when a student exhibits a high risk, low frequency behavior. As described by a JRC staff person, during a BRL, the student is restrained and GED administered as the student is forcibly challenged to do what the procedure seeks to eliminate. If the student attempts to pull away he receives a GED skin shock; if the student attempts to follow through with the high-risk behavior he receives multiple GED skin shocks at closer intervals.

- Currently there are nine NYS students with court approved treatment plans that include the use of the Behavior Rehearsal Lesson. Although, according to JRC, the BRL is not currently in use for any of the students, this highly intrusive intervention remains in the Court Order and may be employed by JRC in the treatment of these NYS students' behaviors.

## Contingent and Specialized Food Programs

JRC is approved by the Massachusetts Department of Education (MDOE) to receive federal funding for participating in the National School Lunch and School Breakfast Program. For the 2005-06 school year, MDOE has approved JRC to serve students the "Traditional Meal Pattern." JRC's current food program promotes a diet that is largely based on whole plant foods and actively restricts consumption of meat and dairy products. The chef, nutritionist, food service staff and school and residential staff have an adequate system in place to ensure that each student is allocated his or her prescribed diet. The facility's food handling practices are adequate and all food leaves the kitchen at temperatures that meet industry standards. The nurse, nutritionist and case manager meet weekly to review a sample of students' weights. Weights are recorded on a daily weight chart that is maintained in the classroom with the student. The school physician contacts nursing daily and examines each student at least once per month or as needed.

The Contingent Food Program is also widely applied and designed to use hunger to motivate students to be compliant. This intervention requires that a student "earn" a portion of his or her daily prescribed calories by not engaging in identified target behaviors (as per his/her behavior contract). If the student passes each of the behavioral contracts that are set for him/her, he/she will earn 100 percent of the planned calories for each meal served. If the student fails to pass one or more of his/her contracts, the student is not given the food portion(s) that is (are) the potential reward(s) for that contract. Food portions not earned are discarded by the staff and/or student. If the student does not earn the minimum daily total of calories by 7:00 PM, then the balance necessary to bring the total calories eaten to the student's targeted calories is dispensed to him in the form of nonpreferred staple food (e.g., consisting of mashed food sprinkled with liver powder). The Court Monitor must be informed when a student has been required to consume the full calories in the form of nonpreferred food for a period of two weeks.

The Specialized Food Program is more restrictive. For students on the Specialized Food Program, JRC does not offer make-up food to compensate for food that the student missed by failing to pass his or her contracts unless the student has eaten 20 - 25 percent or less of his normal daily caloric target. If the student has eaten 20 - 25 percent or less, he/she is offered make-up food to bring him up to the 20 - 25 percent level. The Court Monitor is informed whenever the student receives no more than 20 - 25 percent of the daily caloric goal for two consecutive weeks. Daily weights are maintained and ketone levels are measured when the prior day's intake is less than 80 percent of the recommended daily caloric intake.

- Currently there are ten NYS students on the Contingent Food Program and one NYS student on the Specialized Food Program.

Following is a summary of the identified findings, primarily relating to the behavioral interventions and related instructional practices used at JRC, followed by supporting observations, facts and information learned. The findings are based on a review of written information, direct observations and interviews obtained during and related to the April and May 2006 site reviews. Each statement of findings reported below are followed by observations or information that served as the basis for the findings.

***Findings: The integrity of the behavioral programming at JRC is not sufficiently monitored by appropriate professionals at the school and in many cases the level of background and preparation of staff is not sufficient to oversee the intensive treatment of children with challenging emotional and behavioral problems.***

- JRC's psychologists or clinicians develop student behavior programs. JRC's psychology department lists a total of 17 clinicians. Of these clinicians, although 12 have some doctoral level training in psychology, only four have licensure from the State of Massachusetts as Psychologist Providers, one is licensed as a psychologist in another state and one has a license as an Educational Psychologist. A high level of competence in psychology and behavior analysis is necessary for ethical practice when the most intrusive and aversive procedures are used in the treatment of children with behavior problems as complex and challenging as many who are approved for Level III aversive behavioral interventions at JRC.
- JRC employs a 24-hour a day/7 days a week video surveillance system for purposes of quality assurance. The purpose of the Quality Assurance (QA) department is to monitor the integrity of the treatment broadly (i.e., Behavioral and Safety Systems), but not to monitor the integrity of student specific behavior plans. There are approximately 20 QA staff and approximately four to six staff on per shift. There are approximately 240 students/adult consumers, which essentially require that each QA staff per shift monitor approximately 40 to 60 students/consumers. The QA team did appear to carry out this mission effectively with regard to staff conducting programs as written. However, JRC staff did not record data on student engagement in productive activities and the number of learning opportunities provided by staff, measures which correlate highly with student academic and social progress.
- While JRC collects comprehensive data on negative targeted behaviors, there was no evidence of the collection of data on replacement or positive behaviors to document the development of replacement or enhancing skills. Documentation was difficult to find for evidence of academic progress or development of positive social skills. The program descriptions of behavioral interventions are very standardized across students and show a lack of individualization of treatment planning. Treatment plans do not always vary for different types of behavioral difficulties exhibited by an individual student, even though these behaviors may serve different functions for the student.

- The average educational attainment of most of the QA personnel is a High School diploma. QA personnel are recruited from within JRC given a) employment of several years within the agency and b) prior supervisory experience. They are not required to be Board Certified Behavior Analysts or Board Certified Associate Behavior Analysts. The Director of QA reported a high turnover rate within the QA department. The agency has implemented a Retention Coach to help new employees make the adjustment to the agency.
- Staff development is provided via a) 2-week orientation, and b) 30 mandated hours of in-service training. A review of the staff development plan indicates minimal, if any, training on student characteristics; functional behavioral assessments; reinforcement; shaping or other behavioral techniques used for increasing positive social behavior; and educational supports that include instructional methods and curriculum. Staff receives one hour of training on collecting and graphing data, but no required training on positive teaching procedures. In addition, all staff appears to receive the same training, regardless of their particular function (e.g., teachers do not necessarily receive additional training in educational supports; QA team members do not necessarily receive training in behavior analysis).
- The GED device may also be sent home with NYS parents after they receive training from JRC regarding the use and application of the GED. One record reviewed indicated that the student went home for a vacation break and a family member, to administer punishment, used the GED device. However, the report did not identify which family member actually administered the GED skin shocks. This uncertainty as to how and by whom GED punishment was administered during the home visit raises questions regarding the appropriateness of making the device available to families where documentation of implementation does not occur. Moreover, there are specific requirements imposed by the Court Order that require JRC to report to the Court Monitor when more than 50 skin shock aversives are delivered to a student in a 24 hour period and when the student receives 250 skin shocks in seven days. The lack of specific data regarding the home use of the GED suggests that the court mandate for reporting may be compromised.
- JRC's practice of providing the shock device to families and allowing newly hired staff with little to no training and information on a student to administer the GED appears to be in direct violation of the FDA required safety precautions on the use of the device.
- In one classroom it was observed that a new staff member was briefly informed that his role in the room was to monitor 1:1 student S and second party verification was not required before administering the GED. The new staff person was handed the SLED (GED transmitter) and verbally given direction and instruction in when to administer the GED. As the instructing staff person was departing, she also informed the new staff that student S is deaf.

**Findings: JRC employs a general use of Level III aversive behavioral interventions to students with a broad range of disabilities, many without a clear history of self-injurious behaviors.**

- JRC has a “near zero rejection policy.” They accept most students into the program, regardless of the student’s diagnosis(es), and use the same general behavioral approach for all students. The treatment model/program offered to students is behavioral, and does not offer any other forms of interventions for those students that exhibit psychiatric, developmental, and/or dually diagnosed disorders. There were no indications that JRC considers whether its behavioral model based primarily on the use of punishment techniques is appropriate for all types of disabilities and no evidence that JRC differentiates between the treatment of students with psychiatric disorders or developmentally related childhood disorders.
- There is no evidence that JRC considers the potential negative effects, such as depression or anxiety, that may result from the use of aversive behavioral strategies with certain individual students. Several students from NYS came to JRC with diagnoses of Post Traumatic Stress Disorder (PTSD)<sup>4</sup>, yet their behavior programs call for skin shock. Skin shock has the potential to increase the symptoms associated with PTSD, yet there is no evidence of data measuring these possible side effects or therapies designed to treat these symptoms.
- The GED and other aversive behavioral interventions are widely used on higher functioning students with emotional disabilities. JRC has a higher number of students with emotional disabilities receiving electric skin shock and other Level III aversive interventions than students in disability categories such as mental retardation or autism.
- One student wearing the GED who was interviewed displayed insight into his behaviors and related replacement and coping behaviors he taught himself (writing in a journal; writing poetry). These abilities indicate the possibility that less aversive and intrusive interventions could be attempted systematically with this student.

**Findings: JRC employs a general use of Level III aversive behavioral interventions to students for behaviors that are not aggressive, health dangerous or destructive, such as nagging, swearing and failing to maintain a neat appearance.**

- Many of the students observed at JRC were not exhibiting self-abusive/mutilating behaviors, and their IEPs had no indication that these behaviors existed. However, they were still subject to Level III aversive interventions, including use of the GED device. The review of NYS students’ records revealed that Level III interventions are

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<sup>4</sup> "PTSD is caused by experiencing, witnessing, or being confronted with an event involving serious injury, death, or threat to the physical integrity of an individual, along with a response involving helplessness and/or intense fear or horror." (T. Allen Gore, MD, MBA, CMCM, FAPA, Director Inpatient Unit, Assistant Professor, Department of Psychiatry, Howard University Hospital, Howard University School of Medicine)

used for behaviors including 'refuse to follow staff directions', 'failure to maintain a neat appearance', 'stopping work for more than 10 seconds', 'interrupting others', 'nagging', 'whispering and/or moving conversation away from staff', 'slouch in chair', as well as more intensive behaviors such as physical aggression toward others, property destruction and attempts to hurt/injure self.

- One record reviewed indicated the student had received 18 GED skin shocks between 4/01/05 and 4/30/05 and the major destruction and aggression behaviors only added up to 10 instances in that timeframe. The additional eight skin shock applications were due to inappropriate verbalizations and interference with education.
- One school district CSE chairperson expressed concern that JRC used Level III interventions for behaviors the district did not consider problematic for a student they had placed at JRC (i.e. getting out of seat, nagging). The chairperson stated that not all the student's identified behaviors for which the student received skin shock were significant to the extent that they interfered with the student's ability to learn.
- A higher functioning teenage student was observed sneezing in class. She covered her face and called out for a tissue. The teacher then indicated that that "calling out" was a target behavior that would result in her action being pinpointed as inappropriate (i.e., subject to aversive consequence). This example raises concerns that there might be little to no discrimination of acceptable, appropriate behaviors within a targeted behavior category subject to Level III aversive consequences by untrained or poorly supervised staff.
- One student's record indicated he would receive one GED for aggression (including verbal threats of aggression or aggressive posturing) as well as actual aggression toward others; possession of weapons, destruction of property or threats to destroy property; leaving a supervised area; running away; hurting self, or verbal threats to hurt self, swearing, yelling, screaming or refusal to follow directions. His plan indicates he would receive five GED exposures over a 10-minute period applied to his legs and waist in response to attempts to touch the GED transmitters in an effort to apply the GED shock to another student. This same student reported the last GED shock he received was for an incident of swearing.
- Massachusetts' regulations authorize Level III interventions only to address extraordinarily difficult or dangerous behavioral problems that significantly interfere with appropriate behavior and/or the learning of appropriate and useful skills and that have seriously harmed or are likely to seriously harm the individual or others. While behaviors such as "refuse to follow staff directions", "failure to maintain a neat appearance", "stopping work for more than 10 seconds", "interrupting others", "nagging", etc., may have been found predictive of more serious behaviors in past instances, they are clearly not extraordinarily difficult or dangerous in their own right. Common behavioral practice is to use these behaviors that have been at the

beginning of a chain leading to severe behaviors as a signal to institute preventative measures that would break the previously observed chain.

- 71 NYS<sup>5</sup> students were receiving Level III aversives as of the date of the review and JRC was seeking court approval to use Level III aversives with an additional 10 students. Of the IEPs of NYS students that include statements regarding the use of Level III behavioral interventions, all read the same and are written without specificity with regard to how such interventions are to be used with a student:
  - 10 IEPs of NYS students included statements that JRC “will seek court authorization to use Level III intervention to include Movement Limitation Procedures and the Graduated Electronic Decelerator to treat \_\_\_\_\_’s major problematic behaviors to include aggression, destructive, health dangerous, major disruptive, and noncompliant behaviors. JRC also employs Alternative Educational Strategies which includes a progression of classroom and residential environmental moves, depending on \_\_\_\_\_’s behavioral progress.”
  - 59 IEPs of NYS students included a general statement that “JRC employs court authorized Level III intervention to include Movement Limitation Procedures and the Graduated Electronic Decelerator to treat \_\_\_\_\_’s major problematic behaviors to include aggression, destructive, health dangerous, major disruptive, and noncompliant behaviors. JRC also employs Alternative Educational Strategies which includes a progression of classroom and residential environmental moves, depending on \_\_\_\_\_’s behavioral progress.”
  - 8 students receiving Level III aversive interventions had IEPs that indicated that JRC would be *seeking* court authorization to use of Level III aversive behavioral interventions with no indication on the IEP that JRC had obtained court authorization.
  - 4 students were receiving Level III aversive interventions with no indication on the IEPs that JRC would seek or had obtained court approval.

***Findings: The use of electric skin shock conditioning devices as used at JRC raises health and safety concerns.***

- In addition to the GED, JRC uses an additional form of electrical circuitry that automatically administers a series of aversives (e.g., skin shocks) as soon as a behavior is initiated. This device is not activated by a staff person and continues until the behavior stops. Should the student fall, for example, after getting out of his/her seat, the student would continue to receive electric shocks. As stated previously, NYSED could not find evidence that this automated electric shock device has been approved or cleared for marketing by FDA.

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<sup>5</sup> Based on IEPs submitted by JRC to NYSED in March 2006.

- Since the GED has been modified in intensity and duration from other similar devices on the market, and there is a lack of peer reviewed research on the effectiveness and safety of the GED as used at JRC, NYSED has concerns regarding the long term health and safety of the students, particularly those students who may receive multiple electric shocks as part of their behavior plans.
- Despite the safety warning of the GED device that the GED should no be allowed to become wet or submerged in water, it was reported by JRC staff that for some students, the GED device remains on them while they take a bath or shower. Student records verified this and one student interviewed stated that she had been burned by the GED device while taking a shower. By this student's report, a new staff person was not adequately trained to administer the GED-4 shock during the student's shower, resulting in a burn to her skin where the device was attached.

***Findings: The Contingent Food Program and Specialized Food Program may impose unnecessary risks affecting the normal growth and development and overall nutritional/health status of students subjected to this aversive behavioral intervention.***

- JRC's current food service program promotes a diet that is largely based on whole plant foods and actively restricts meat and dairy products. School aged children consuming plant-based diets need to have access to a variety of foods that provide adequate amounts of calories and nutrients such as protein, iron, zinc, Vitamin B-12, calcium, Vitamin D, riboflavin, Vitamin A, n-3 fatty acids and iodine to ensure proper growth and development.
- The Contingent and Specialized Food Programs focus only on the total number of calories "earned" and fail to identify on a daily basis what nutrients are being "discarded" as a result of the student not fulfilling their contracts. Students who do not fulfill their behavior contracts are made to throw a pre determined caloric portion of their food into the garbage.
- A review of the weight records, biochemical (lab work) and daily intake sheets for four NYS students on the contingent food program and one student on the specialized food program noted that at the current time all individuals are maintaining their weights and body mass index (BMI) within acceptable limits. However, the students' weights and body mass indexes are not complete indicators of the students' nutritional health status. There is no evidence that JRC conducts routine dietary intakes (both qualitative and quantitative) for participating in the Contingent Specialized Food Programs. Monitoring and evaluating routine dietary intakes is fundamental in assessing and identifying specific nutrition concerns or potential nutritional risks.
- JRC's document "Food Services at the Judge Rotenberg Educational Center" stated that in pertinent part each student is given a multivitamin each day. A review of four

Nutritional Assessments of individuals on the contingent and specialized food programs did not indicate that any of these students were receiving multivitamins.

- The Contingent and Specialized Food Programs do not indicate the order that the food portions should be served. Hot food leaving the kitchen at the appropriate temperature may be served to the student at any time during the established time frame for the program. A review of four individual's on the Contingent Food Program and one student on the Specialized Food Program indicated that the food programs for each meal can delay food consumption from two to four hours, compromising required hot and cold food temperatures.
- JRC is receiving federal funds to administer the National School Lunch and School Breakfast Program that are not properly payable. JRC did not have adequate documentation to support that all meals served at the school met the minimum standards established by the United States Department of Agriculture (USDA). We have notified John Magnarelli, Director of Special Nutrition Programs for USDA's Northeast Regional Office of this finding; he informed NYS that he has instructed the MDOE to formally notify JRC and request that they comply with the federal meal pattern requirements immediately.

***Findings: The education program is organized around the elimination of problem behaviors largely through punishment, including the use of delayed punishment practices.***

- JRC's Director of Clinical Services stated that less than 10 percent of the enrolled students are receiving a "reinforcement" only program.
- JRCs "positive only intervention" includes a token system in which students are awarded tokens for the absence of exhibiting target behaviors and negatively reinforced by the removal of tokens or privileges for behaviors. It was observed that tokens are not awarded for exhibiting positive, appropriate alternative behaviors.
- Students with a reported history of harm to self or others are, prior to the Court approval for the use of Level III aversive behavioral interventions, often excluded from participating in the classroom and placed in "conference rooms" as a means to control targeted behaviors. Some of these students were observed to be fully restrained in restraint chairs and wearing movement limiting helmets. One student left the school building in full restraint (hands and feet restrained with Velcro straps in a restraint chair), clearly agitated and upset, and returned the following morning carried to the conference room fully restrained in what appeared to be the same chair.
- It was reported by JRC staff monitoring the conference rooms that students can spend the entire day in the small room, restrained if necessary, only to be slowly released as they feel the target behaviors are decreasing in intensity.

- It was observed that some of the students placed in the conference rooms were not exhibiting any inappropriate behaviors, and were playing video games and/or completing worksheets.
- A student, reported to have extreme head banging behaviors, was observed not exhibiting any inappropriate behaviors while having her hair braided by an adult in the classroom. Her appropriate interactions were not rewarded and/or acknowledged by the staff. However, the following day, this student was placed in a higher demand activity (academic computer work) and exhibited several head banging attempts. These behaviors were met with the ongoing loss of her contract. Loss of contract involved returning to the academic computer work. In this case, academic work was scheduled into the contract as a punishing consequence. The teacher reported that she would simply continue to lose her contract award and if the behaviors increased in intensity, it could result in the need to restrain her. Otherwise, no other intervention strategies were being used with this student. She is currently awaiting court approval for the use of Level III aversives.
- It was observed that the behavioral program for one student, not on a GED, consisted solely of alternating her between a low demand setting (couch and TV) to a situation of higher demand (academic computer work) which consistently resulted in "aggressive" behavior and her being placed in a restraint chair and helmet.
- Clinicians do not conduct routine preference assessments. Therefore the effectiveness and/or motivational value of some of the reinforcers used with students is diminished, and coincides with JRC's limited emphasis on the importance of positive reinforcement.
- JRC has a policy on modifying contingencies due to the special "pleading" of students. Part of the treatment program for students involves deliberately setting up unfair or mistaken directions or decelerative (application of a skin shock with a GED device) consequences for the students. The student is expected to handle these unfair situations successfully and not 'plead' or appeal to a psychologist or clinician regarding his/her treatment. In instances where the student "pleads" to the psychologist or clinician, there are consequences imposed on the student.
- JRC reported that four NYS students are approved for the "multiple application GED." For example, a target behavior of aggression exhibited would result in the application of five GED skin shocks for the single behavior.
- The GED is sometimes applied after a delayed period of time following the occurrence of a target behavior. It was reported by JRC's Director of Clinical Services that the routine administration of a skin shock by staff occurs 15-30 seconds after a target behavior has occurred. In other cases, the delay in the administration of the GED is much longer.

- The use of camera monitoring allows for delayed punishment. In cases where the student did not receive the GED, the individual reviewing the video footage from earlier in the day reports to the psychologist, who then makes the determination that the GED should be applied long after the targeted behavior occurred. One NYS student reported of an instance when she had returned to her residence and fallen asleep. She was woken without explanation and told to stand. She was given a GED across her stomach, and then was informed that the reason for the punishment was a target behavior earlier that day for which she did not receive a GED.

**Findings:** *Some students at JRC are forced to exhibit target behaviors so aversive behavioral interventions can be used.*

- JRC's policy includes a procedure called a behavioral rehearsal lesson (BRL). BRL was reported by staff to be used infrequently and only for low frequency/high intensity behaviors. BRL involves an intervention that essentially forces a student to exhibit a target behavior so that the student can receive an aversive consequence for it. Staff reported that this type of behavioral intervention is difficult to participate in and dramatic to watch.
- It was reported by a JRC staff member that one of the BRL episodes involved holding a student's face still while staff person went for his mouth with a pen or pencil threatening to stab him in the mouth while repeatedly yelling "YOU WANT TO EAT THIS?" The goal was to aversively treat the student's target behavior of putting sharp objects in the mouth.
- It was reported that during a BRL, the student would still receive a GED for exhibiting an appropriate behavior, just less than for exhibiting a target behavior. For example, five GED applications would be given for a target behavior, such as mouthing towards the object, as opposed to one GED application for an appropriate behavior such as turning away from the object.
- JRC reported that nine NYS students are approved for the use of a BRL, and as of the second visit, none have been conducted on these students.

**Findings:** *There is limited evidence of comprehensive functional behavioral assessments (FBAs), in accordance with the Individuals with Disabilities Education Act (IDEA), being conducted at JRC.*

- JRC's website includes the following statement: "We are very familiar with the field of functional analysis, but frankly we have little use for it at JRC." This statement and resulting practice at JRC are contrary to the findings in peer-reviewed journals demonstrating the effectiveness of functional analysis in finding effective, nonaversive interventions for problem behaviors and the requirements of IDEA for functional behavioral assessments.
- JRC relies heavily on brief observations of student behavior in combination with a

history of the student's problems to recommend the use of aversive behavioral interventions.

- JRC's process for assessing problem/target behaviors lacks specific information on the function/cause of the actual behavior, and primarily seeks to eliminate behavior through the use of punishment, including aversive interventions. Review of students' program plans did not reveal the identification of or interventions to be used to address the functions the behaviors were serving for the students.
- JRC's process for assessing behaviors does not employ the standard practice of analyzing behaviors, which incorporates multiple methods in identifying the function/cause of problem/target behaviors. JRC's use of restraints for self-abusive behavior or the attention paid to students' negative behaviors were not even considered as possible reinforcers of negative behaviors, yet at least one student's record indicated increases in behaviors when these interventions were employed.
- There was no systematic focus on recording antecedent behaviors in order to modify or eliminate triggers so that problem behaviors as well as the punishing consequences could be prevented.
- Baseline data is not collected on behaviors across settings.
- Important incremental progress a student may make on a target behavior can be missed because JRC only gathers data on broad, generic behavioral categories: "aggression, health dangerous behavior, destructive behavior, major disruptive behavior and noncompliant behavior."

***Findings: Students are provided insufficient academic and special education instruction, including insufficient related services***

- Students placed in the more segregated and restrictive settings (i.e., the small conference room) were not observed to receive instruction, even computer-based instruction, and a teacher is not available to provide instruction in that setting. The room is monitored by MHAs with high school diplomas and other nonteaching staff.
- Most students in other classrooms at JRC receive instruction in the form of a computer-based curriculum that provides learning through repetition. While JRC staff report that the curriculum is aligned with the NYS standards, this was not verified. Although JRC's Curriculum Director contends that the curriculum covers all content domains and is aligned with NYS standards, one teacher reported that students' work on whatever interests them in the content areas.
- Many students spend their instructional day at individual computer terminals, performing the same instructional task over and over. The repetitive nature of the task was evident when the team visited classrooms and saw students repeatedly tapping unresponsive computer screens.

- Observations showed that a return to academic task was often used as a consequence for problem behaviors that occurred during breaks or during earned activities. Thus, academic activity is frequently programmed as a punishing consequence. Furthermore, JRC's Program Descriptions consistently prescribe positive consequences for absence of problem behaviors, but do not prescribe specific reinforcement procedures for completion of work or accuracy of work completed.
- One school district documented that JRC placed a student in a room where there were no desks or computers and that she worked on worksheets and flashcards, and often did not leave her residence to attend school due to behaviors exhibited in the residence.
- There was no evidence of social skills instruction or use of a curriculum or instruction to teach alternatives to aggressive behaviors. When asked about their social skills curriculum, JRC staff described opportunities to socialize and opportunities for recreational trips. None of the staff mentioned any of the published social skills curriculum that are in common use for the treatment of children with autism spectrum disorders or curricular for teaching prosocial and anger management strategies. For students with autism and students with diagnoses that represent social difficulties (e.g., oppositional defiant disorder; conduct disorder), there was no evidence of teaching students positive social ways to communicate or of teaching or programming for social skills during the observation periods. The complete lack of organized, instructional social interaction periods and reinforcement for positive social interactions also prevented developing time with other children as a reinforcing activity. This is a particularly glaring omission in programming when contemplating transition to a less restrictive school or adult settings where positive social play and interaction with other children and adults is necessary for success.
- During the May 16-18 site visit, it was confirmed that the majority of staff serving as classroom teachers at JRC are not certified teachers. One crisis classroom teacher the team spoke to has a high school diploma and had acquired college credits through distance learning Internet courses.
- During the initial site visit, the team reviewed the credentials of the teaching staff in the 21 classrooms at JRC:
  - One is certified/licensed by the Massachusetts Department of Education (MDOE) as a special education teacher;
  - Eleven have academic waivers for teaching "moderate disabilities" or "severe disabilities" from MDOE; and
  - Nine have no certification, licensure or MDOE academic waivers to teach special education.
- Classroom visitations by the review team revealed that limited interactions occur between students or between staff and students. The main interactions witnessed

involved staff rotating GED electrodes, as required for GED safety, on students' bodies when an alert, set at hourly intervals, instructed staff to rotate the electrodes. The rotation of electrodes is necessary to prevent skin burns that may result from repeated application of the shock to the same contact point on the student's body. Other observed interactions involved staff making rote statements regarding the student's behavior program, such as "turn around and keep working" or limited social praise "good eating."

- Students attend the school seven days per week from 9 AM to 4 PM; teachers are not present on the weekend days. Teachers interviewed by the team could not describe what the students did on the weekends at the school.

**Findings: JRC does not support the implementation of IEP recommended related services and/or promote the transition of students to less restrictive environments.**

- A review of JRC's internal IEP admission checklist states that staff 'eliminate' (where possible) related service recommendations, such as speech and language therapy or counseling. While JRC employs or contracts with some related service providers, documentation showed that JRC takes steps to have CSEs eliminate recommendations for related services.
- Student files contained documentation that JRC consistently requests that speech and language therapy, occupational therapy (OT), and counseling be removed from a student's IEP. A review of IEPs of NYS students showed:
  - 23 students had CSE recommendations for counseling that were later eliminated based on JRC's recommendation;
  - 12 students had IEP recommendations for speech and language therapy that were later eliminated based on JRC's recommendation;
  - Seven students had IEP recommendations for OT that were later terminated based on JRC's recommendation and one continued OT on a "one hour per month – consult" basis; and
  - Four students had IEP recommendations for PT that were later terminated based on JRC's recommendation.
- Twenty students' current IEPs include recommendations for speech and language therapy. JRC records indicate that 12 students are receiving speech language therapy with most at a duration and frequency of 1x30 min/week (below the minimum NYS regulatory requirement).
- At JRC, behavioral counseling is provided in a nontraditional format in which students are expected to learn how to self-manage their target behaviors. Students who request to speak with a psychologist must write a note or "business letter" requesting a session and "pay" with their tokens. (The nature of counseling is unclear). The Director of Clinical Services indicated that other types of counseling could be used, but that it is not routinely offered.

- Based on classroom observations, there was no evidence that language instruction, as required by NYS regulations for students with autism, was being provided.
- Out of 148 NYS students at JRC, 128 students receive no related services. The provision of related services was not observed during either visitation.
- Observers did not see a structured, systematic program for teaching of generalization of skills, self-care, social/recreational or community skills in the school or the residences to assist students in post-secondary transitions or to promote transitions to less restrictive settings.
- A student interviewed stated that she had entered JRC at the age of 19 with the expectation that she would receive vocational training while she resolved her emotional and behavioral problems. She had not received any vocational training and still remained in the most restrictive settings offered by JRC. This student wept as she asked the team to bring her back to New York.
- Records and staff indicate that, once placed, very few students' transition out of JRC to a less restrictive environment prior to aging-out.

**Findings: *Behavioral Intervention Plans (BIPs) are developed to support the use of aversive behavioral interventions with very limited evidence of students "being faded" from the GED device***

- The BIPs contain broad, generic behavioral categories with the primary behavioral intervention being the use of the GED across various target behaviors (ranging from aggression to noncompliance).
- Few students who present aggressive behaviors secondary to a thought and/or developmental disorder are provided with the necessary therapeutic interventions, but are instead treated only with an aversive intervention for the aggression.
- The BIPs do not identify specific skills training for developing appropriate replacement or alternative skills to replace targeted behaviors.
- A review of a student's file indicated that the student was receiving Level III aversive interventions for "aggression", but according to the teacher's notes, the only aggressions exhibited by the student were in anticipation of the GED. The student was not otherwise aggressive.
- Fading procedures are not individualized and not well specified for all the aversive interventions used by JRC. JRC's policy states: "GED fading will not occur until the student has gone a minimum of one year with no major behaviors" and the Director of Clinical Services confirmed that the expectation for all students is that target behaviors, across all categories, are reduced to a zero frequency rate for one year.

By JRC policy, students follow a set sequence by times of the day, days of the week or specific activities to fade the GED. This set sequence does not take into account data on the times and places behaviors are most and least likely to occur. The criterion of one year without a “major disruptive behavior” is extremely long and is not determined based on the circumstances for each individual student.

- Many NYS students remain on the GED for the entire time they attend the center. At least two students have been on the GED device since 1999; others began in 2000 and 2001.
- One student was initially placed on the GED in 1999. The GED was faded at one time and then resumed and the student is currently on the device. Six NYS students have had the GED faded (they are no longer wearing the GED device). However, it was reported that a “faded” student could be placed back on the GED if he/she demonstrated previously inappropriate target behaviors.

***Findings: JRC promotes a setting that discourages social interaction between staff and students and among students.***

- Policy and procedures at JRC support limited social interactions between staff and students. Positive/appropriate skills’ training was not observed in the classrooms.
- There was very limited social interaction between the classroom staff and students except for 1:1 prompting (jargon) to computer tasks and/or the awarding or removal of tokens.
- JRC does not promote the development of social skills for any of their students and in fact requires that the students not attempt social interactions with staff or classmates as part of their behavior programs. Questions to staff about programs for social skills development were always answered by descriptions of social opportunities that included recess as well as scheduled recreational outings. The recreational outings were with groups of students and provided no opportunities for interaction with members of the general community.
- Several observations were made of the outdoor recess periods and lunch breaks. The recreation area was set up with swings and a wooden structure for climbing and walking across bridges and several plastic slides. The area was very well maintained and appropriate for children under seven or eight years old. However, the students during all observations appeared to be adolescents. Staff was attentive and providing appropriate supervision to students and the interactions between staff and students were positive, supportive and respectful. However, they tended to be helping interactions rather than conversations or play. During five observations involving a total of 59 students, there were no instances of students socializing with other students and only five instances observed of students socializing with staff.

- Social interactions between students reportedly occur in the Big Reward Store where students go to select a reward for keeping to contracts. When questioned about friendships and social interactions among students, the students interviewed stated that they were unable to socialize in a natural way.
- Opportunities to socialize with peers must be earned through compliance with behavioral contracts.
- Students in classrooms were docile and compliant and did not attempt to socially engage, either verbally or with eye contact, anyone in the rooms. This was also apparent in the residences visited by the team. Staff indicated, on at least three occasions, that it was unsafe to allow students to socialize because in the past students had plotted against staff.
- After arrival from school, students were observed sitting around the kitchen table with sets of small manipulative (e.g., pegboards) and did not interact, nor were they encouraged to interact, with staff or each other.

***Findings: The privacy and dignity of students is compromised in the course of JRC's program implementation.***

- Video surveillance system monitoring includes most bathrooms and all bedrooms but no formal staff monitoring system is in place to ensure the privacy and dignity of students/consumers during intimate grooming/hygiene or personal sexual behavior (e.g., masturbation). For example, no procedures were in place to ensure staff was not observing opposite sex residents during showering.
- One NYS student's behavior program states, "C will wear two GED devices. C will wear 3 spread, GED electrodes at all times and take a GED shower for her full self care." This student, as are all students at JRC, is monitored through JRC's video surveillance system and a staff person would monitor her in the shower.
- Students were observed as they arrived and departed from school. Almost all were restrained in some manner, some with metal 'police' handcuffs and leg restraints, as they boarded and exited the vehicles. Several students are transported in wheeled chairs that keep them in four-point restraint.

***Finding: The collateral effects (e.g., increased fear, anxiety or aggression) on students of JRC's punishment model are not adequately assessed, monitored or addressed.***

- There does not appear to be any measurement of, or treatment for, the possible collateral effects of punishment such as depression, anxiety, and/or social withdrawal.

- Student interviews revealed reports of pervasive fears and anxieties related to the interventions used at JRC. Students verbally reported a lack of trust, fear, feeling upset/anxious and loneliness.
- One student's behavior plan indicated that the student is to be rewarded when he does not react to a staff member preparing to or administering the GED to another student, implying that this student may be having collateral effects when peers receive skin shock consequences.
- One student stated she felt depressed and fearful, stating very coherently her desire to leave the center. She is not permitted to initiate conversation with any member of the staff. She also expressed that she had no one to talk to about her feelings of depression and her desire to kill herself and told the interviewing team that she thought about killing herself everyday. Her greatest fear was that she would remain at JRC beyond her 21<sup>st</sup> birthday.