

Judge Rotenberg Center Report

By Jacob Persico

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Revision 2

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On July 9th, 2015 Jay Rosenthal and I took a trip to Canton, Massachusetts to visit the Judge Rotenberg Educational Center (commonly referred to as the Judge Rotenberg Center, or JRC for short). This trip was planned ahead of time with Jay, and the director of JRC Glenda Crookes. As planned we met Glenda at JRC to take a tour and ask a few questions.

Prior to our visit to JRC we worked on some questions to ask Glenda. I also printed out some relevant documents related to JRC for Glenda's review and comment. I had prepared a manila folder about a quarter inch thick that I brought to JRC.

The motivation to visit JRC was human rights. Jay and I met on Facebook and are both passionate about human rights issues. Jay is well informed about some of the human rights violations in residential schools. I have had lots of information about JRC from my own research and people that I have met online who have gone there.

To be honest my view of JRC has been very negative. The trip would give us a better perspective from JRC's side. It would give us a chance to discuss with Glenda some of the concerns we had with JRC and what their explanation is. This would help us to have a more open minded perspective.

Glenda was very willing and open to communicate with Jay and me. She even offered to communicate with us after the tour via email. In fact she later emailed me a couple of documents on JRC policy, and answered some additional questions of mine after the tour. Jay and I were also very open to hear what Glenda had to say; I even took some of JRC's informational packets (their newsletter and a 6 page document about JRC).

The day of the tour (July 9th, 2015) was the first day I actually stepped foot into the building myself. As I had seen online the decorations were magnificent. Great 3D pieces of art hung on the walls, and beautiful art was also incorporated into many other aspects of the room layouts.

After figuring out what part of the building to enter (it's a big campus), we were warmly greeted by Glenda Crookes, who we shook hands with and introduced ourselves to. We sat down together in a room and discussed some of our questions about the place.

Glenda started off explaining some things about the school. (Jay and I had agreed before going that we wanted Glenda to start off.) She explained that before going to JRC the students were typically rejected from 12 to 15 programs. She says 25% of the students are on the GED (their electric shock device).

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Some history of JRC's use of electric shocks on students:

In case you don't know about the GED, in JRC some of the students wear what is called a GED (Graduated Electronic Decelerator). The GED is a remote controlled device used to modify the students' behavior by giving them painful electric shocks to the skin. Some of the students are forced to wear up to 5 GED devices. Each GED device consists of one electrode, one shock generator, and one battery, with each device being paired with one remote. (See <http://www.effectivetreatment.org/remote.html>) It has been documented by former student Jennifer Msumba (see [Jennifer's behavior sheet](#)) that students were required to be shocked if they tried to remove or disable the shock device. One of the workers pushes a button on a remote control in order to shock the student when they exhibit a behavior their behavior sheet says to shock them for. (Note that the information about Jennifer I share was made publicly available by her, some or all of which can be found on her blog <http://jrcabuse.tumblr.com/>.)

JRC says they use shocks on the student's because they need to in order to stop there self-injurious and dangerous behaviors; however, JRC has openly admitted and it is well documented that they shock student's for behaviors that are NOT dangerous, self-injurious or destructive at all. (Here is one source where the former director Mathew Israel admits to this [The Use of Contingent Skin Shock in Treating Behaviors Other than Aggression and Self-Abuse](#).) If you look on that Jennifer's behavior sheet you will see that some behaviors students could be shocked for include: "out of bed without permission", "runaway (to include attempts)", "pressurize ears/eyes for more than 3 seconds", "self restraint for five seconds or more", "repetitive hand movement in front of face", "tense up for more than 2 seconds (to include fingers)", "yell", "Blatant NO", "refuse to follow any given direction (3 step direction)", "attempting to remove or defeat the purpose of the GED". Those are all behaviors Jennifer Msumba would get shocked for with JRC's GED-4 (their most painful shock device). On our trip to JRC I mentioned to Glenda that on Jennifer's behavior sheet that she would be shocked for getting out of bed without permission. Glenda did not deny it or even say that they have stopped the practice, instead she justified this by saying that shocks are sometimes used on behaviors that are a "precursor" to abusive behavior. In my point of view this is a really unconscionable reason for shocking someone. So just because a student is sometimes aggressive when getting out of bed without permission, it's OK to shock them for out of bed without permission? Let me know if anyone finds this to be logical because I don't. I think that excuse is just a weak attempt to try to make it sound like the shocks for out of bed were actually tied to aggressive behavior, THEY'RE NOT. Iwata has made this same argument to the FDA by asking JRC to show the link between such mild non-destructive behaviors and aggressive behavior. See [FDA Advisory committee on the GED](#) pg144.

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You can't shock someone for getting out of bed without permission and say it's for aggression, it's just not true. That is one major disagreement I have with JRC. In the behavior sheet I mentioned earlier look at the way the behaviors are categorized. Out of bed w/o permission is under the heading "Aggress1". No, getting out of bed is NOT aggressive, and that's all I'm going to say about this point.

The problem with listing tensing up and yelling as behaviors to be shocked for can be seen in Andre McCollins' case where he was strapped down for 6 hours and shocked 30 times. Before being strapped down he was shocked for not following the directions to take off his coat. The other 30 shocks were for yelling and tensing up. This also shows why it is so cruel to strap someone down and shock them multiple times, something Glenda says they no longer do at JRC. On our visit Glenda explains that now only one shock is used as a consequence, and shock is no longer used with restraints. It should be noted that the case with Andre happened in 2002 and that Glenda was not the director at the time, Mathew Israel was. (I believe Mathew Israel did end up stopping the staff from continuing to administer the shocks at the time.) It might be argued that the staff at JRC were "only following orders", but does that really justify someone to do what is morally wrong? I would say a firm NO. (The news article of this can be found here: [31 Shocks Later](#). There is also a news video which contains some info about the incident along with some footage of the incident taken by JRC cameras, found here (but be warned the video is disturbing): [Judge Rotenberg Shock Torture Video - Part 1](#).)

I showed Glenda [this picture](#) posted in the CBS news article [Controversy over shocking people with autism, behavioral disorders](#) which shows a wound on Andre McCollins. Andre's mother alleged the wound is from electric shock produced by JRC's GED. Glenda told me the wound was from restraints and not from electric shock. JRC's own document about their GED-1 (their first GED) says "A second effect, which has been noted at some time in about one third of our students, has been slight erythema and, in a few cases, a skin blister." (This can be found on JRC's website at: <http://www.effectivetreatment.org/remote.html>) It is also worth noting that restraints are typically only applied to the wrists, ankles, and sometimes waist. In addition it has been reported that the GED has in at least one case produced first degree burns ([Prank Call Causes 1st Degree Burns to Judge Rotenberg Student](#)). It seems this can happen when many shocks are administered to the same place in a short amount of time.

The reason so many people are in favor of using the GED at JRC is most likely due to the fact that some students are extremely self-abusive to the point where they could severely damage or even possibly kill themselves. They have such severe issues, and an electric shock is a method that can quickly get someone to stop their behavior, especially behavior that is dangerous to themselves or others. Some will argue that there are other non pain inflicting methods (such as talking the person down, and restraint), and that

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using pain is counterproductive. Some have argued that there are so many other places that deal with highly aggressive people without using pain and if those other places can do it then using pain is not needed. While I believe pain fails to get to the root of the problem I feel it might be justified if it is a desperate circumstance, such as saving a person's life or stopping them from permanently damaging them-self. I believe though that effective behavior modification, specifically reducing aggressive behavior, requires more than one approach. Many times aggressive behavior is an emotional outlet, therefore it is important to not only focus on the behavior but also on what is causing it (the root of the problem) and what positive coping mechanisms the person can use to replace their destructive emotional outlets. JRC does not seem to do that at all. None of what I have seen heard or read about JRC has shown that they look at the cause of the behaviors, or teach coping mechanisms to replace aggressive behaviors.

An advantage of GED use at JRC to stop destructive/abusive behavior is that it only takes one person. The disadvantage is that it takes time to make sure they have the remote for the right student before shocking them. Restraint takes more people to do properly, however; it has several advantages. Once a person is restrained properly they no longer have the ability to abuse or destroy. And when a person is properly restrained the person has an opportunity to cool down, and can be easily released when calm. JRC does still use restraints on students in certain circumstances.

Some questions I put together: I had prepared some questions I wanted to ask Glenda. I asked, "JRC has stopped using the restraint board with the GED; is that correct?" she answered yes. I asked "Have you also stopped using multiple shocks for one behavior?" she answered yes. When I asked, "Has JRC also stopped shocking students for behaviors the student did in the past (such as an earlier time that day)?" she explained that shocks are not given for past behaviors anymore, and that the electric shock must be given within 2 minutes after the behavior. I asked about the "contingent food program" they had, where they used to deprive students of food as punishment. (See: [This was my "Portion Program" that I was on.](#)) She said they do not do that anymore. She said she is the one that stopped the "contingent food program". She also tells us she is the one that stopped BRLs (Behavior Rehearsal Lessons, where the student would be forced to act out a bad behavior and then be shocked for doing it. This was to pair the pain of the electric shock with the behavior so they would be conditioned to not act out the behavior anymore.)(For more info about JRC's BRLs see: [Mental Disability Rights International report \(archive\)](#) pg12 of 67 and [Strait from the horse's mouth! The horror of BRLs.](#)) She tells us that she is also the one that stopped the use of the restraint board with the electric shocks. I told her I think these improvements that were made are great.

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Glenda explained that they use the safety care system [QBS](#) (Quality Behavioral Solutions) and 16 hour training.

Glenda then explained about the remote electric shock devices they use. She explains they have been using the GED-1 since 1990. The GED-1 produces a voltage of 106.3 volts (rms), and a current of 4.42 milliamps (rms) when operated across a 24 kilo-ohm resistor. The shocks last for 2 full seconds¹. She explains that the newer GED-4 has been used since 1992, and she says it puts out 15 milliamps (but she did not say if that is 15 milliamps when operated across a resistor or when operated on a person. She also did not give any other information about its electrical output other than to say that it's stronger than the GED-1). The GED-4 puts out a stronger electric shock than the GED-1. Both are painful, and meant to be that way. She says the GED-4 is used on more severe behaviors or harder students.

Glenda tells us that the GED-1 was cleared by the FDA in 1994, but she said the GED-4 was **not cleared**. She tells us that the GED-3a is the electric shock device most used, and it puts out the same electric shock as the GED-1 but it is a newer design (I think she said it was smaller in size than the GED-1).

Glenda tells us the age range of JRC students is between 7 and 55 years old. She tells us that 4 of their students are now going to college.

About the treatment plan for the students. Glenda tells us the student's team decides the treatment and she (Glenda) does not. She explains that the treatment team is composed of the student's parent, clinician (who is a PHD), opposing attorney (who represents the student/client), IEP from school district, and human rights peer review. The clinician proposes the treatment. Glenda explains the treatment plan is reviewed every 6 months. Changes do not need to be approved until the next 6 month review, but they do have to notify when there is a change.

Glenda tells us that the clinicians talk to students daily, and that all students have independent advocates.

Class structure: Glenda says the student to teacher ratio is about between 10 staff to 8 students and 1 staff to 4 students. There were 246 students there at the time we visited according to Glenda. She says there was 44 students when they moved from Providence in 1996. School hours are from 9AM to 6PM and afterschool program is from 3PM to 6PM. About half of education is computer based.

¹ According to JRC's website <http://www.effectivetreatment.org/remote.html> the GED-1 produces a voltage of 106.3 volts (rms), and a current of 4.42 milliamps (rms) when operated across a 24 kilo-ohm resistor. When tested on the volunteers it produced 14.6 milliamps (median rms). The electric shock is not a constant output. GED-1 makes 80 pulses per second, with the first 25% of the pulse on, then the rest of the pulse off. rms (root mean square) is used to measure electrical output when the output is not constant. The rms value is equal to the value of a constant electrical output that would produce the same power. The link I just gave provides a very thorough technical description of the GED-1.

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I ask about the students being allowed to speak up in court when they are going to be put on the GED. Glenda confirms that when the student goes before a judge to be put on the GED (the shock device) the student can talk to the judge.

Glenda explains to us how individualized each student's treatment system is. As we ask Glenda about how a student is rewarded she goes into some of the different examples of how this can be done. She explains that they use level systems over point systems. She tells us that each student has over 10 contracts, and they participate in their treatment.

The Yellow Brick Road (rewards): Glenda shows us the Yellow Brick Road, which is a section of the school for rewards. We go through a door and there is a hallway with a yellow brick road painted on the floor. There are several areas off the hallway, such as an internet café students can earn time in, and a reward store where students can spend their money for various different items. There is also a cinema that students can earn the privilege of watching movies in. Students can earn rewards with contracts, by deciding what they want to earn (such as an item in the reward store, or an activity) and when they successfully follow their contract, they get it.

Time out: When I asked about time out with students not on the GED (shock device), she explained that they don't have seclusion rooms. Glenda says the student is taken to a place away from the other students and given a chance to cool down. I think it's good that they don't lock them in a room, which a lot of psych hospitals do. I know some people are claustrophobic and can be very frightened or agitated from being enclosed in a small room. Although sometimes some people like going into a time out room. It gives them quite time away from everything.

Counseling: I asked about counseling for students, noting that I have read students used to have to pay for it. She says the students have free counseling provided by JRC.

I asked about piece work because I read they used to have that. Glenda told us that there is no piece work, and in any JRC work program they get paid at least minimum wage.

Use of medication: Glenda tells us that they will keep students on some psych meds if there is a psych disorder they need it for. She tells us that out of their 268 clients, 14 take meds for psych.

Glenda tells us that there was one student who was very aggressive and that JRC made him friendly and nice in 30 days. I wonder if his friendly and nice is genuine or just to get rewarded and avoid punishment.

Safeguards: Glenda explains that before a student is put on the GED (shock device) the student has to be examined medically to make sure it is safe for them to be shocked. Glenda

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also explains that staff are encouraged to report any thing they see as abuse to JRC and outside agencies, and staff sign an agreement to do this.

JRC opponent Gregory: An outspoken opponent of JRC Gregory Miller worked there and now speaks out publicly against the place. His name inevitably came up. Both Jay and I have both communicated with him before. Glenda tells us that Gregory never made any complaints within the 3 years he worked at JRC, and he did not leave on his own accord.

Choice of food: The students are given a choice between vegetarian/vegan meal or a meal with meat. Glenda tells us they can get an alternative if they don't like that.

Law against aversives: There is a law against level 3 intervention in Canton Massachusetts where JRC is located. Level 3 intervention is: pain, time out for more than 15 minutes, and use of mechanical restraints. Glenda tells us JRC can use the GED (which is a level 3 intervention because it produces pain) because of a settlement agreement made in the 1980s and upheld in the 1990s. But other organizations in Canton Massachusetts cannot use level 3 intervention. I commented to Glenda that that doesn't sound fair.

Afterthoughts:

There are people that do seek aversion therapy to help them cure an addiction. Glenda told us that one of the students didn't want to stop having the electric shock device on him. It seems he feared that without it he would not be able to control his self-abusive tendencies. Glenda told us that they remedied this by giving him a fake electric shock device. It may seem strange for someone to want aversion therapy, but people do many times lose control of themselves from addiction or outburst, and an outside force can cause the person to stop. What is widely debated is whether or not using pain to stop the behavior has a long term effect after the threat of pain is removed. It is also possible for anger resulting from the shocks to cause more acting out. The problem is with aversive electric shock, because it's painful and startling it can cause anger and stress itself, which over time can sometimes lead to PTSD.

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