

Mother copes with therapy [Part 1 of 2]

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By Rory Schuler, Staff Writer

TAUNTON - Bryan Cantwell was born 19 years ago, a normal, bouncing baby boy.

As the years passed by, his body grew, but his mind regressed.

With age came strength. And with his severe mental disability came fits of violence and self mutilation.

"He started eating non-edibles," recalled his mother, Denise Cantwell, who in a strange twist of irony, has worked as a nurse with mentally retarded adults since 1979, years before the birth of her son.

"He ate glass and WD40, that oil lubricant. He'd eat anything he found laying around," she said. "He chewed the wood off our mantles."

The Taunton man's family did what they could to contain, control and console the budding danger growing within their son and brother.

They tried six different institutions.

One by one, each failed to make a dent.

Three years ago, they found the controversial Judge Rotenberg Educational Center.

Electrical shock treatment helped calm the confused, frantic and powerful young man.

Taunton public schools have been picking up the tab.

But recently, for the first time, school committee members questioned the moral implications of paying for what seems like a potentially cruel behavior control device on the taxpayer's dime - an \$18,000 monthly fee, or more than \$200,000 per year.

Bryan's mother's heart broke all over again, when she heard school officials may consider pulling their approval of funding for her son's attendance at the Rotenberg Center.

"They have influence that may jeopardize his placement," she said. "The alternatives I'm aware of will not work. Prior to the center, he wasn't smiling while he was doing these horrible things. He was screaming. He was in misery."

The troubled youngster didn't fit in to most conventional diagnoses. After endless tests and observations, doctors said Bryan suffers from mental retardation and autism.

For the first three years, he developed as most children do. Bryan started preschool at age 4, but tested a year behind.

"He was late onset," his mother said. "When he was 4 years old, he tested in the three-year range - no big deal. Then, at 5 years old, he tested at 18 months."

By the time Bryan entered puberty, growth spurts reinforced his erratic behavior with physical strength.

"Around 11 or 12, he started getting bigger and faster, but had the same mentality," his mother recalled. "I kept putting things up higher on shelves, until we couldn't reach them any more, but he could."

Meanwhile, as Bryan's penchant toward violence increased, he bounced from school to school throughout the Bay State, mostly in the Boston area.

He spent time at the Boston Higashi School, a Japanese-based approach to special education, which employs musical training and other artistic mediums. He prospered there, said his mother, but regular shutdowns left the boy without therapy for several weeks at a time.

School officials suggested the League School of Boston, a school specializing in children with autism. After a relatively brief stay, a confrontation led to the injuring and hospitalization of a teacher.

By this time, he started physically attacking peers, family members, and educators with absolutely no notice.

He tried to bite his grandmother one day. And on a trip to school, while his older brother was driving, he threw a fit, and nearly caused a crash on the highway.

While in public, he made a habit of darting into traffic. His mother felt tragedy lurked around every corner - for her son and everyone with whom he came in contact.

"He just kept getting bigger and badder," she said, thinking back to decades on the job as a mental health care nurse. "Every day I saw what was in his future. I know what's out there. I don't want him to be surrounded by staff who are afraid of him - workers in fear of getting hurt by him, who may hate and abuse him back."

Denise Cantwell found herself backed into a corner, asking herself the same question over and over.

"Is there a way to keep him from doing this, so he can be part of the civilized world?" she asked herself out loud. "Then we found the Judge Rotenberg Center."

At 16, Bryan's first round of observation and testing started. A court-appointed attorney took the child's case, to watch out for his best interests. The use of a Graduated Electronic Device was recommended by the center's experts.

A judge heard the case, and issued a court order allowing the use of shock therapy in Bryan's specific case.

"We had to present in court that this was needed to save his life," his mother recalled. "The options were running out. The only other alternative was to put him in restraints and a drugged stupor. That was all that was left for him. The Judge Rotenberg Center is not a school for any kid. This is the last stop."

Doctors fully briefed the worried mother about the exact nature of the therapy. They showed her the four, tiny, dime-size devices - small electrodes attached to bracelet-like straps - to be worn on each limb.

They gave her a sample shock.

"It felt like getting stung by a bee," she said. "It was not pleasant."

In the beginning, Bryan was forced to wear all four electrodes. When he engaged in erratic or dangerous behavior, two trained professionals had to observe the behavior and sign off on administering a shock. Eventually, the bursts of pain helped alter the child's behavior.

"Two people have to agree it's warranted," his mother said. "And everything's recorded, monitored, and watched constantly."

As time, and progress, went by, the devices were removed one by one. His mother said it has been more than three months since a shock was necessary, and he only has to wear the devices at night.

Denise Cantwell can't believe the progress her son has made over the past three years - more headway combined than he has made since he was a toddler.

"I don't know where to start," she said. "He's able to sit in a classroom, at a desk, and do schoolwork. He can be around other people and not hurt anybody. I can bring him home for a visit, and not be afraid of him, or for him."

And above all else, his frantic, belligerent, dangerous actions have been replaced with a calm, thoughtful placidity.

"He's so much calmer," she said with a smile, for the first time in the interview. "He's self-controlled, focused, and happier."

Shock therapy defended: second in a series [Part 2 of 2]

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By Rory Schuler, Staff Writer

Buried in negative press reports, those in charge at the Judge Rotenberg Educational Center have been working hard to dispel misconceptions and misinformation about the use of electric shocks to curb violent behavior in children.

The Taunton School Committee recently entered the debate on shock therapy when several members questioned the moral implications of picking up the \$18,000 monthly tab for a 19-year-old city student who has been attending the center for three years and getting "shock therapy."

Since the late 1960s, after the publishing of Ken Kesey's "One Flew Over the Cuckoo's Nest" and a film version starring Jack Nicholson, a negative and frightful connotation has been attached to "shock therapy" and its derivatives.

During the committee's discussion, chairwoman Christine Fagan said the center's specialty "sounds like ... 'Cuckoo's Nest' to me."

"The phrase 'shock therapy' is not, we believe, a clear description of the treatment we offer," wrote Matthew L. Israel, Ph.D., executive director of the center, in response to the committee's debate. "[The term] does not make clear the difference between electroconvulsive shock therapy, in which an electric current is passed through the brain in order to cause seizures, and behavioral skin shock, in which electricity is passed through a small area of the surface of the skin for (in our case) a two-second period to cause a painful sensation that will serve to decelerate (punish) a seriously problematic behavior that the student has engaged in."

The former is the type of therapy used in the film, and the latter is the type used at the center - the type Bryan Cantwell, of Taunton, has been undergoing since 2003. Without it, his parents say, he is violent and unpredictable, a danger to himself and others.

"Fifty percent of our students are treated with positive procedures alone," Israel continued. "Only if positive procedures are insufficiently effective do we supplement the positive programming with aversive procedures. The procedure we use most often is a two-second skin shock. The average student receives only [a single] application per week, and many students are able to graduate entirely from needing any aversives."

The therapy must be court-ordered, parent-approved and is monitored at all times, center officials said.

Bryan's primary psychologist, Dr. James Riley, discussed his patient's response to a Graduated Electronic Device attached to his arms and legs.

"He responded really quite well," he said. "All of his major inappropriate behaviors - aggression, destruction of property, [inflicting] harm to himself and others - dramatically diminished."

Riley, former chief psychologist of Taunton State Hospital, described the few options available in a case such as Bryan's.

"The alternative is medication, usually psychotropic drugs," he explained. "The really adverse side effects that accompany most drugs used over a long period of time can be significantly postponed or put off all together" with the use of skin-shock treatments.

Psychotropic drugs cause irreversible damage to the central nervous system, he added.

"They can cause side effects like permanent shaking, tremors and protuberance of the tongue," Riley said. "It's a common mistake. People confuse aversive, or painful, with harmful. While drugs are not painful, they can be harmful. A brief two-second shock is painful but not harmful. I'll take that over the potential of doing irreversible damage to the nervous system. It's really an amazing type of treatment."

Similar shock treatments have been outlawed in some states. Many of the center's students hail from New York state, where the procedure is no longer legal. The center is based in Canton and runs 42 homes for its students, including in Rehoboth and Norton.

Nate McKinnon, a spokesman for the Massachusetts Department of Education, said the Bay State has not taken direct action to bar the therapy, but it is regulated and licensed by the state Department of Early Education and Child Care.

"To the best of my knowledge, there is no Department of Education regulation explicitly prohibiting those types of practices," he said.

The occasional, rare cases of students in need of the therapy - because they have found no success with other programs - are said to be thoroughly examined by special education specialists in their respective school systems and the courts. Parents must grant full consent before its consideration.

"We are the court of last resort. Nobody sends their kid to us first. Children are sent here when other treatments fail. We emphasize that our treatment isn't harmful, it's carefully regulated, requires court approval and is closely monitored," Riley said. "I think, if you put it

all together, the [patient's] needs are being met. And I think the taxpayers are getting their money's worth."

"It is controversial because people don't understand it," Riley said.