SAFEGUARDS FOR THE USE OF AVERSIVES WITH STUDENTS AT JRC

A. Safeguards Prior to the Student's Enrolling in JRC

1. **Trial of positive-only procedures at the programs the students attends prior to attending JRC.** Positive-only procedures are employed in the programs that students are in before enrolling in JRC. It is only when those positive-only procedures fail that JRC needs to be considered. ***Most people are not aware of the fact that when positive-only programs cannot effectively treat a student's problem behaviors such programs expel the student, and the student is then often referred to JRC.***

2. **Trial of potent psychotropic medications prior to the student's attending JRC.** Every student who comes to JRC has been considered for psychotropic medication prior to his/her enrolling in JRC. Such medication is far less expensive than the cost of placing a child in a residential program. Consequently it is always considered and tried before a student is sent to a residential program such as JRC.

B. Safeguards Before Aversives are Considered

1. **Trial of powerful positive-only procedures prior to considering aversives.** JRC uses positive-only educational and treatment procedures first, for a period averaging 11 months, before considering the use of aversives. JRC's facilities and program of 24 hour/7 days per week positive reward programming is unparalleled. For example, no program in the country offers as powerful and as wide a set of reward opportunities as are provided in JRC's Yellow Brick Road Reward Facilities (see notebook of photos of JRC's facilities and program).

2. **Unique educational system in which the majority of the instruction is provided through self-instructional software delivered on a personal computer provided for each student.** This type of teaching allows students to catch up with their peers in academic and other skill areas, thus eliminating a source of frustration for many students that otherwise might make aggressive and other problematic behaviors more likely to occur.

C. Safeguards when Aversives are Used in a Student's Program at JRC

If the student's clinician believes that aversives as a supplementary treatment option should be added to his or her treatment program, the following safeguards are in effect.

1. **Parental Consent**. The student's clinician will request an in-person meeting with the parent or guardian to discuss the possible addition of supplementary aversives to the student's treatment program.. No aversive is employed without prior, written informed consent from the parent or guardian. Consent forms are reviewed and re-signed every year. Consent may be revoked by the parent at any time.

2. **IEP Meeting**. The Committee on Special Education (CSE) team will hold The local school district holds an IEP meeting to discuss what the student needs in order to obtain a Free Appropriate Publicly Supported Education (FAPE).. The parent is a member of the IEP team. At that meeting, the team will discuss the potential benefits of adding an aversive intervention to the student's Individualized Educational Plan (IEP). Aversives cannot be used unless they included in the student's IEP.

3. **Court Appointed Attorney**. Once the use of aversive interventions is added to the student's IEP,the individual court process in Massachusetts can then be started. Typically, JRC initiates the process by filing a guardianship petition and proposed treatment plan with a Massachusetts Probate Court, and a request for a hearing. The Court appoints an attorney to represent the interests of the student, which are separate and apart from those of JRC or of the parent. The attorney hires his/her own expert psychologist, at state expense, to evaluate the student and advise the attorney as to what position the attorney should take on the proposed treatment plan, including the use of aversives, with the student in question.

4. **Court Hearing**. JRC submits a detailed proposed treatment plan to the Court. The Court must decide: (1) whether or not the student is competent to make his/her own treatment decisions; and (2) if competent, would he or she have chosen the treatment? The Judge makes the ultimate determination whether or not aversives will be approved for the individual's treatment plan.

5. **Reports to the Court**. An individualized quarterly report on the use of the aversives for each student is sent to the court, parent, and sending agency. The report includes the number of applications given, the behaviors for which the aversives were used, the progress the student is making behaviorally and academically, and the plan to fade the individual from the aversives.

6. **Opportunity for Opposing Counsel to Object to the use of Aversives at any Time**. The opposing counsel can object to the treatment plan and seek to change or remove the plan at any time.

7. **Opportunity for Parent to Withdraw Permission for Aversives at any Time**. If a parent or legal guardian withdraws his/her consent, JRC ceases use of the aversive immediately, whether or not JRC still has a court authorization to use aversives with that student or not.

8. **Treatment Plan Reviews**. The treatment plan is reviewed by the Probate Court on a yearly or more frequent basis.

9. **Annual CSE Meetings**. The IEP Team meets each year. At that meeting, the Team will discuss the need for continuing the aversive intervention.

10. **Case Conferences**. For students who have had a treatment plan that includes aversive interventions for three years, the case is reviewed by independent MA clinicians, appointed by MA DMR, to determine the need for continued treatment.

11. **Parent Agency Website**. The parents and the sending agency (school district) have the ability to monitor the student's treatment through a secure website as frequently as they wish. This means that the parent can see the number of aversives administered each day, what behaviors they were administered for, and the progress the student is making.

12. **Certification of JRC by the Massachusetts Department of Mental Retardation to use Level III aversives**. JRC goes through periodic rigorous reviews (at least every two years) by the Department of Mental Retardation to remain certified to use "Level 3" procedures. Level 3 procedures include the use of aversives.

13. **Medical Approval**. A physician examines each student whose treatment plan includes supplementary aversives. The Physician must sign an approval indicating that the treatment is not contraindicated by the student's medical condition if aversives are to be employed. Depending on the student's medical history and condition, the student may also be examined for any contraindications by a psychiatrist, neurologist, and/or cardiologist.

14. **The Human Right Committee.** This committee, which is composed of volunteer members from the community, JRC parents and others, must approve the use of aversives on an individualized basis for the student in question prior to their use. Both MA DMR and NYSED place a member of their choice on this committee.

15. **The Peer Review Committee.** This committee, which is composed of clinicians other than the student's own clinician, must also approve of the use of aversives on an individualized basis for each individual student prior to their use. MA DMR places a member of its choice on this committee.

16. **Design and Oversight of each Student's Program by a Qualified Clinician**. A qualified clinician with doctoral level training in psychology designs each treatment plan based on the individual needs of the student, designates which behaviors will be selected for treatment with aversive interventions, and oversees the implementation of the plan. The clinician must authorize any change in treatment. The clinician sets limits on the number of aversives that can be used before the clinician is notified. The clinician observes and meets with the student at least weekly and more frequently at the start of the treatment plan and at any time treatment is not progressing well.

17. **Weekly Communication Between the Case Manager and Parents** on all aspects of the student's program.

18. **Nursing and Medical**.
    a. Direct care staff do body checks on all students each morning and evening.
    b. All applications of the aversive are reported to nursing staff who do a body check on the student within 24 hours.
    c. The electrode site is checked each hour, when the electrode is rotated, and also after each application.
    d. Each student receives a complete medical examination at least annually, and is referred to a medical specialist if needed.
    e. Nursing care is provided on a 24/7, round-the-clock basis.

19. **All classrooms and residences are monitored on a 24/7 basis from a central location by means of a digital video monitoring system.** All classrooms and residence areas are covered by video cameras and microphones. Experienced staff members monitor activities in both the school and residences, from a central location at the JRC administration building, using the internet.

20. **Tight Control over the Number of Applications.** The number of applications of the skin shock that are used with any student who has skin shock in his/her treatment plan is kept low. The average student receives less than one application per week. If more than 1 application in any 24 hour period is required, the student's clinician sets the number which may be administered before he or she is notified and gives further approval. This number can be no greater than 10.

21. **Data Collection and Review by Clinicians and Parents.** Every application of an aversive is documented on the student's daily recording sheet and transferred to daily, weekly and monthly charts which are immediately available to the student's clinician (through a database that is available through networked software) and to the parents and placing agency (through a Parent/Agency Website), enabling clinicians, parents and agency officials to know exactly how many applications are made, for what behaviors, and with what results.