X X: SUMMARY

1. X Prior to Attending JRC:

Education History:

X X is a 17 year old young man from Freeport, New York. X is one of 22 children born to his biological mother, who, reportedly abused substances. Records indicate that X was burned by an iron at 18 months of age, and placed into foster care. Ms. Evelyn X was originally X's foster mother and subsequently adopted him.

Behavioral problems began for X when he was very young. In kindergarten, he reportedly struck another student with a chair and broke her nose. He began outpatient psychological treatment and special education services at 5 years of age. At 12 years of age, he was classified as learning disabled. Behavioral and academic difficulties have remained constant throughout his life. Past psychological and educational reports from his childhood state that he has had "difficulty perceiving reality," and document instances of extremely dangerous behavior. While X was in junior high school he attempted to stab another student with a pencil. Additionally, he engaged in many fights with his peers, his brothers and staff at schools he attended.

Due to the frequency with which he engaged in aggressive behaviors towards others, X has not been able to remain in traditional school settings. When he did attend school his academic performance was poor.

X has been hospitalized in psychiatric hospitals 5 times since he was 13 years old. Records describe X's struggles with his self-concept, relationships, following rules, and respecting others. Problematic behaviors included yelling, screaming, cursing, throwing objects, breaking objects, getting into fights, paranoia, sexually inappropriate behaviors, and lack of personal boundaries. During these hospitalizations, X was treated with a number of medications, all of which were unsuccessful in treating his severe behavior disorder.

One of X's major behavioral problems was frequent fighting with his siblings and others. Ms. X stated in a court report dated 7/21/03 (http://www.judgerc.org/X_Exhibits/Exhibit_9.pdf) that X "was not like other children" that X would steal, disregard curfew, refuse to complete chores, abuse substances, fight with peers, exhibit explosive and violent outbursts, and was generally disruptive in the home environment. X's mother acknowledged in his JRC intake film that he was fighting just about all the time and that he engaged in a number of bizarre behaviors. Because of these problems, X was unable to be educated in either regular or special education classrooms in public school.

Prior to his admission to JRC, X was at St. Christopher's residential program. On a home visit, X engaged in sex with a minor. X entered a plea in a New York court to "endangering the welfare of a child." He had engaged in sexual activity with another foster child placed in his home; the court ordered X to be placed on probation for 2 years. A court reported dated 7/21/03 (http://www.judgerc.org/X_Exhibits/Exhibit_9.pdf) states, "Probation has serious reservations regarding Ms. X's ability to provide X with the appropriate degree of guidance and supervision necessary for him to return to the community. It is readily apparent that Ms. X is overwhelmed by the competing parental demands of raising 9 emotionally disturbed children in a single parent household. As a matter of fact, it is questionable whether or not the present offense would have even taken place if the respondent had been properly supervised at the time of the incident…it is believed that 2 other emotionally disturbed children living in the home with the Respondent were left in charge of all of the children while Ms. X went out to celebrate her birthday."

Treatment History:

X's specific problem behaviors included: yelling, screaming, cursing, throwing objects, breaking objects, getting into fights, paranoid statements, sexually inappropriate behaviors, and getting too close physically to other persons (lack of personal boundaries). The Problems that X had that prevented him from attending public school successfully were his lack of focus, lack of respect/adherence to classroom rules, failure to respect the personal space of others, physical and verbal fights (including one attempt to stab a peer with a pencil), and his engaging in sexually inappropriate behaviors (including sexual assault against a family member). The various diagnoses and psychological characterizations applied to him included Attention Deficit Hyperactivity Disorder, Learning Disabled, Impulse Control Disorder, Conduct Disorder, and Mood Disorder.

A variety of treatments approaches were tried without success, including individual counseling, speech services (provided by Prospect Elementary School, 3 times per week), the use of a "time out" room, the implementation of a behavior intervention plan (JW Dodd Junior High School), psychiatric hospitalizations, in-patient individual and group counseling, and the prescription of psychotropic medications including Zyprexa, Concerta, Clonidine, Ritalin, Abilify, Topamax, Lithium and Eskalith. Exhibits A-E outline the numerous medications X has taken.

> Exhibit A: Hillside Hospital Psychiatric Discharge Summary 7/17/02. Depakote and Zyprexa (references discontinuation of the use of Ritalin and Concerta due to the ineffectiveness of these medications to address "attentional difficulties.") See http://www.judgerc.org/X_Exhibits/Exhibit_A.pdf
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> Exhibit B: St. Christopher's Psychiatric Evaluation 11/11/02. Lithium, Zyprexa, and Benadryl. See http://www.judgerc.org/X_Exhibits/Exhibit_B.pdf
>
> Exhibit C: St. Christopher's Medication Review 3/19/03. Zyprexa and Lithium. See http://www.judgerc.org/X_Exhibits/Exhibit_C.pdf

Exhibit D: St. Christopher's Medication Review 5/5/03. Concerta, Zyprexa and Lithium. See http://www.judgerc.org/X_Exhibits/Exhibit_D.pdf

Exhibit E: Schneider Children's Hospital History (undated). Concerta, Zyprexa and Clonidine. See http://www.judgerc.org/X_Exhibits/Exhibit_E.pdf

Finally, X, as mentioned above, has a significant history of inappropriate, bizarre, detached, and psychotic-like behavior. X's record makes this clear and it is outlined in the following reports pertaining to X's mental status prior to enrolling in JRC:

Exhibit 1: JW DODD JHS, Counseling Progress Report, 11/19/2001 "He is limited in sharing ideas, feeling and emotions." See http://www.judgerc.org/X_Exhibits/Exhibit_1.pdf

Exhibit 2: Hillside Hospital Psychological Report, 7/9/02. "X has demonstrated significant difficulties perceiving reality as others do….He demonstrated a limited capacity to form close attachments with others and identify with real people in his life, instead he appears inclined to identify with partial objects, imaginary figures or people who do not regularly participate in his everyday real world…Overall, X's responses [on the TAT] convey unsatisfactory relationships and disconnectedness from others including family and peers and the perception that adult figures are critical and not nurturing." See http://www.judgerc.org/X_Exhibits/Exhibit_2.pdf

Exhibit 3: Saint Christopher's, Psychiatric Evaluation, 11/11/02
"He appears to be over medicated, closes his eyes, other times he just stares ahead and questions have to be repeated…Thinking is concrete, judgment fair to poor…He feels people are looking and talking about him." See http://www.judgerc.org/X_Exhibits/Exhibit_3.pdf

Exhibit 4: JW DODD JHS, Teacher Report, 11/26/02 "X shows some problems with self-concept." See http://www.judgerc.org/X_Exhibits/Exhibit_4.pdf

Exhibit 5: Saint Christopher's; Medication Review, 3/19/03 "However, on 2/24/03, his mother called social worker and said he was losing control over a period of time and threatened to fight or kill his brothers…speech under some pressure…worried about the war in Iraq. They might release a gas, which could kill everyone in the city." See http://www.judgerc.org/X_Exhibits/Exhibit_5.pdf

Exhibit 6: Saint Christopher's, Medication Review, 5/5/03 "He said he wasn't taking his medication [not accurate] pretending to be taking his medication." See http://www.judgerc.org/X_Exhibits/Exhibit_6.pdf

Exhibit 7: Greenburgh North Castle UFSD, Teacher's Report, 5/9/03
"At times he appears unaware of others; he takes his shoes off, leaves them on the floor, and lays himself somewhere else." See http://www.judgerc.org/X_Exhibits/Exhibit_7.pdf

Exhibit 8: Greenburgh North Castle UFSD; Counseling Report; 5/14/03 "X can be socially inappropriate at times and his boundaries are often non-existence and he shows no regard for personal space. For example, he walks into offices and classrooms without knocking." See http://www.judgerc.org/X_Exhibits/Exhibit_8.pdf

Exhibit 9: Court Report, 7/21/0.3 "Throughout the interview process, X would look away from the undersigned and begin touching objects throughout the room. He would ask irrelevant questions as they came to mind. For example, on 2 separate occasions, while questioning him about his involvement in the instant offense, X interrupted the undersigned and asked 'Do you have a mirror? I need to know if I am breaking out.'"…X said: 'It's like I go off into another dimension. I might even try to kill you or something. Then I wake up and I don't remember anything that happened. It's like for 5 minutes I'm just blacked out and the only way to stop me is to restrain me.' "…did attempt to engage in deviant sexual intercourse with an 11 year old female victim by placing his penis in her mouth….attempted vaginal penetration…X attempted to insert his penis into the victim's anus." See http://www.judgerc.org/X_Exhibits/Exhibit_9.pdf

Exhibit 10: Individualized Education Plan 10/03. "significant problems of self-concept…X is a 14 year old boy with a history of inappropriate and dangerous behaviors. His aggressive behaviors include becoming violent both in the home and at school. X has a history of throwing items, inappropriate sexual behaviors, stealing, yelling, swearing and non-compliant behavior both at home and at school." See http://www.judgerc.org/X_Exhibits/Exhibit_10.pdf

Exhibit 11: Admission Interview Video Tape. Contains a verbal assessment by his mother, Ms. X, that he displays "bizarre" behaviors. See http://www.judgerc.org/an_intake.wmv

2. X's Treatment at JRC with Positive-Only Programming:

While awaiting admission to JRC, he was held at a juvenile detention center because of the incident pertaining to sex with a minor. On November 6, 2003, X was admitted to JRC. Upon admission to JRC, X received psychological testing, and his full-scale IQ was 87, placing him in the low-average range of cognitive functioning.

X's psychotropic medications on admission included Lithium and Zyprexa. After admission, in accordance with JRC's policy to try to minimize the use of psychotropic medications and under the supervision of one of JRC's consulting psychiatrists, X was slowly faded from most of his medications. JRC has found that many of its students are admitted to JRC on heavy dosages of psychotropic medication which were prescribed for the sole benefit of sedating the child so he/she does not engage in dangerous behavior, or, in other words, chemical restraint. This medication practice exposes the child to the dangerous and often permanent side effects of the medication. JRC weans the students off the medication and, in more than 95% of the cases, JRC successfully replaces the ineffective drug treatment with a safe and very effective behavioral treatment. In these cases the student regains his/her full faculties and a thriving personality both of which were severely depressed by the sedative effect of the medication.

For the first few weeks after his admission to JRC, X did well both academically and behaviorally, while on JRC's positive-only behavioral treatment program. This period was followed, however, by an increase in inappropriate behaviors and a decline in academic performance as increasing behavioral and academic demands were placed on

him. This increase in problematic behaviors eventually included aggressive acts toward others.

X exhibited sudden and dangerous outbursts of physical aggression. On four separate occasions, X's aggression resulted in staff seeking medical attention. He required eight or nine staff to physically restrain him, sometimes for hours at a time. During his emergency restraints, he would yell and scream continuously, spit at others, and continue to attempt to aggress towards others

Prior to the implementation of the GED as a supplementary aversive in his treatment program, X refused to participate in his educational program, did not comply with student rules, and would not even follow simple directions. Because of X's high frequency of dangerous and aggressive behaviors in our regular classroom setting, a number of special procedures were taken to preserve his safety and that of others around him. These alternative educational procedures are outlined in his individualized educational program and approved by his school district as well as Ms. X.

- X was placed in an Alternative Learning Center ("ALC"), which is one of our highly staffed rooms where students continue to work towards their educational goals. Students are placed in the ALC when their behavior cannot be safely maintained in a regular classroom setting due to the frequency of their aggressive and dangerous behaviors

- Due to his high frequency of dangerous and disruptive behaviors, X had to be placed at JRC's high crisis residences where staffing is extremely high and where we have to place our most dangerous students. While in the crisis residence, X required 1:1 staff coverage 24 hours a day to effectively and safely deal with his violent outbursts.

- X required a 1:1 walking escort for all transitions within the school and residence due to his aggressive behaviors and 2:1 staffing when he was in crisis and exhibiting sudden and dangerous physical aggression.

It was difficult for X to answer simple questions because his bizarre and inappropriate verbal behaviors would interfere. He would typically ramble on making it very difficult to make sense of what he was saying. He used profanity and was very uncooperative.

He was not able to participate in any field trips or attend the weekly party that JRC calls "field day" during the period before the GED treatment was authorized.

Throughout this period, JRC was in regular contact with X's mother, and she approved all of JRC's interventions and treatment. JRC used various positive-only behavioral interventions with X including behavioral contracts that identified inappropriate behaviors and provided preferred rewards for the absence of these inappropriate behaviors. The length of his behavior contracts were adjusted and the rewards were changed many times based on X's stated preference with little to no improvement in his inappropriate behaviors.

By March of 2004, X's behavior had become very difficult to control, despite the significant amounts of positive-only programming that had been tried with him. JRC's main priority for X at that point was simply to keep him and those around him safe until the court process for seeking approval for the GED could be completed. At this point, JRC contacted Ms. X thoroughly explained the proposed supplemental aversives for X's treatment plan and received her written permission to add aversives to X's treatment program in the form of the graduated electronic decelerator (GED). Ms. X was given the opportunity to come up to JRC to see how the GED would be used. Ms. X gave her verbal and written consent to move forward with seeking court approval to use the GED.

On the last two pages of this paper are four charts that show X's behavioral progress at JRC. The first chart shows the weekly totals for the major problem behaviors that JRC eventually treated with supplementary skin shock. This chart shows that, prior to the addition of the GED procedure, these behaviors were escalating and eventually reached a frequency of 5000 per week (see Positive Only Treatment data).

3. X' Dramatic Progress after Supplementary Skin Shock was added to his Behavior Modification Treatment Program

On August 11, 2004, JRC received court authorization to use supplemental aversive therapy and the use of the GED began. X showed rapid and dramatic behavioral improvement after its implementation. The first two charts at the end of this paper shows this improvement clearly (see data in the "GED Added" section). The improvement in his behaviors enabled JRC to begin further reduction in his psychotropic medications, under the supervision of JRC's consulting psychiatrist. (It is JRC's goal with all of its students to minimize, if not to eliminate the use of psychotropic medication, wherever possible, and to substitute the use of behavior modification treatment in its place.) Abilify was decreased and then discontinued. Topamax was decreased in September and discontinued in October. Zyprexa was also discontinued in October.

X did well from August to December 2004, making academic and behavioral progress consistently. During December, 2004 he went on an unapproved home visit without the GED device. JRC advised Ms. X not to take him home at that point because it was important, at that point, that the GED treatment be continued in the home environment and neither she nor anyone else in her family had yet been trained to use the GED device. X behaved badly during the visit and eloped from Ms. X's home. When he was found he was hospitalized at Brusnwick Hospital, a psychiatric facility on Long Island and placed on Depakote, Eskalith, Risperdal, and Prolixin.

During this seven week period, when X was away from JRC and not receiving any GED treatment, his mother made a complaint that he was acting like a 2 or 4 year old. (This is the same complaint that she has made recently when she has implied or asserted that the GED treatment has been the cause.) Also during his stay in the psychiatric facility, X's physician recommended to his mother that she should abandon treatment at JRC and substitute psychotropic medications instead.

Ms. X returned X to JRC on February 15, 2005 to resume his behavioral treatment with supplemental aversives. Upon his return to JRC, X showed signs of sedation from the medication increases imposed at the hospital and he was unable to stay focused on tasks. He was not able to work towards the academic and social goals outlined in his IEP. JRC's psychiatrist then reduced many of the medications that he had been placed on when he had eloped in New York. For example during February Eskalith was discontinued and Prolixin was reduced and in July Prolixin was decreased. X's behavior started to improve. His mother told JRC staff members that she was pleased with his treatment at JRC, and that she noticed improvement in his mental status and cognitive clarity.

X continued to do well during the Summer and Fall of 2005. The improvements that X showed during this period are summarized below:

- X was able to be placed back in his regularly assigned classroom and no longer required being placed in the Alternative Learning Centers (ALCs) for safety
- He no longer required being placed into transport restraints for safety
- X began making academic, behavioral, and social progress
- X progressed from living in a crisis residence, with larger numbers of staff and students, to living with peers in a normal duplex apartment with more independence and privileges and fewer housemates and staff
- X participated in and enjoyed attending multiple field trips
- His 1:1 staff was dropped
- He learned independent living skills (shopping, cleaning, cooking, laundry, etc) (Prior to the GED use with him, these projects were unsafe and therefore not possible.)
- He appeared happier and was able to experience far more rewards than ever before.
- He became much more calm
- His overall appearance improved significantly. He seemed to take pride in wearing a dress shirt, tie, dress shoes, and belt. He no longer had a disheveled look about him. He presented as a handsome and well dressed young man.
- He became able to answer questions in a polite manner and was much more articulate.

During the period that the GED procedure was part of X's program at JRC (from August 11, 2004 to February 15, 2006) X made remarkable progress in his behaviors as can be seen in the first two charts at the end of this paper. He also made steady academic progress, gaining the equivalent of 1 grade level on the average.

By November, 2005 X was doing well enough to be permitted go home for Thanksgiving in November of 2005. However, he tried to attack his mother during this visit, and he received a GED application from a family member. His sister had received training in how to use the GED, and it may have been her that administered the application during Thanksgiving.

Shortly after his return from his Thanksgiving visit, X's mother voiced concerns to a JRC staff member who called her, as part of a routine satisfaction survey, to ask about her level of satisfaction with JRC. Dr. Winsmann, X's psychologist, tried several times to reach Ms. X to discuss her concerns; however, Ms. X did not return his calls.

On February 15, 2006, X was visited by an attorney apparently hired by Ms. X, Kenneth Mollins, Esq. He was accompanied by WNBC reporter Tim Minton. Attorney Mollins and reporter Minton interviewed X privately and took a film of X during their interview. At the time of that visit, Attorney Mollins, representing Ms. X, delivered a notice to JRC to discontinue the use of the GED with X. Use of the GED was stopped on this date. Subsequently, Ms. X claimed that this request had been made many times previously. This was not true.

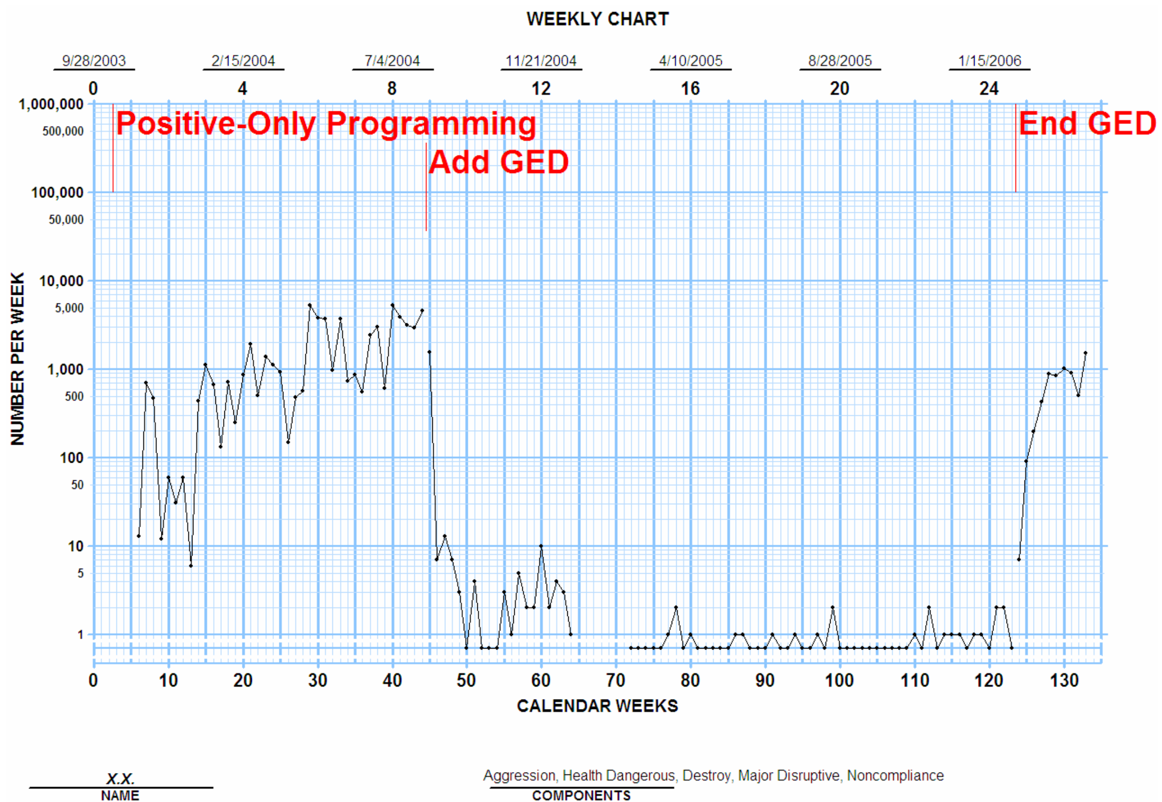
4. X's Condition since the GED was Removed from his Program

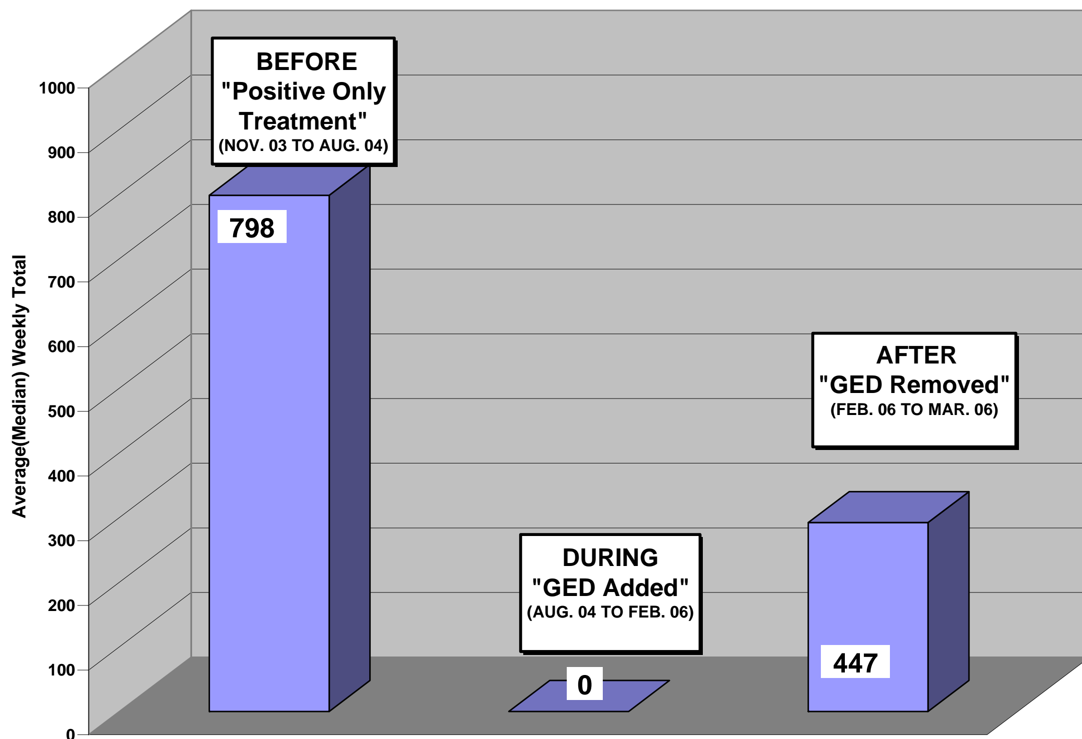
Since the cessation of the GED, X's inappropriate behaviors have increased dramatically, and his academic progress has significantly declined. X's dangerous behaviors have necessitated restraint, and these restraints have been necessary sometimes as often as twice a day. Each restraint tends to last for at least an hour at a time. The first two charts at the end of this appear show clearly the regression that X has suffered since the GED was removed.

Specific behaviors include spitting at others, swearing, screaming, threaten and attempt to attack others, masturbate at inappropriate times/expose self, refuse to follow directions, bang objects, and destroy property. On March 16, 2006 X attacked staff and was kicking, punching, and biting staff. Eight staff members were required to restrain him.

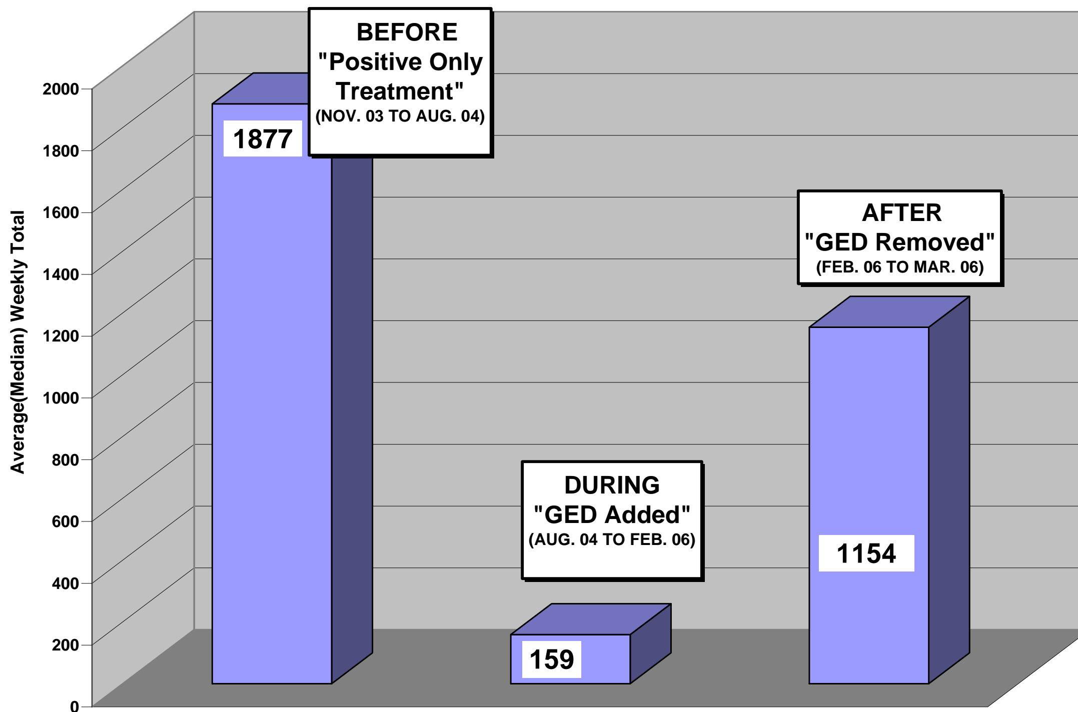
The following charts and graphs show how much the GED treatment helped X. The first chart shows the weekly frequency of X's major problem behaviors on each week that he attended JRC. This chart shows that under positive-only programming, the problem behaviors reached a dangerous level of 5,000 per week. It shows the immediate improvement that took place when the GED was introduced and also shows the regression that he has experienced since the GED was removed. The second graph is a summary bar graph that shows the average (median) frequency of the major problem behaviors in the three critical conditions (before, during and after the use of the GED).

The third and fourth graphs are summary bar graphs for some of X's other problematic behaviors – his interfering behaviors (interfering with education and socialization) and his bizarre behaviors. These graphs show that these behaviors also benefited enormously from the GED treatment even though they were not explicitly treated with the GED.




MAJOR PROBLEM BEHAVIORS TREATED WITH THE GED
Average(Median) Weekly Total
1000
900
800
700
600
500
400
300
200
100
0
BEFORE "Positive Only Treatment" (NOV. 03 TO AUG. 04)
798
DURING "GED Added" (AUG. 04 TO FEB. 06)
0
AFTER "GED Removed" (FEB. 06 TO MAR. 06)
447

OTHER INTERFERING BEHAVIORS NOT TREATED WITH GED



BIZARRE/PSYCHOTIC BEHAVIORS NOT TREATED WITH GED