



Danna E. Mauch, PhD  
President and CEO

Ambassador (ret.) Barry B. White  
Chairperson of MAMH Board of Directors

December 3, 2021

The Honorable Julian Cyr  
Chair, Joint Committee on Mental Health, Substance Use and Recovery  
24 Beacon Street, Room 312-E  
Boston, MA 02133

The Honorable Adrian Madaro  
Chair, Joint Committee on Mental Health, Substance Use and Recovery  
24 Beacon Street, Room 33  
Boston, MA 02133

*Submitted via MyLegislature*

Dear Chair Cyr, Chair Madaro, and Members of the Committee:

**Re: Testimony in support of H.225, An act regulating the use of aversive therapy**

I write in support of H.225, An act regulating the use of aversive therapy, heard by the Committee on Mental Health, Substance Use and Recovery on November 22, 2021.

Formed over a century ago, MAMH is dedicated to promoting mental health and well-being, while preventing behavioral health conditions and associated disability. We are committed to advancing prevention, early intervention, effective treatment, and research for people of all ages. We seek to eliminate stigma and discrimination and advance full inclusion in all aspects of community life. This includes discrimination affecting not only people with behavioral health conditions, but also people who face unequal burdens and barriers to the protections and benefits of citizenship due to their race, ethnicity, gender identity, or disability status. MAMH has a demonstrated track record of furthering its mission by convening stakeholders across the behavioral health and public health communities; disseminating emerging knowledge; and providing subject matter expertise to inform public policy, service delivery, and payment methodologies.

As you heard at the November 22nd Joint Committee hearing, the Judge Rotenberg Center (JRC) is the only program in the world that uses the GED device to address behaviors of people with disabilities. JRC clinicians would have you believe that the population of students and adults they serve are so extraordinary and compromised that they cannot be treated successfully by any means other than the use of electric shocks, except perhaps were they to be overly sedated and restrained.

First, we reject the assertion that JRC is treating only people with the most serious types of behaviors. While at one time JRC's population was people with serious developmental disabilities, the clientele shifted to people with mental health disabilities, frequently referred through the juvenile criminal legal system. Shain M. Neumeier & Lydia X. Z. Brown, *Torture in the Name of Treatment: The Mission to Stop the Shocks in the Age of Deinstitutionalization* (Nov. 2019), [https://link.springer.com/chapter/10.1007/978-981-13-8437-0\\_14](https://link.springer.com/chapter/10.1007/978-981-13-8437-0_14).

We also reject the claim that JRC treats only the most serious behaviors with the GED. See, e.g., New York State Education Department, *Observations and Findings of Out-of-State Program Visitation Judge Rotenberg Educational Center* (June 9, 2006), <https://autistichoya.files.wordpress.com/2014/05/nysed-2006-report.pdf> at 13-15 (JRC employs general use of aversives for behaviors that are not aggressive, health dangerous or destructive, such as nagging, swearing and failing to maintain a neat appearance) and 19 (some students forced to exhibit target behaviors so aversives can be used). Plainly put, JRC is using painful physical punishment to shape behavior in people with disabilities, practicing out of the bounds of professional standards and human decency.

Second, we submit that across Massachusetts, across the country, and across the world, people with serious disabilities, including those with serious self-injurious behaviors, receive rehabilitative care in residential programs and from community providers. This care does not have to involve over-medication or restraint. See, e.g., Letter from NYS Office for People with Developmental Disabilities to JRC Families (Sept. 26, 2013) (indicating that NYS has identified providers in NYS that “serve individuals with challenging behaviors that are very similar to those of your family members and serve them successfully,” and addressing concerns with medication, noting that medication “does not impair a person’s ability to function”), <https://autistichoya.files.wordpress.com/2016/04/jrc-ny-opwdd-letter-from-ny-to-jrc-parents-130926.pdf>; FDA, *Banned Devices; Electrical Stimulation Devices for Self-Injurious or Aggressive Behavior* (Mar. 6, 2020), (FDA statement in support of its final rule banning electrical stimulation devices for self-injurious behavior (SIB) or aggressive behavior (AB) catalogues state of the art of treatments for such behaviors) <https://www.federalregister.gov/documents/2020/03/06/2020-04328/banned-devices-electrical-stimulation-devices-for-self-injurious-or-aggressive-behavior> at Section E (State of the Art for the Treatment of SIB and AB); *Judge Rotenberg Educational Center, Inc. v. US FDA et al*;

Luis Aponte et al v. US FDA (U.S. Ct. of Appeals for DC), Brief of Amicus Curiae American Academy of Pediatrics et al. (Jan. 22, 2021), <https://autistichoya.files.wordpress.com/2021/05/jrc-v.-fda-brief-of-amici-curiae-jan-2021.pdf> (discussing professional literature supporting the efficacy of positive behavioral supports); Judge Rotenberg Center: A History of Torture, 4 Things You Should Know about the Judge Rotenberg Center (JRC), <https://adapt.org/jrc/>; see also Christina Bosch, Time to end public funding of Judge Rotenberg Center, Commonwealth Magazine (Apr. 20, 2021), <https://commonwealthmagazine.org/education/time-to-end-public-funding-of-judge-rotenberg-center/> (since the 1990s, taxpayers have funded federal research and development of evidence-based practices in special education).

Today there is professional consensus opposing the types of aversive interventions used by JRC. The overwhelming sentiment of clinicians practicing in the field of Applied Behavior Analysis (ABA), a therapy based on the science of learning and behavior with the goal of establishing and enhancing socially important behaviors, is that the GED is an unacceptable way to address problematic behaviors. NeuroClastic, an autistic-led nonprofit, recently surveyed professionals working in the field of behavior analysis to elicit their views on the use of the GED at JRC. An overwhelming majority of respondents opposed JRC’s use of the GED. 900 ABA Professionals Have Weighed in on the Use of Electroshock at Judge Rotenberg Center (Aug. 26, 2021), <https://neuroclastic.com/900-aba-professionals-have-weighed-in-on-the-use-of-electroshock-at-judge-rotenberg-center/>. There is now a “consensus” professional opinion that positive behavior supports (PBS) – ABA without punishment – can effectively treat people with challenging behaviors. Numerous studies have established the effectiveness of PBS, even when punishment has failed. As Dr. Gary LaVigna, Clinical Director of the Institute for Applied Behavior Analysis in Los Angeles has testified in proceedings regarding JRC, “PBS has reached the point where it is the generally accepted standard of care in the relevant treatment community.” Defendants’ Memorandum of Law in Support of Motion under Probate and Family Court Rule 60 and Mass. R. Civ. P. 60(b)(5) to Vacate Consent Decree, Judge Rotenberg Center, Inc. v. Commissioners of DDS and DEEC (Feb. 14, 2013), <https://www.clearinghouse.net/chDocs/public/ID-MA-0002-0025.pdf>.

Further, we understand from the discussion at the hearing that committee members intend to visit JRC. In addition to doing so, we encourage you to learn more about JRC from a range of sources. Advocate Lydia X.Z. Brown has assembled the “Judge Rotenberg Center Living Archive,” a comprehensive, diverse, and dizzying array of material at <https://autistichoya.net/judge-rotenberg-center/#testimony>.<sup>1</sup>

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<sup>1</sup> For those that visit JRC, as well as others, we also highly recommend this recent paper analyzing the built space of the JRC:

<https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/36535/CDS00029.pdf?sequence=1&isAllowed=y>

Additionally, we urge members to visit some of the excellent Massachusetts programs for people with disabilities and talk to administrators and clinical staff regarding the effective approaches they take to address serious behavior challenges. Many of these programs can be found in the MAAPs directory of Massachusetts Approved Special Education Schools. Examples of educational include Melmark New England in Andover and New England Center for Children in Southborough. If MAMH could be of assistance in arranging outreach to these programs, please let me know.

For all the above reasons, I respectfully request that you report H.225 favorably out of committee. If MAMH can provide any additional information, please do not hesitate to contact me.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Danna Mauch".

Danna Mauch, Ph.D.  
President and CEO

c: Rep. Danielle Gregoire