

Statement on the use of Procedures that Increase Risk and Harm

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Introduction



The Atlantic Provinces Association for Behaviour Analysis adopts this Statement on the use of Procedures that Increase Risk and Harm.

While APABA is an affiliate chapter of ABAI, the recommendations contained in this statement are those of APABA alone and are not endorsed or shared by ABAI in any way.

The Atlantic Provinces Association for Behaviour Analysis is a professional membership organization that represents researchers and practitioners of behaviour analysis in the Atlantic Provinces. Our mission is to be a source of leadership and support in the sharing and practice of the science of applied behaviour analysis across the Atlantic Provinces through the provision of professional development, networking, and advocacy. Recently, there has been public discussion of the use of aversive procedures in applied behaviour analysis, specifically contingent electric skin shock (CESS), but also other procedures that have been used by the field. In late spring of 2022, the Research and Advocacy Team convened to determine how to respond to this public discussion. Recognizing that there was little to no guidance or regulations surrounding procedures that increase risk and harm for recipients of applied behaviour analysis in the Atlantic Provinces, the Research and Advocacy Team determined a statement addressing more than one specific procedure was warranted. To gather member input about these procedures, a survey was sent to all APABA members. What follows was guided, in part, by the results of that survey.

The Guiding Tenets





The Research and Advocacy Team used the following Guiding Tenets to categorize behaviour-change procedures:

1. The results of the Aversive Procedures Perception Survey that was sent out to all APABA members. Members were given the opportunity to respond to the survey for two weeks. When categorizing each procedure, the RA Team considered the mean, mode, and standard deviation of responses to each procedure.
2. The BACB™ Ethics Code®. The main certifying body in the field of ABA has published an Ethics Code® that outlines when some procedures may be used.
3. Position statements published by various organizations in the field of behaviour analysis (e.g. ABAL's Position Statements; APBA's statements).
4. All behaviour-change procedures involve some level of risk and potential for harm.



The following recommendations are meant to be the *minimum* standards. Practitioners or organizations could elect to implement enhanced review for more behaviour change procedures. For example, a review team that includes a professional specializing in human rights, individuals with training in trauma, or members of the intellectual or developmental disabilities community. This could also take the form of a diversity, equity, and inclusion committee that regularly reviews behaviour support plans. Additionally, these recommendations are specifically for those providing behaviour support services as behaviour analysts. These recommendations are not meant to apply to individuals, parents, caregivers, guardians, or other service providers who may have a separate set of recommendations. However, we would like to encourage anyone using behaviour-change tactics to use those that are least intrusive, least harmful, and least likely to infringe on recipient rights.

The Level System





The Level System

The following levels were created to aid in categorizing behaviour change procedures regarding the risk of harm to the recipient of the behaviour support services and the level of infringement of the recipient's rights. All levels assume no history of trauma. A history of trauma may necessitate some procedures being considered more of a risk. For example, a procedure may be categorized in this statement as a Level 1 procedure, but a specific history of trauma may cause that procedure to be considered a Level 2 or Level 3 procedure for that recipient.

In the following levels we refer to independent review. Given the wide range of practices in the Atlantic Provinces, independent review could mean various things depending on a practitioner's setting or organization, but could include review by someone in the organization who was not involved in crafting the behaviour service plan, review by a trusted colleague, review by a funder committee, review by an ethics review committee or human rights committee, or similar.



Level 1 - Nonintrusive

Procedures that can be used by behaviour analysts without needing independent review due to minimal risk of harm to the client and/or minimal infringement of the client's rights.



Level 2 - Mildly Intrusive

Procedures that can be used by behaviour analysts that require independent review due to a mild risk of harm to a client.



Level 3 - Moderately Intrusive

Procedures that can be used by behaviour analysts that require independent review of the procedures, AND frequent review of the necessity of the procedures due to a moderate risk of harm to a client or momentary restrictions of client rights.



Level 4 - Highly Intrusive

Procedures that can be used by behaviour analysts after review of the behaviour support plan by a medical professional (MD, Pediatrician, etc.), AND independent review of the procedures, AND frequent review of the necessity of the procedures along with monitoring the ongoing medical well-being of the client during plan implementation due to a high risk of harm to a client or restrictions to client rights.



Level 5 - Extremely Intrusive

Procedures that should be used only in emergency situations and never as behaviour change procedures due to a high risk of harm to the client or momentary restrictions to client rights to prevent harm.



Level 6 - Prohibited

Procedures that should never be used by behaviour analysts due to an excessive risk of harm to the client and/or severe restrictions of client rights.

The Recommendations



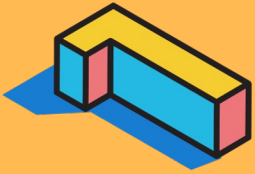


The Recommendations

The following slides present each level described in the level system and behaviour-change procedures that have been categorized in that level.

Please note that the list of procedures described in each level is not all encompassing. The list of behaviour-change procedures is always expanding; thus, the lists of procedures in each level should be viewed as examples of procedures that would be categorized in that level.

Last, the categorization of these procedures should change as the social validity of these procedures change. It is recommended that these procedures are re-categorized every few years.



Level 1 Procedures

Level 1 - Nonintrusive

Procedures that can be used by behaviour analysts without needing independent review due to minimal risk of harm to the client and/or minimal infringement of the client's rights.

- Hand-Under-Hand Response Prompts: Allowing the client to put their hands over your hands while you complete the task.
- Preference Assessments: A variety of procedures used to determine client preferences for various stimuli (e.g. free operant, single stimulus, paired-stimulus, Multiple stimulus with replacement, Multiple stimulus without replacement).
- Positive reinforcement (tangible): Contingent on a target behaviour, providing access to a tangible item for a specified amount of time.
- Shaping: Use of differential reinforcement of successive approximations to slowly change the topography or some other dimension of the behaviour towards a specified goal.
- Token Economies: The use of conditioned reinforcers that can be accumulated and exchanged for back-up reinforcers.
- Functional Communication Training: Teaching a communicative response to replace a target behaviour.



Level 2 Procedures

Level 2 - Mildly Intrusive

Procedures that can be used by behaviour analysts that require independent review due to a mild risk of harm to a client.

- Manipulating Establishing or Abolishing Operations: Procedures where reinforcers are withheld or provided freely to change their reinforcing effectiveness.
- Partial Physical Response Prompts: Providing some form of assistance to guide the client through part of the task or behaviour without fully guiding the client (e.g. your hand on their elbow).
- Differential Reinforcement Procedures (e.g. DRO, DRA, DRI, etc.): Providing reinforcement for one behaviour while withholding reinforcement for another target behaviour.
- Positive reinforcement (edibles): Contingent on a target behaviour, providing an edible food item.
- Correction using verbal/gestural prompts: A procedure where, following an incorrect response from a client, the behaviour analyst provides a verbal or gestural prompt to encourage the correct response.



Level 3 Procedures

Level 3 - Moderately Intrusive

Procedures that can be used by behaviour analysts that require independent review of the procedures, AND frequent review of the necessity of the procedures due to a moderate risk of harm to a client or momentary restrictions of client rights.

- Full Physical Response Prompts: Physically guiding the client's hands or body to complete the task or behaviour.
- Correction using physical prompts: A procedure where, following an incorrect response from a client, the behaviour analyst provides a physical prompt (full or partial) to encourage the correct response.
- Extinction of behaviour maintained by positive reinforcement: No longer providing the reinforcer following a behaviour that previously produced that reinforcer.
- Extinction of behaviour maintained by negative reinforcement: No longer allowing the removal of the aversive stimulus following a behaviour that previously caused the removal of that aversive stimulus.
- Loading of fluids: A procedure whereby a liquid is given frequently and in large amounts to increase the chances of a client using the toilet.
- Response Blocking: A punishment procedure whereby a client's response is prevented from occurring.



Level 3 Procedures Continued

Level 3 - Moderately Intrusive

Procedures that can be used by behaviour analysts that require independent review of the procedures, AND frequent review of the necessity of the procedures due to a moderate risk of harm to a client or momentary restrictions of client rights.

- Response interruption and redirection (RIRD): A procedure composed of two components - interrupting or blocking a target behaviour and prompting the client to engage in a different response.
- Functional Analysis: Procedures used to determine the function of a target behaviour. Involves directly manipulating antecedents and consequences to reinforce a target behaviour or its precursors.
- Non-Exclusion Time-out: The client remains in the instructional setting but is temporarily prevented from earning reinforcement.
- Exclusionary Time-out (with staff presence): The client is removed from a reinforcing environment for a pre-specified period of time and the client is supervised throughout this time.
- Contingent Observation: The client remains in the instructional setting and is required to observe others earn reinforcement while not being eligible for reinforcement themselves.



Level 3 Procedures Continued

Level 3 - Moderately Intrusive

Procedures that can be used by behaviour analysts that require independent review of the procedures, AND frequent review of the necessity of the procedures due to a moderate risk of harm to a client or momentary restrictions of client rights.

- Partition Time-out: A form of exclusionary time-out whereby the client is removed from a reinforcing environment, behind some form of a partition but not completely out of the instructional setting, for a pre-specified period of time.
- Time-out Ribbon: A form of non-exclusion time-out where each client wears a ribbon which is removed contingent on a target behaviour to signal they are ineligible for reinforcement for a period of time.
- Response Cost (loss of conditioned reinforcers such as tokens): Contingent on a target behaviour, conditioned reinforcers are removed from the client.
- Response Cost (loss of personal items): Contingent on a target behaviour, personal items (such as an iPad, toys, cellphone, etc.) are temporarily removed from the client's possession.
- Planned Ignoring: Contingent on a target behaviour, attention is removed and not provided for a specified amount of time.



Level 4 Procedures

Level 4 - Highly Intrusive

Procedures that can be used by behaviour analysts after review of the behaviour support plan by a medical professional (MD, Pediatrician, etc.), AND independent review of the procedures, AND frequent review of the necessity of the procedures along with monitoring the ongoing medical well-being of the client during plan implementation due to a high risk of harm to a client or restrictions to client rights.

- Removal of leisure activities: Contingent on a target behaviour, leisure activities (such as time watching TV, painting, listening to music, community outings, reading, etc.) are removed.
- Restriction of food or liquid: A procedure whereby a client's access to a specific food or liquid is restricted for a specified amount of time to increase the reinforcing effectiveness of those items.
- Positive practice overcorrection: A punishment procedure where the client is required to perform a correct form of a behaviour multiple times.
- Restitutive overcorrection: A punishment procedure where the client is required to return the environment to a better state than before they engaged in a behaviour.



Level 5 Procedures

Level 5 - Extremely Intrusive

Procedures that should be used only in emergency situations and never as behaviour change procedures due to a high risk of harm to the client or momentary restrictions to client rights to prevent harm.

- Contingent mechanical restraint: Contingent on behaviour that is a harm to themselves or others, mechanical restraints are placed onto a client.
- Contingent physical restraint: Contingent on behaviour that is a harm to themselves or others, physical holds or other forms of securing the client are used on the client for a brief period of time.
- Exclusionary Time-out (seclusion): The client is removed from a reinforcing environment for a pre-specified period of time and placed into an environment alone.



Level 6 Procedures

Level 6 - Prohibited

Procedures that should never be used by behaviour analysts due to an excessive risk of harm to the client and/or severe restrictions of client rights.

- Contingent Stress Positions: Procedures used as a consequence strategy as attempts to reduce behaviours. These procedures involve long periods staying in a physically stressful position such that a great amount of weight is placed on one or two muscles.
- Contingent Exercise: A punishment procedure whereby physical exercise of some sort is required following a target response.
- Contingent Skin Shock: A punishment procedure where electrical currents are applied to the client's skin following a target response.
- Other forms of contingent pain: Any procedure where physical force is used and causes some degree of pain or discomfort. e.g. spanking, pinching, etc.
- Contingent presentation of aversive stimuli (other than skin shock such as water mist, lemon juice, etc.): Punishment procedures where aversive stimuli are presented contingent on a target response.



Level 6 Procedures Continued

Level 6 - Prohibited

Procedures that should never be used by behaviour analysts due to an excessive risk of harm to the client and/or severe restrictions of client rights.

- Planned emergency physical restraint: Contingent on a target behaviour, using a physical hold or other form of securing the client as part of a behaviour plan.
- Contingent buzzers or alarms: The use of, typically loud, buzzers or alarms following a target behaviour.
- Facial or Visual Screens: Contingent on a target behaviour, the client's visual field is obstructed by hovering a staff's hands or some other object over the client's eyes, for a specific period of time.
- Restriction or Removal of Privacy: Contingent on a target behaviour, removal of items or situations that provide privacy to the client (such as doors, partial doors, or cameras in private areas like bedrooms).
- Restriction or removal of everyday conveniences (such as chairs, tables, etc.): Contingent on a target behaviour, removal of items in the individual's environment that provide basic conveniences (such as the removal of chairs, tables, bed frames, etc.).

Some Guiding Principles for Practitioners





Practitioners should use the following **Guiding Principles** when deciding on behaviour change procedures for their clients (adapted from the ABAI Statement on Restraint and Seclusion, 2010):



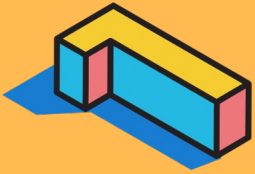
The overall quality of life of the recipient of the behaviour support services is paramount



The recipient of the behaviour support services, or parents/caregivers/guardians, have the right to choose



The Principle of Least Restrictiveness



The overall quality of life of the recipient of the behaviour support services is paramount

Clinical decisions should be made based upon the professional judgment of a treatment team that demonstrates knowledge of the broad research base and best practice. Included in this process are the recipients of the behaviour support services and/or their parents/caregivers/guardians. The team should be informed by the research literature and should determine that any procedure used is in that individual person's best interests. These interests must take precedence over the broader agendas of institutions or organizations that would promote or prohibit certain procedures regardless of the individual's needs. A core value of APABA with regard to behavioural treatment is that the overall quality of life of the recipient of the behaviour support services is the absolute highest priority.



The recipient of the behaviour support services, or parents/caregivers/guardians, have the right to choose

Practitioners and organizations should make every attempt to ensure that recipients of the behaviour support service, or their parents/caregivers/guardians, are making an informed decision regarding their behaviour support services. Practitioners and organizations should not limit the professional judgment or rights of those legally responsible for an individual to choose interventions that are necessary, safe, and effective. This includes the right to choose against certain behaviour support services or behaviour change procedures. Whenever possible, this should include minors or those otherwise unable to provide consent by including assent procedures within behaviour support services.



The Principle of Least Restrictiveness

APABA supports the position that treatment selection should be guided by the principle of the least restrictiveness. The least restrictive treatment is defined as that treatment that affords the most favorable risk to benefit ratio, with specific consideration of probability of treatment success, anticipated duration of treatment, distress caused by procedures, and distress caused by the behavior itself. One may conclude from this premise that a non-intrusive intervention that permits dangerous behavior to continue while limiting participation in learning activities and community life, or results in a more restrictive placement, may be considered more restrictive than a more intensive intervention that is effective and enhances quality of life.



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APABA THANKS YOU