

POSITION PAPER AVERSIVE BEHAVIORAL PRACTICES

Massachusetts Families Organizing for Change (MFOFC) condemns the use of punishments and “aversives”, including but not limited to electric shock “treatment” on persons with disabilities. (*1) We call on our Massachusetts state agencies to investigate the widespread mistreatment of people with disabilities these so called “professional” practices, currently in use or condoned within this state.

These extremely punitive physical and psychological techniques are simply inhumane when inflicted on non-disabled persons and/or animals. Electric shocks are illegal in U.S. prisons, and United Nations personnel have defined them as torture. But, when used on people with disabilities, here in Massachusetts aversives are being called “treatment” or “aversive therapy.”

Aversives are not a therapy; they are shameful responses to persons with disabilities who evidence severe behavioral challenges. Aversive treatment never has been scientifically proven to be a permanently effective behavioral strategy. It is used to suppress symptoms rather than to deal with the root cause of behaviors described as undesirable.

The use of aversive treatments not only psychologically affects persons receiving them, but also affects those administering the altering procedure and those observing such treatment. Passive observation by individuals with disabilities who are in the vicinity of aversive treatment or punitive techniques being used on their peers also creates in them the misconception that such punishment is acceptable. It is logical for them to fear that caregivers or staff may use it on them. The consequent dread of its use and resulting loss of trust can be devastating.

The individual’s defenselessness in the face of aversives and threat of them jeopardizes his/her right to a sense of security and well being, replacing it with a sense of helplessness and/or despair, and may even lead to Post Traumatic Stress Disorder

Passive observation by professionals, paraprofessionals, staff and caregivers can breed an acceptance of punitive measures. Such observers are at risk for thinking of aversives as a legitimate form of corrective practice, one that they may find useful for various behavioral challenges they encounter in other situations.

Extensive research and studies prove that Positive Behavior Support is much more effective than behavioral management which includes aversives. Positive Behavior Support is based on an evaluation of the individual’s needs, characteristics and preferences. Using these alternative supports will assist the individual to communicate his/her feelings, wants, needs and choices in a more appropriate and effective manner. It also will provide an appropriate model of behavioral treatments for those trained in its use as well as for those receiving this therapeutic support system.

MFOFC believes that the use of aversive treatment and punitive behavioral techniques should be immediately discontinued and declared illegal in The Commonwealth of Massachusetts.

(*1) A few examples of “aversives” other than electric shocks are: restricting the person’s movement by tying or attaching them to an object; pinching, slapping, punching on body, arms and/or legs; removal to and left alone in a closed separate room for varied periods of time; face and/or body squirting/spraying with varied amounts of water or other solutions; placing strong smells (such as ammonia) under the individual’s nose, requiring the person to eat disliked and/or unpleasant tasting substances.

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