Ethical Issues in Treating Severe Behavior Problems

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TOPICS

- Precepts
- Historical events
- Prerequisite concerns
- Due process concerns
- Intervention concerns
- Safeguard concerns
- Quality assurance concerns
- Experimental concerns
- Systemic ethical issues

PRECEPTS

Rules, or principles that guide one's actions, particularly as pertains to moral conduct.

- Right to services whose overriding goal is personal welfare.
- Right to the most effective treatment procedures...

Professional and Ethical Compliance Code for Behavior Analysts (2016)

- ...operate in the best interest of clients.
- ...the right to effective treatment.

Abstain from doing harm
Hippocratic Oath
Primum non nocere (First, do no harm)

Non-maleficence
Desperate diseases must have desperate remedies.
- American Proverb

For extreme diseases, extreme methods of cure, as to restriction, are most suitable.
- Hippocrates

Dangerous behaviors may require desperate remedies.

The problem with desperate remedies …

Over 700 children studied in hepatitis research project.
Many intentionally infected with hepatitis virus.

WILLOWBROOK STUDY (1950-1970)

Wyatt v. Stickney (1971)
Ricky Wyatt – 15 y.o.
Involuntary admission
No history of mental illness

Intolerable conditions, improper treatments
- Inhumane environments
- Unqualified and insufficient staff
- Lack of individualized treatment plans
- Abusive restrictions on patient freedom
**Sunland Miami Training Center (1972)**
- Understaffing
- Social isolation
- Abusive punishment
- Aversive stimulation
- Deprivation, restraint and seclusion
- Public shaming and humiliation
- Death from dehydration

**Summary of Historical Events**
- Desperate diseases/behaviors may require desperate remedies. However ...
- Professionals at the center of tragic events may or may not have embraced the best interests of persons in their care
- No measures in place to prevent egregious ethical violations
- So some regulation of desperate remedies is necessary ...
- But what is the process? Who gets to decide?

**10-15% of individuals with IDD emit challenging behaviors.**

**SIB in 7-22% of IDD population**

**2016 Annual Report**
- *Disability Statistics & Demographics*
- Rehabilitation Research & Training Center

**Incidence of IDD**
- 7.2% of children
- 18.64% of adults
Restraint originated in French psychiatric hospitals in the late 18th century. They were seen as more humane than chaining, bleeding, purging, blistering, and other treatments.

When treating severe behavior problems what prerequisite conditions must be in place to enhance ethical treatment?

Enriched environment
- Frequent engagement with staff
- Age appropriate materials/activities
- Leisure time
- Private time opportunities

Functional assessments

Function-based treatments

Medical factors ruled out

Positive behavioral approaches

Antecedent/preventative strategies

Prerequisite Concerns

When treating severe behavior problems what essential actions must be taken a priori to ensure ethical treatment?
Behavior Management Committee
Human Rights Committee
Written informed consent by parent/guardian
Written informed consent by physician
Written documentation of staff training
  - Crisis management
  - Individual Behavioral Programs
  - Restrictive interventions
Ongoing BMC review
HRC review of data and incident reports

Staff training
  - New Employee Orientation
  - New Behavior Plan training

  Who trains?
  Real training or signature acquisition?
  Follow-up and monitoring?

✔ Least to most restrictiveness
✔ Alternative interventions
  - Corrective feedback
  - Re-direction
  - Verbal de-escalation
  - Relaxation protocol
  - Wait
✔ De-escalation used as first line of intervention
✔ Restraint used only in cases of imminent risk
✔ Part of a planned program with all elements outlined in policy & procedure guides

![Antonio Egas Moniz](https://example.com/antonio-egas-moniz.jpg)
1940 Nobel Prize

When selecting treatments for dangerous behaviors, what factors must be considered to enhance safe, humane, and effective treatment?

![Elimination of Mechanical Restraint in Pediatrics & Adolescent Programs](https://example.com/elimination-of-restraints.png)

<table>
<thead>
<tr>
<th>Number of Restraints</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 11 - Jun 12</td>
<td>4110</td>
<td>1622</td>
</tr>
<tr>
<td>Jul 12 - Jun 13</td>
<td></td>
<td></td>
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</tbody>
</table>
When implementing treatments for severe behavior problems what must be done to ensure that a treatment does not result in harmful unintended effects?

- Constant supervision
- Documented clinical approval for continuation
- Circulation checks
- Attempted releases
- Physical examination immediately after restraint
- Documented supervisor review of incident

De-escalation vs Physical Intervention

Who decides?
Who monitors?

Documentation for each episode of protective restraint

<table>
<thead>
<tr>
<th>Staff</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Antecedents</td>
</tr>
<tr>
<td>Behavior</td>
<td>Alternative interventions</td>
</tr>
<tr>
<td>Type</td>
<td>Duration</td>
</tr>
<tr>
<td>Wellness checks</td>
<td>Physical check</td>
</tr>
<tr>
<td>Supervisor sign-off</td>
<td>Clinician sign-off</td>
</tr>
</tbody>
</table>
Daily review of data by Clinician
- Review of data by Clinical Director
- Review of data by Supervisor, Program Director, et al
- Monitoring of program implementation
- On-site monitoring by Clinician, Clinical Director, Supervisors, Administrators
- Ongoing review of restrictive interventions by HRC

Experimental Concerns

When using experimental designs to evaluate efficacy of treatment what must be done to avoid experimental conditions that may cause harm?

Experimental designs
Extended functional assessments
Extended baseline conditions
Unnecessary component analyses

What the heck is a systemic ethical issue?

Trusting relationships between a child and a teacher, combined with a sense of safety are fundamental for healthy development.

Aversives, restraint, and seclusion eliminate the opportunity for such an environment or relationship.
The use of restraint, seclusion, and aversive interventions to control their behavior...

Fear that these forms of behavior management will be used on them, their siblings, or friends.

“Violent and Legal: The Shocking Ways School Kids are Being Pinned Down, Isolated Against Their Will”
ProPublica (2014)

“Practice of restraining special needs students remains controversial, debated”
New Hampshire Union Leader (2015)

“No restraint or seclusion for children with IDD
Some protection against restraint use
Since 2012 at least 30 states have updated or added legislation regarding restraint and seclusion

Humane treatment
VERSUS
Effective treatment
Who Ya Gonna Call?

Alternatives to Protective Holds?

- Cognitive dulling
- Tardive dyskinesia
- Akisthesia
- Neuroleptic Malignant Syndrome
- Gynecomastia
- Diabetes
- Weight gain

Approximately 1.5 million people injured annually
As many as 7,000 deaths annually
Institute of Medicine, National Academies of Sciences, Engineering, and Medicine (2006)

“Premature deaths associated with preventable harm to patients was estimated at more than 400,000 per year.”

Statistical estimate: 50-150 deaths each year in US
Harvard Center for Risk Analysis, 1998
Up to 150 deaths per year
Citizens Commission on Human Rights
20 deaths
US Government Accountability Office, 2009

Alternatives to Protective Holds?
Relocate others
Psychotropic medication

Everyone leave the cafeteria and go to your home rooms!

“9-1-1 we have an emergency!”
“It’s only a behavior problem, but we aren’t permitted to intervene safely and effectively.”

Welcome to Shady Acres.
Your son is in Room 459.
“What did you do in school today John?”

Seven year-old student arrested for head banging
Desoto, Texas
May 9, 2017

- Increased risk of injury
- Excess medication
- Restrictive placements
- No replacement behavior programs
- Pronounced lack of growth and autonomy
How do you feel about contingent shock?

1. Seclusion and restraint are efficacious.
2. Impossible to serve severe behavior problems without some form of seclusion or restraint.
3. Seclusion and restraint may have deleterious effects on patients and staff.
4. Demographic and clinical factors have limited influence on rates of seclusion and restraint.


So ... what do we know for sure?

5. Local nonclinical factors have greater influence on rates.
6. Training in prediction and prevention, self-defense and use of seclusion and restraint are valuable in reducing untoward effects of seclusion and restraint.
7. Studies comparing seclusion and restraint training programs are potentially useful.


Meet with licensing agencies
Meet with legislators and other elected officials

Is there anything more dangerous than an ideologue who doesn’t know he’s wrong?
Seymour Hersh
Precepts

1. Clients have the right to effective treatment.
2. Clients have the right to services whose overriding goal is personal welfare.
3. Clients have the right to the most effective treatment procedures available.

Precepts

1. Behavior analysts have a responsibility to operate in the best interest of clients.
2. Behavior analysts have an obligation to advocate for and educate the client about … effective treatments.

Treat with less than optimally effective interventions?

Treat with harmful interventions?

Discharge to less skilled provider?