Ethical Issues in Treating Severe Behavior Problems

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Ethics in Professional Practice
Cambridge Center for Behavioral Studies
and Endicott College

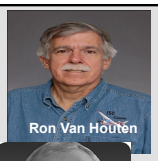
- ✓ Precepts
- ✓ Historical events
- ✓ Prerequisite concerns
- ✓ Due process concerns
- ✓ Intervention concerns
- ✓ Safeguard concerns
- ✓ Quality assurance concerns
- ✓ Experimental concerns
- ✓ Systemic ethical issues

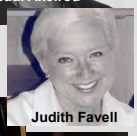
Rules, or principles that guide one's actions, particularly as pertains to moral conduct.

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

Professional and Ethical Compliance Code for Behavior Analysts (2016)

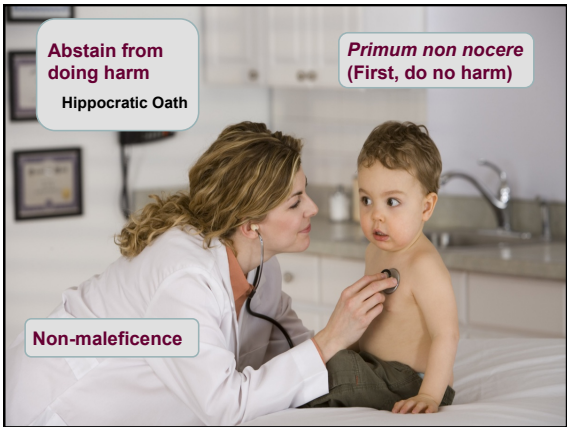
- ✓…right to services whose overriding goal is personal welfare.
- ✓…right to the most effective treatment procedures…





Task Force on the Right to Effective Behavioral Treatment (1987)

ABAI
Association for Behavior Analysis International

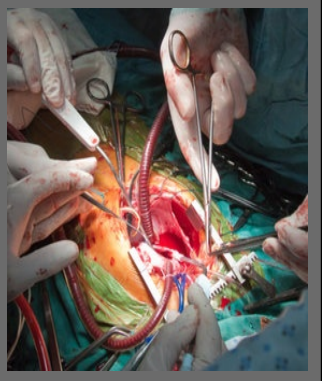


Desperate diseases must have desperate remedies.

American Proverb

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

Hippocrates



Dangerous behaviors may require desperate remedies.

Historical Events

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)

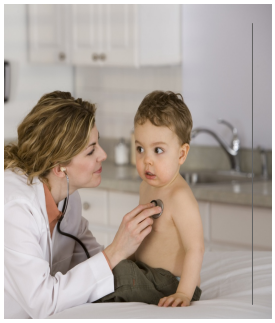
- Understaffing
- Social isolation
- Abusive punishment
- Aversive stimulation
- Deprivation, restraint and seclusion
- Public shaming and humiliation
- Death from dehydration

Sunland Miami Training Center (1972)

- Forced public masturbation
- Forced public homosexual acts
- Washing mouth with soap
- Beatings with wooden paddle
- Restraint as punishment
- Food and sleep withheld as punishment
- Holding feces-stained underwear to nose

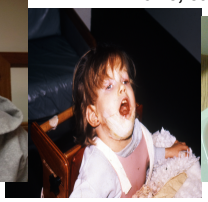
Summary of Historical Events

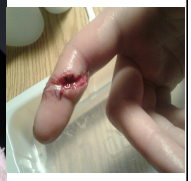
- ✓ Desperate diseases/behaviors may require desperate remedies. However …
- ✓ Professionals at the center of tragic events may or may not have embraced the best interests of persons in their care
- ✓ No measures in place to prevent egregious ethical violations
- ✓ So some regulation of desperate remedies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



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

Emerson, et al., *JARID* (2000), Lowe, et al., *JIDR* (2007)





SIB in 7-22% of IDD population

Ageranioti-Bélanger, et al., *Pediatrics Child Health* (2012)

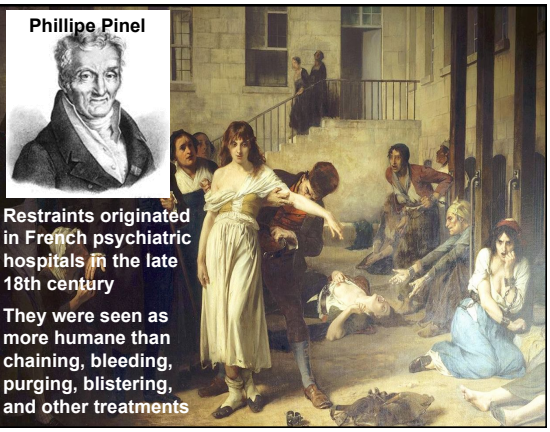
2016 Annual Report

Disability Statistics & Demographics
Rehabilitation Research & Training Center

Incidence of IDD

7.2% of children

18.64% of adults



Restraints originated in French psychiatric hospitals in the late 18th century

They were seen as more humane than chaining, bleeding, purging, blistering, and other treatments

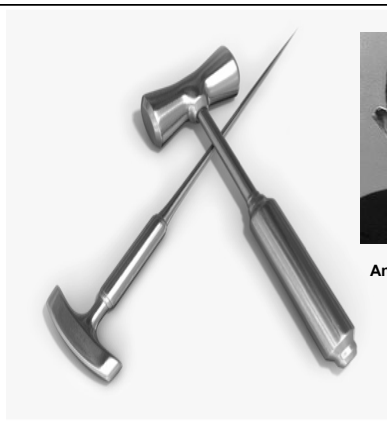
When treating severe behavior problems what prerequisite conditions must be in place to enhance ethical treatment?

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



Antonio Egas Moniz

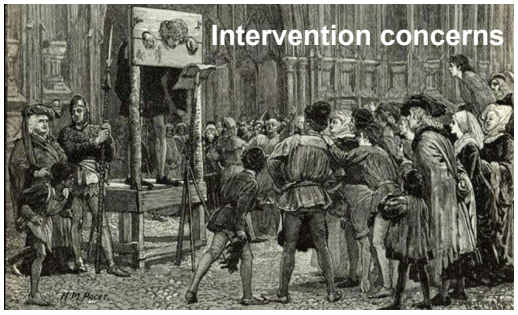
1940 Nobel Prize

Staff training

New Employee Orientation

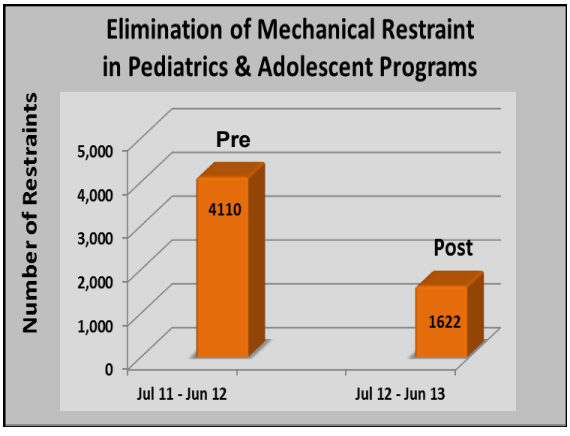
New Behavior Plan training

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

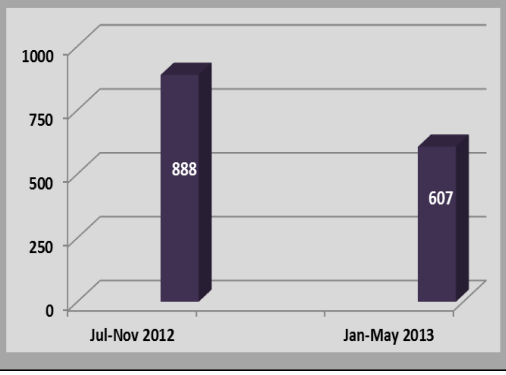


When selecting treatments for dangerous behaviors, what factors must be considered to enhance safe, humane, and effective treatment?

- ✓ 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



Different Crisis Management Program



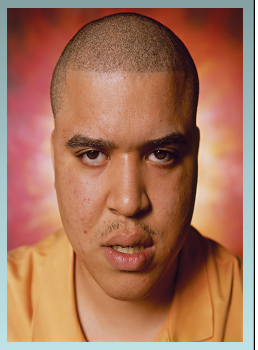
When implementing treatments for severe behavior problems what must be done to ensure that a treatment does not result in harmful unintended effects?

- ✓ 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?



When implementing treatments for severe behavior problems what systems are needed to ensure effective evaluation of a treatment's implementation and continued need?

Documentation for each episode of protective restraint

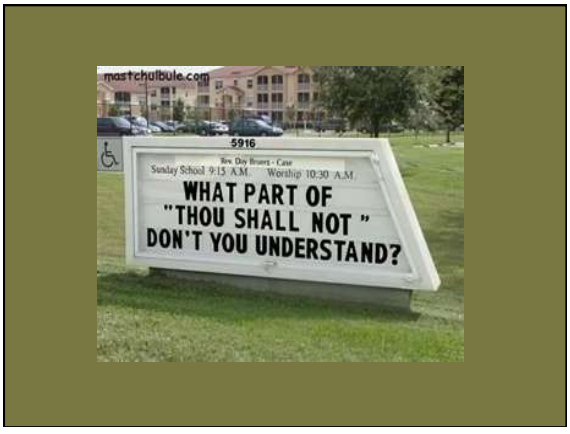
Staff	Location
Activity	Antecedents
Behavior	Alternative interventions
Type	Duration
Wellness checks	Physical check
Supervisor sign-off	Clinician sign-off

- ✓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



STOP HURTING KIDS

Join the campaign to end restraint and seclusion abuse in schools

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.

APRAIS.

The Alliance to Prevent Restraint, Aversive Interventions, and Seclusion

STOP HURTING KIDS

Join the campaign to end restraint and seclusion abuse in schools

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.

A.P.R.A.I.S.

The Alliance to Prevent Restraint, Aversive Interventions, and Seclusion

… violent, expensive, largely preventable.

… inconsistently misunderstood.

… risk of injury.

… set recovery back

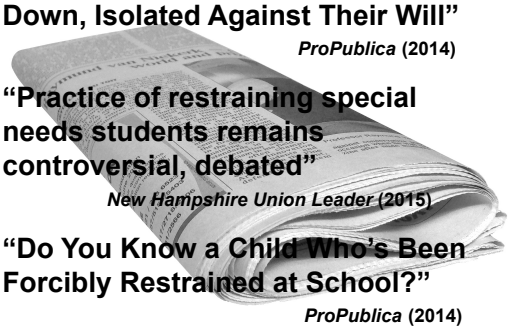
Substance Abuse and Mental Health Services Administration

A Life in the Community for Everyone

U.S. Department of Health and Human Services

"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"

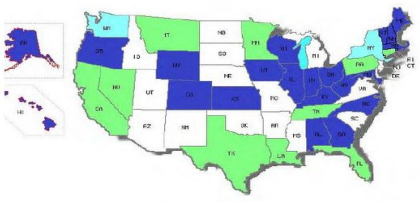
New Hampshire Union Leader (2015)

"Do You Know a Child Who's Been Forcibly Restrained at School?"

ProPublica (2014)

- ✓ Mechanical restraint
- ✓ Prone holds
- ✓ Supine holds
- ✓ Standing holds
- ✓ Protective equipment

States with Meaningful Protections by Law from Both Restraint and Seclusion for Children with Disabilities (March 18, 2015)



No restraint or seclusion allowed

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

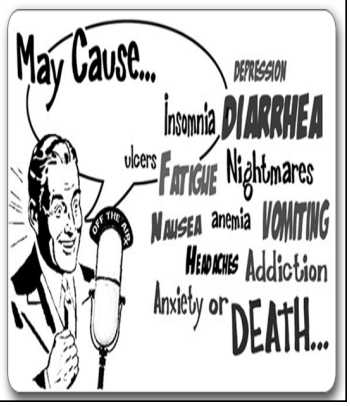
EFFECTIVE TREATMENT

Who Ya Gonna Call?

Alternatives to Protective Holds?

Psychotropic medication

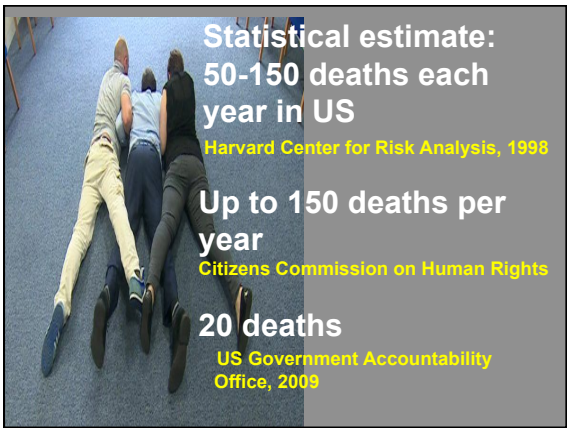
- ✓ Cognitive dulling
- ✓ Tardive dyskinesia
- ✓ Akisthesia
- ✓ Neuroleptic Malignant Syndrome
- ✓ Gynecomastia
- ✓ Diabetes
- ✓ Weight gain

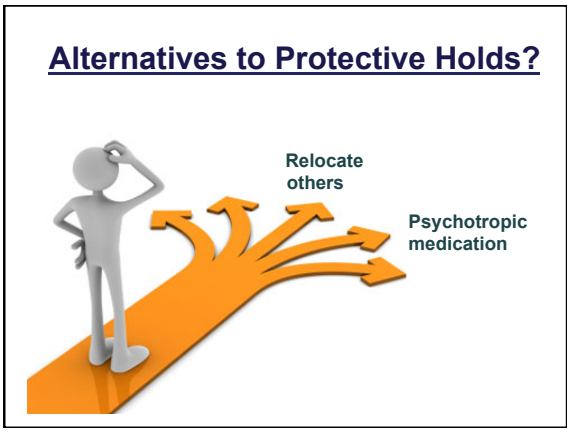


Approximately 1.5 million people injured annually

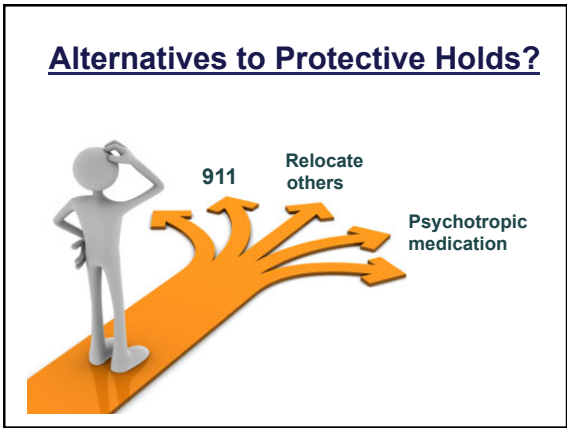
As many as 7,000 deaths annually

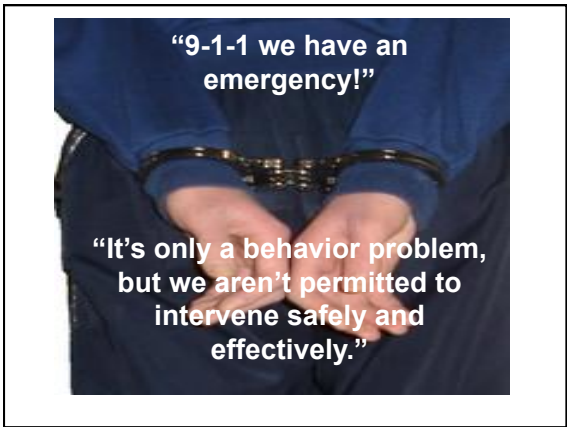
Institute of Medicine, National Academies of Sciences, Engineering, and Medicine **(2006)**


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!


Alternatives to Protective Holds?
911
Relocate others
Psychotropic medication

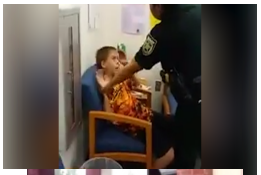

"9-1-1 we have an emergency!"
"It's only a behavior problem, but we aren't permitted to intervene safely and effectively."


Welcome to Shady Acres.
Your son is in Room 459.

John Benjamin Haygood

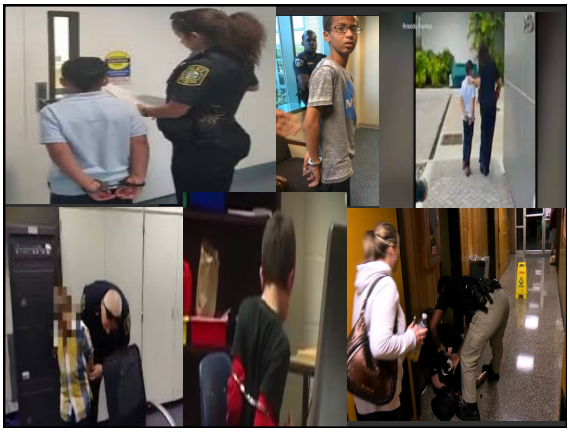
Luanne Haygood

"What did you do in school today John?"



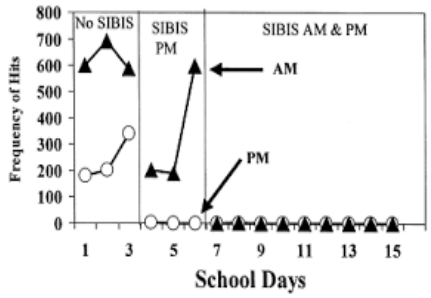
Seven year-old student arrested for head banging

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?



So … what do we know for sure?

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.

Fisher, *American Journal of Psychiatry* (1994)

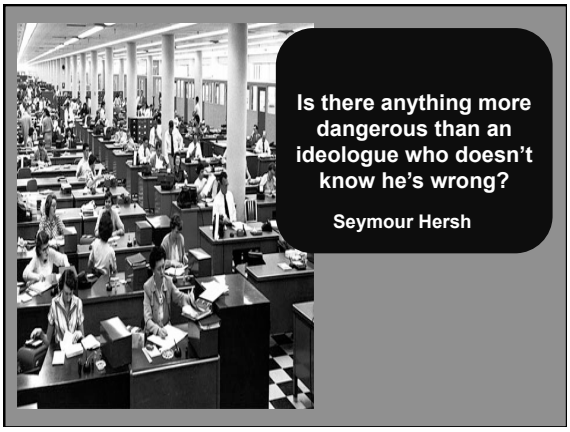
So … what do we know for sure?

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.

Fisher, *American Journal of Psychiatry* (1994)

WHAT can we do?

- ✓ Meet with licensing agencies
- ✓ Meet with legislators and other elected officials



Few things are so deadly as a misguided sense of compassion.

Charles Colson

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?

Thank You!