



TASH RESOLUTION OPPOSING THE USE OF AVERSIVE and RESTRICTIVE PROCEDURES

Statement of Purpose

Throughout the world, individuals with disabilities are victim to the use of procedures that are aversive, coercive and/or restrictive to control behaviors that are associated with their disabilities. Aversive procedures use painful stimuli in response to behaviors that are deemed unacceptable by their caregivers. All aversive techniques have in common the application of physically or emotionally painful stimuli. Coercive and restrictive procedures use unnecessary amounts of control and manipulation in an effort to modify behavior.

These techniques are inappropriately used, not only to control dangerous behaviors, but also to modify behaviors that are simply idiosyncratic (moaning or twisting one's hair), unusual (tics or rocking) or are inconvenient to caregivers (getting out of one's assigned seat or refusing to perform a task).

Rationale

Individuals with disabilities who act in ways that are dangerous deserve at least the same protections afforded prisoners against cruel and unusual punishment. Additionally, they have a right to treatment that is both humane and effective.

Treatment is meant to reduce or prevent further occurrence of a dangerous or disruptive behavior by increasing the individual's competence to deal with the circumstances that provoke the endangering behavior. When an individual is at imminent risk of hurting him/herself or others, brief physical restraint to prevent injury may be necessary. Brief physical restraint under these circumstances is not treatment. It is used to assure safety in an urgent situation.

Aversive and restrictive procedures, including the inappropriate use of restraint, are often used as part of a systematic program for decreasing certain behaviors. They are most often used without the individual's or even a substitute individual's informed consent.

Aversive procedures have some or all of the following characteristics:

- Obvious signs of physical pain experienced by the individual;
- Potential or actual physical side-effects such as tissue damage, physical illness, severe physical or emotional stress, and/or death;
- Dehumanization of the individual;
- Significant concern on the part of family members, staff or caregivers regarding the necessity of such extreme strategies or their own involvement in such interventions;
- Obvious repulsion and/or stress on the part of observers who cannot reconcile such extreme procedures with acceptable standard practice;
- Rebellion on the part of the individual against being subjected to such procedure;
- Permanent or temporary psychological or emotional harm.

The types of aversive procedures used on persons with disabilities include, but are not limited to:

- Electric shock applied to the body (e.g. arm, leg, or hand) for the purpose of discouraging the specific behavior it follows by causing pain [not to be confused with electroconvulsive therapy (ECT) used to treat severe depression; a procedure that is also subject to misuse]
- Extremely loud white noise or other auditory stimuli
- Forced exercise
- Shaving cream to the mouth
- Lemon juice, vinegar, or jalapeno pepper to the mouth
- Water spray to the face
- Placement in a tub of cold water or cold showers
- Placement in a small room, closet, or box
- Slapping or pinching with hand or implement
- Pulling the hair
- Ammonia capsule to the nose
- Blindfolding or other forms of visual blocking
- Placement in a dark isolated box or other methods of prolonged physical isolation
- Ice to the cheeks or chin
- Teeth brushed or face washed with caustic solutions
- Prolonged restraint through manual or mechanical techniques (e.g. face-down four- or five-point restraint using mechanical tie-downs or several staff applying physical pressure)
- Withholding of multiple meals/denial of adequate nutrition

Although it has been believed that such procedures are necessary to control dangerous or disruptive behaviors, it has now been irrefutably proven that a wide range of methods are available which are not only more effective in managing dangerous or disruptive behaviors, but which do not inflict pain on, humiliate, dehumanize or overly control or manipulate individuals with disabilities.

Alternative approaches that are proven to be effective attempt to identify the individual's purposes in behaving as he or she does and offer support and education to replace dangerous or disruptive behaviors with alternative behaviors that are positive and will achieve the individual's needs.

THEREFORE BE IT RESOLVED, THAT TASH, an international advocacy association of people with disabilities, their family members, other advocates and people who work in the disability field, affirms the right of all persons with disabilities to freedom from overly restrictive procedures and from aversive or coercive procedures of any kind. TASH is unequivocally opposed to the inappropriate use of restraint and to the use of overly restrictive and aversive procedures under any circumstance and calls for the cessation of the use of all such procedures.