

Guidelines on Effective Behavioral Treatment for Persons with Mental Retardation and Developmental Disabilities

A Resolution by APA Division 33

Whereas concerns have been voiced by many persons about the use of behavioral procedures, principally those that are restrictive,

And whereas Division 33 shares concerns that persons with disabilities should receive the highest quality treatment services available,

And whereas the members of Division 33 include applied behavior analysts continually engaged in research and practice with persons with disabilities, the Division has adopted the following guidelines as policy:

This policy pertains to the development, implementation, and monitoring of applied behavior analytic procedures with persons with mental retardation and other developmental disabilities. The following is a statement of foundations and principles.

Foundations

Applied behavior analytic services encompass all applications of operational procedures and techniques derived from manipulations of controlling stimuli or manipulations of motivational conditions, positive reinforcement, negative reinforcement, positive punishment, and negative punishment principles as defined within the body of research-based knowledge known as operant learning theory.

Applied behavior analytic services are provided in accordance with the American Psychological Association's most current edition of the Standards for Providers of Psychological Services and, as additionally applicable, the most current relevant Specialty Guidelines.

No provision of these principles shall be interpreted as limiting applied research or publication of research findings using behavior analytic procedures that have been approved by a relevant human subjects review board, and that meet ethical standards for research with human subjects as described in other APA policies and publications.

Principles

The composition and application of applied behavior analytic procedures provided by a practitioner or service unit shall be responsive to the needs of the persons and of the settings served.

The needs of the persons served shall take precedence over the organizational needs or ideological position of the settings in which services are delivered.

The protection of legal and civil rights of persons served, as determined in prevailing statutes, standards, and policies applicable in the particular service setting, shall be of primary concern.

Applied behavior analytic treatment procedures will be employed for the purposes of increasing the self-control of persons, and for the purpose of assisting them in achieving enhanced participation in life activities and their fullest human potential.

When the client does not evidence pathological behavior (deemed undesirable by referral agents and clients or duly appointed guardians according to law), but does evidence substantial adaptive deficits, there is an assumed need for the psychologist to participate in the development and implementation of positive programming services designed to increase self-care, social, and other skill performances.

Highly restrictive procedures (which may entail interventions often referred to as aversive) shall not be instituted without the combined use of procedures that reinforce incompatible, alternate, or other behavior. Highly restrictive procedures shall not be employed until there has been sufficient determination that the use of less restrictive procedures was or would be ineffective or harm would come to the client because of gradual change in the client's particular problematic behavior.

Highly restrictive or aversive procedures are applied only in instances in which there is an immediate physical danger to self or others, or there may be permanent sensory or other physical impairment, or the client may be prevented from receiving necessary medical, surgical, or emergency medical services, or the frequency or intensity of the problematic behavior prevents adequate participation in normal activities appropriate for the individual's circumstances and personal goals.

Highly restrictive procedures shall be discontinued when the individual's response to less restrictive procedures indicates that treatment benefits can be maintained through these less restrictive procedures. Evaluation of the individual's response to less restrictive procedures shall be ongoing and documented.

Multiple high restriction procedures shall only be employed in instances in which more limited applications of restrictive components have been ineffective, and reinforcing contingencies are instituted for incompatible, alternate, or other behavior.

Procedures selected for application and implementation of an intervention shall meet the following criteria, all of which must be satisfied:

1. Determination on the basis of the professional and scientific literature of the probability that a specific technique will be appropriate for this particular behavior and individual.

Peer-reviewed intervention studies shall constitute the primary source of information for the rendering of the determination of the appropriateness of a treatment technique. It is

recognized that all behavioral treatments must be tailored to the individual and the natural environment; hence, alterations in procedures from those in published reports of studies will be necessary. Nevertheless, there are several factors that may enhance the salience of particular studies to the design of interventions for specific individuals.

These factors include (a) presentation of objective information to account for all components of the intervention as applied, (b) demonstration of experimental control of the target behavior, (c) similarities in age of target individuals, and in related learning histories, (d) ability to determine whether the disability characteristics of target subjects are similar to those of the potential client (e.g., presence of multiple handicapping conditions, specific neurological factors, medical contraindications), and (e) ability to apply the intervention approximately as designed due to the ability to obtain the necessary ancillary personnel and/or agreement of qualified personnel or consultants to develop or implement a comparable, but individualized, intervention.

2. Determination on the basis of behavioral assessment of the probability that a specific technique will be appropriate for this particular behavior and individual.

Behavior assessment may encompass baseline data gathering, functional analysis, application of attention or activity control conditions, activity re-scheduling, assessment of pre-existing reinforcing values of various classes of stimulation and activity, review of previous accounts of attempts at treatment, and other procedures that are currently demonstrated to be accurate procedures to assess behavior.

3. Determination on the basis of peer and human rights review procedures and guardian approval of the appropriateness of the specific techniques for the particular behavior and individual. Participation of the client will be secured in accordance with the Standards for Providers of Psychological Services.

Procedures for which approval shall be sought shall be those which have met the criteria 1 and 2 above, and constitute the least restrictive procedure considered likely to be effective.

4. Determination on the basis of continued monitoring of whether the intervention should be continued, modified, discontinued, or supplanted by a different intervention. Such determination shall be rendered on a periodic basis as determined appropriate by the practitioner or required by programmatic policies or consent obtained or agreements during the course of due process.

5. Determination of the success of a treatment procedure shall be rendered with regard to an array of criteria.

Criteria against which the success of a treatment procedure shall be assessed include (a) degree and rapidity of behavioral change, (b) generalization, (c) maintenance, (d) the character and magnitude of side effects, positive or negative (if any). (e) consumer (client, family or advocate)

satisfaction and lifestyle outcomes, and (f) local public acceptability of treatment and maintenance procedures and degree of behavior change.

No provision of these principles should be interpreted as proscribing the use of any applied behavior analytic procedure which is indicated as appropriate according to the forgoing criteria. The responsibility for the design, implementation, and evaluation of an applied behavior analytic procedure is solely that of the supervising practitioner, subject to the initial and subsequent approval of the legal guardian and duly constituted review boards.