



Positions on Electric Shock

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Compelling Evidence Against the use of Shock Devices for Behavior Intervention

- Researchers have called for an end to shock for 24+ years
- Professional groups do not support
- Parent groups do not support
- Advocacy groups are universally opposed
- Inconsistent with federal priorities

Decades-Long Path Away from Pain

“The routine use of procedures that deliver pain (shock, pinching, slaps), procedures that result in harm (bruises, cuts, broken bones), and procedures that are disrespectful or dehumanizing (facial sprays, shaving cream in mouth, foul smells) are no longer acceptable.”

(Horner, R. H., Dunlap, G., Koegel, R. L., Carr, E. G., Sailor, W., Anderson, J., Albin, R. W., O'Neill, R. E., **(1990)** Towards a technology of 'nonaversive behavioural support', *Research and Practice for Persons with Severe Disabilities*. 15 , 125-132.)

APRAIS Members (www.tash.org/aprais)

AAPD

ACLU

AUCD

AUTCOM

Autism Society

ASAN

Bazelon Center

CHADD

COPAA

DDNA

DREDF

Epilepsy Foundation

FACT

FARS

Family Alliance

Gamaliel Foundation

NAMI

NACDD

NASMHPD

NAA

NCIL

NDRN

NDSC

NDSS

NFXF

Parent 2 Parent USA

RespectAbility Law Center

TASH

The Arc of the United States



*Equity, Opportunity and Inclusion for People
with Disabilities since 1975.*

28 Organizations; One Vision

- All children with disabilities should grow up free from the use of aversive interventions, restraints and seclusion to respond to or control their behavior and free from the fear that these forms of behavior management will be used on themselves, their siblings or their friends.

Sample Position Statements

- “The Arc (parents) and AAIDD (researchers) are opposed to all aversive procedures, such as electric shock, deprivation, seclusion and isolation.”
- “Strategies that would be considered inappropriate, unethical and even abusive when used with non-disabled children should not be condoned, nor considered "treatment" or part of a "behavior plan" if the child has a disability. “ (National Down Syndrome Society)

Sample Position Statements

“We believe there is no place for aversive behavioral interventions in schools or in any facility providing supports or services for people with disabilities. The use of electric shock therapies to the skin....and other inhumane treatments should not be allowed under any circumstance. We believe that no individual should be subjected to such indignities and that no teacher or staff person should be expected to inflict these treatments on any one they support.”

Self Advocacy Association of New York State, Inc.

Shock is Inconsistent with Department of ED Standards

“Any behavioral intervention must be consistent with the child’s rights to be treated with dignity and to be free from abuse.”

U.S. Department of Education, Restraint and Seclusion: Resource Document, Washington, D.C., 2012.

Shock is Inconsistent with Department of HHS Direction

- Trauma informed care
(www.samhsa.gov/nctic)