Our readers comment on aversives . . . .

ARRI solicited reader comments through an open announcement in the ARRI and through surveys sent to professionals involved in educational research and/or treatment.

While the majority of respondents favored the use of aversives when necessary, a significant number opposed them. Some sample comments:

"Personal experience at an intensive behavioral unit shows non-aversives are not always successful. Medication has a poor track record . . .

"Aversives are clearly effective at diminishing undesirable behavior (e.g., self-injury, assaultativeness). Many of these are self-reinforcing, and do not respond to 'positive' behavioral approaches. Restraints are also in these cases inadequate, and do not allow for the learning of positive behaviors as can occur after elimination [of self-injury or aggression] by punishment."

Jon Matthew Farber, M.D.

"It would be unfair to withhold an effective treatment just because it involves aversives (I refer to cases where non-aversives, carefully and competently used, have failed) . . .

"The reality of the situation is that at the present time we still face problem behaviors for which we do not have non-aversive alternatives. Hopefully, continued research in the area will soon make aversives obsolete. The current emphasis on such research is very encouraging."

Laura Schreibman, Ph.D.

"I have worked with and seen others work with very severely retarded and very severely behaviorally disordered people. Aversives have never worked in my experience. Where one behavior may be extinguished, another invariably surfaces, often worse than the extinguished behavior.

"Dignity and respect have always been very big issues for me. To me, aversives rob the handicapped of those very things and further devalue them as people."

Caryn Coyle, AI Teacher

"Those who [want to ban aversives] are ignoring the data and ignoring the most severely disabled individuals. Even if non-aversive methods are effective for 99% of the population, the remaining 1% have a right to receive effective treatment. [Aversives should be be used when necessary] with anyone for whom the result will be a healthier, more dignified and independent lifestyle, as long as the risk to the client is minimal in comparison to the expected gain."

John McEachin, Ph.D.

"Aversives have poor generalization and maintenance properties. They are no more effective, in a true clinical sense, than say holding someone's hands to prevent the person from slapping himself . . .

"'All-out' non-aversive treatment is seldom applied — this would involve massive environmental restructuring combined with intensive intervention by a highly proficient staff. Until this is done, it's hard to say that non-aversive methods fail."

Name omitted by request (Psychologist)

"My feeling is that banning aversives (thereby making people go through the courts to obtain approval for their use) would have a very positive impact on the field. It would force workers in this area to be more creative and make extraordinary efforts to develop non-aversive alternatives. I see this happening already."

V. Mark Durand, Ph.D.

"Certainly, it is morally wrong to let a person harm himself when procedures that have been shown to be effective in decreasing that behavior have not been used, especially when less intrusive methods have failed . . . [However] we simply must begin to consider that successful treatment of severe aberrant behavior does not mean having a successful uni-dimensional treatment . . . our intervention efforts must be guided by a concern for the person's constitutionally granted civil liberties [and] welfare, and attention to the social context in which treatment is undertaken."

Vincent Winterling, Ph.D.

Aversives debate heated (continued from page 1)

tion), severe aggression (hitting, biting, kicking), property destruction, and pica (eating nonedibles). We have had a very good long-term success with these problems without using aversive procedures. Our clients have been able to live and work in the community and have enjoyed significant reductions in these dangerous maladaptive behaviors using non-aversive procedures alone."

A number of researchers point out, however, that evidence of the effectiveness of non-aversive techniques is largely anecdotal or based on small-scale studies. They comment that non-aversives-only proponents often present their views and findings in speeches and workshops, rather than in peer-reviewed journals.

Noting the lack of large-scale studies showing that non-aversive techniques will work with *all* autistic individuals, David Holmes and Peter Gerhardt of the Eden Institute comment that "although there exists a need for both camps to continue to produce well documented, methodologically sound results in the literature, given the current scarcity of sound studies on nonpunitive strategies, this need is especially critical for the proponents of cessation before their call for the elimination of punishment can be satisfactorily debated."

Others who strongly favor positive approaches nonetheless agree that non-aversive "technology" has not reached the point where it can handle every problem behavior.

Robert H. Horner, of the Research and Rehabilitation Training Center on Community-Referenced, Non-Aversive Behavior Management (RRTC), believes that "better use of behavioral technology in community settings could result in a dramatic reduction in the intrusiveness of interventions."

However, he adds, "We do not believe that a comprehensive, non-aversive technology for behavior management already exists, or that a technology of non-aversive behavior management has documented sufficient power to guarantee it will be effective with all individuals in all settings. That is a claim that is beyond any technical approach at this time."

The American Medical Association's Council on Scientific Affairs notes that "a national task force convened in 1982 concluded that environmental evaluation and manipulation is the appropriate first approach. When behavior is dangerous and has not improved with less intrusive procedures, the task force concluded that increasingly aversive techniques, up to electric shock for the most severe, are appropriate."

The AMA Council on Scientific Affairs cites a 1984 review (LaGrow and Repp) of more than 60 studies, which found that "aversive procedures as a class were more effective than positive procedures, manipulation of the environment, and sen-

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