Letters to the Editor

To the Editor:

I note with interest the publicity given to The Association for Persons with Severe Handicaps (TASH), in the last issue of the ARRI. You provided readers with the address of TASH and information on how they could order the new TASH monograph summarizing research on "non-aversive" methods of attempting to deal with "challenging behaviors."

I trust that the columns of ARRI are also open to the organization which I represent, the International Association for the Right to Effective Treatment (IARET). In contrast to TASH, which attempts to ban the use of aversives, IARET recognizes that currently, in some cases, the use of aversives is necessary. We believe that in ALL cases a full range of effective treatment options needs to remain open to those in need of treatment and their families.

For further information about IARET, please write to IARET c/o Wayne S. Robb, 763 Main St. #10, Waltham, MA 02154-0604.

Wayne Robb

To the Editor:

This is in regard to your recent comments about the use of SIBIS with people who have challenging behaviors. I believe the quote was as follows: "To me, SIBIS is annoying rather than painful. Having tried it I would gladly accept 50 SIBIS shocks rather than stand in a grocery store line for five minutes."

First of all, we should not be in the business of "annoying" the people we are trying to serve. Likewise, our job is not to impose harm or humiliation, but to teach.

Secondly, to help a person who is engaging in such serious behaviors, we must first understand why that person feels compelled to act in that manner. If we interpret his or her actions as desperate attempts to communicate, make an effort at determining what that message may be, and help that person's needs be met, we will see far fewer people who must resort to these acts of desperation.

Lastly, Dr. Rimland, if you have trouble spending five minutes in a grocery store line, I'm sure it is difficult for you to spend the hours that it sometimes takes to discover what environmental and organic influences shape a person's behavior.

I have had many opportunities to develop relationships with individuals whose behaviors are challenging. I have seen significant changes in behavior. I, like you, was trained in the principles of applied behavior analysis. It was not until I truly examined my values and actively sought different ways to teach that I was able to help people make meaningful and positive changes in their lifestyles. I can happily say that I have not done one hurtful thing to a person with behavioral challenges since that time.

Please, Dr. Rimland, if you are going to continue to work in this field, be a responsible professional. People may actually be listening to what you have to say.

Johnna Elliott

Editor's reply: Please read the article again. Paragraph five listed TEN non-aversive interventions such as Gentle Teaching, functional analysis, etc., which had already been tried—to no avail—before the SIBIS device was successfully used. Further, the adjoining article about the new TASH monograph on the usefulness of non-aversives reported that non-aversives did not stop "challenging" behavior in over 40% of the handicapped persons on whom they had been tried.

Do you really feel people should be permitted literally to destroy themselves while the rest of us stand by and watch, hoping that some as-yet-unknown genius will eventually show up with a new non-aversive treatment that may—or may not—help?

Non-aversives can often be used successfully in dealing with behavior which is merely "challenging," to use the coy term you prefer, but the behavior engaged in by the people in our article was not challenging but in fact intolerable. ***Stopping intolerable self-injurious behavior with a few seconds of unpleasant but harmless stimulation is a real plus, in my view.***

UPDATE:

Drug research

Propranolol, a drug commonly used to treat hypertension and angina pectoris, appears to significantly reduce the violent outbursts of aggressive psychiatric patients, according to findings reported this May at the American Psychiatric Association by Jonathan Silver.

Silver administered the drug to patients kept on locked wards because of their violent behavior, and found that there was a 50 percent reduction in the patients' outbursts.

A previous study by John Ratey et al. (see ARRI 1/3) found that propranolol and a similar drug, nadolol, reduced aggressive and impulsive behaviors in eight autistic adults, as well as increasing their attention spans and decreasing ritualistic behaviors.

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George Realmuto et al. recently tested the anti-anxiety drug buspirone with four autistic children. They report in the *Journal of Clinical Psychopharmacology* (April 1989) that the hyperactivity of two of the children decreased, and one exhibited fewer stereotypical behaviors. The fourth child did not show improvement. "In all cases," they note, "there were no adverse reactions to buspirone."

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Prozac, a drug introduced in 1988 as a treatment for depression, has been linked to suicidal behavior. Martin Teicher reported in the *American Journal of Psychiatry* in February 1990 that six of his patients became obsessed with suicidal thoughts within a few weeks of beginning the drug, and four of the patients attempted to injure or kill themselves. None of the patients were suicidal at the time they began taking the drug, and their suicidal obsessions ended when the drug was discontinued.

Despite this report, an FDA official said in *Newsweek* that, "Even if we got several hundred reports involving suicide and Prozac, we wouldn't be alarmed, given how many people use the drug and the nature of the disease."

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