

Editor's Column

Aversives: friend or foe?

By Bernard Rimland, Ph.D.

The lead story in this issue of the ARRI on the aversives controversy is upsetting. People who have been close friends and allies for years are divided, often bitterly, on the issue. Both sides — those who say aversives are sometimes necessary, and those who say aversives are never necessary and should be banned — are convinced that their cause is just, and that experience, common sense and morality are clearly on their side.

Who is right? Both sides are right — up to a point. The anti-aversives people claim, rightly, that aversives have sometimes been misused to the point of severe injury or even death. The pro-aversives side replies that aversives are merely a tool, and like any other tool, they can be misused. They say, don't ban this irreplaceable tool, but regulate its use.

The pro-aversives people add that without the use of aversives to manage severely self-injurious and severely assaultive behavior, the common recourse is to drug the patient so heavily that he or she becomes relatively passive, or to tie up the patient with physical restraints. The anti-aversives side counters by claiming that positive reinforcement can do anything that aversives can do. Not so, they hear in return. The debate rages on with neither side willing to yield much ground.

The controversy has been going on, at low levels of intensity, for almost a quarter of a century. Several recent events have caused an explosion of publicity, especially several deaths attributed to (but not all necessarily caused by) the improper use of aversives.

Also contributing to the current furor over aversives is the newly developed SIBIS (Self-Injurious Behavior Inhibiting System), an electronic device which delivers a mild electrical shock to stop self-injurious or assaultive behavior.

The idea of using electric shock on a handicapped person is particularly outrageous to the anti-aversives people. While the use of electric shock on an autistic person is repugnant to me also, it is not nearly so repugnant as some of the things severely self-injurious people do to themselves, such as causing blindness, fracturing skulls, and in one case, chewing off both thumbs.

I have tried the SIBIS device on myself. It produces discomfort, not pain. Its nine-volt transistor battery provides a very noticeable, rather unpleasant, stinging sensation. I can best describe the effect of SIBIS by likening it to being struck by a thrown tennis ball, but when the SIBIS stimulus stops there is no residual discomfort or skin irritation.

A SIBIS videotape shows several long-term, chronically self-injurious patients

with whom SIBIS is being used for the first time. Their first head-bang brings on the shock. They look surprised. They don't shriek, or appear to be in pain. After a few days with SIBIS, their head-banging has dropped to near-zero, and they quickly try to put the device back on when it is removed. They don't want to injure themselves — it seems to be a compulsive behavior that is difficult for them to stop without the aid of SIBIS.

I have seen the same kind of behavior in Lesch-Nyhan patients, who characteristically bite themselves severely, sometimes biting off fingers. When a nurse unties the patient's hand from the wheelchair arm, the patient cries and tries to tie his own hand back down so he will not be able to bite himself. Lesch-Nyhan patients have a well-studied genetic defect in purine metabolism which causes their self-injury. In autism, as in Lesch-Nyhan, self-injury is unlikely to be an attempt to communicate.

If my own autistic son, now 32, were self-injurious, I would certainly want aversives, including SIBIS, employed if positive reinforcement methods failed (and fail they sometimes do, according to the overwhelming majority of educators working with the severely autistic).

Aversives are a fact of everyday life. The child who quickly learns not to touch a hot stove has benefited from an aversive. The motorist who runs out of gas on a freeway, or who is ticketed for parking too near a fire hydrant, has experienced aversive consequences. So has the student who receives a C rather than an A. You can't really ban aversives. They are integral to learning what not to do. In the field of autism, they are an invaluable way of teaching a person who may not understand language, or long-term consequences, or who may have an otherwise uncontrollable compulsion to injure himself.

The federal government recently granted \$5.5 million to five universities to develop technologies for non-aversive behavior management to help integrate the disabled into the community. Their findings may help to answer the question of whether or not universally effective non-aversive techniques can be developed — a goal we all hope to see achieved.

In September 1989, the National Institute of Child Health and Development will convene a conference of experts representing all views on the issue of behavior modification. Maybe, after extended study and exposure to each others' ideas, the experts will allay some of the misunderstandings which so bedevil this important issue. In the meantime, however, I think it would be rash to ban SIBIS and other aversives without proof that safe, totally effective alternatives exist or can be developed.

Aversives debated

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sory extinction." However, the council warns that there are drawbacks to aversive therapy, noting that "although the results are rapid and dramatic, poor generalization to other settings is shown [and] the behavior tends to resume after treatment is tapered off."

Smith contends that punishment "ignores the function of the behavior, and we have found that if we do a functional analysis and determine 'why is this person banging his head?' we can find out why, and we can teach another way, or we can make it worth his/her while to behave in other ways. Punishment short-circuits that entirely." Smith also is concerned about possible side effects of aversives, such as withdrawal. (A new research review by Matson and Marie Taras, however, contends that positive effects of aversives outnumber negative side effects 11 to one.)

Psychologist Gary LaVigna agrees with Smith that non-aversives are as effective as aversives, and adds that "society is no longer going to allow us to use the procedures we have used in segregated and isolated settings . . . people with autism are coming out of the closet and going downtown. Non-aversive strategies tend to be more acceptable in public than the punishment procedures we have used behind closed doors."

Edward G. Carr believes that while aversives may be necessary in severe cases of self-injury, "the field has erred in generalizing from severe cases to all cases. The vast majority of autistic children do not regularly engage in life-threatening behavior. For them, the option of education first rather than management first may be a viable one."

Carr stresses that autistic children may head-bang, "stim", etc., in order to get attention or avoid an unpleasant situation. In either case, he says, many studies indicate that teaching alternative ways to communicate or achieve goals may be much more effective than punishing them for maladaptive behavior.

Eric Schopler, editor of the *Journal of Autism and Developmental Disorders* and director of the TEACCH Program in North Carolina, believes that "to imply that aversives are dehumanizing without qualification, or to recommend their unqualified cessation, would clearly go against the best interests of most people with autism and is not likely to be supported by most knowledgeable, professionals and parents."

Schopler comments that while some

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Watch for "Rainman," a new UA/MGM film premiering in December and starring Dustin Hoffman as an autistic adult. Hoffman has done a great deal of "homework" for this role, with assistance from ICBR.