Massachusetts Association for Applied Behavior Analysis (MassABA)

Position Statement on the Use of Electric Shock as an Intervention in the Treatment of Individuals with Disabilities

Position Summary:

The Massachusetts Association for Applied Behavior Analysis (MassABA) believes that contingent electric skin shock (CESS) is an unnecessary and demonstrably harmful tactic with possible long-term negative physical and emotional effects. Contingent electric skin shock, which we understand is used by one program in the United States, is, in our view, inconsistent with the ethics rules of Applied Behavior Analysis. MassABA does not support electric shock in treating individuals with disabilities and considers its use immoral, inhumane, and unethical. We further consider the use of CESS outside the scope of practice of behavior analysis.

Rationale For this Position:

Guiding Principles:

The Massachusetts Association for Applied Behavior Analysis (MassABA) believes that all treatment for individuals with disabilities must be guided by the following principles:

1. Respect for the individual and their safety and well-being;
2. Use of positive supportive procedures that focus on helping build adaptive capacities that will enable the individual to live a life of greater independence and autonomy;
3. Any use of procedures that are designed to be reductive must be done in a manner that adheres to the highest levels of safety, dignity, and oversight to include:
   a. assessment of the function of the behavior(s) to be decreased
   b. analysis of the social validity of the proposed behavior change
   c. treatment based upon this hypothesis of function derived by a formal functional assessment
   d. oversight by a qualified behavior analyst who comply with local, state, national and industry guidelines for the use of such procedures.
**Scope of Practice Issue:**

MassABA views the use of electric shock interventions, including CESS, to fall within the scope of medical treatments and outside the scope of practice for behavior analysts. MassABA recognizes that the delivery of CESS involves the use of a medical device and that the application of and oversight of the use of such medical devices are outside the scope of practice of Behavior Analysis.

MassABA further notes that:

1. The U.S. Food and Drug Administration (FDA) has determined that it has regulatory authority over the use of medical devices that administer an electric shock, and that such devices are medical devices;
2. The application of CESS is a medical intervention which has been reported as inherently dangerous in both the long and short term to the client;
3. Many treatments such as the use of medication as part of chemotherapy and electroconvulsive shock therapy are used in medical settings;
4. The BACB® Task List, 5th Ed. (BACB®, 2017) does not specify training content for behavior analysts in the administration or use of CESS using any FDA approved medical device;
5. The Association for Behavior Analysis, International (ABAI)® accreditation standards (ABAI®, 2021) do not specify training content for behavior analysts in the administration or use of CESS using any FDA approved medical device;
6. These treatments are generally considered painful to those undergoing such treatment, and data suggest that they can cause longer term deleterious effects (Zarcone, J. R., Mullane, M. P., Langdon, P. E., & Brown, I., 2020);
7. Such treatments are appropriately conducted in medical settings when sanctioned by appropriate medical authorities. These treatments, however, are used only under strict conditions and with strong levels of informed consent by those being treated;
8. The risks inherent to such interventions to the individual, in our view, mandate that should such treatment occur, it only occurs in a medical setting with significant medical oversight and be administered only by medical professionals.

**Ethics of Behavior Analysis:**

Applied Behavior Analysis’s credentialing organization, the Behavior Analyst Certification Board (BACB®), published ethical guidelines in 2001, revised them as a set of enforceable rules in 2016 (Rosenberg & Schwartz, 2018), and revised them further for 2022. The changes in the ethical guidelines and codes have shaped practice principles for the field. The Massachusetts Association for Applied Behavior Analysis (MassABA) believes that the following principles must guide all treatment for individuals with disabilities:

1. Respect for individuals, regard for their safety and well-being, and the right to humane treatment; 
2. Use of positive, supportive procedures that focus on helping build adaptive skills that will enable the individual to live a life of greater independence and autonomy;
3. Consideration given for the highest levels of safety, dignity, and oversight when using procedures designed to decelerate behavior. When recommending or using decelerative methods, the following practices are used:
a. Assessment of the function of the behavior(s) to be decreased
b. Assessment of the social validity of the proposed behavior change
c. Treatment based on a hypothesis of function derived from a formal functional assessment
d. Oversight by qualified behavior analysts who comply with local, state, national, and industry guidelines for proposed procedures
e. Consent/Assent for the use of treatment interventions that is fully informed.

It is the view of MassABA that the application of CESS and/or oversight of treatment involving its use is not consistent with the BACB® ethics code.

References:

ABAI Accreditation Board Accreditation Handbook (ver. 2/2021)


