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Progress in Behavior Modification

Edited by

Michel Hersen
Richard M. Eisler
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PROGRESS IN BEHAVIOR MODIFICATION

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GUIDELINES FOR THE USE OF CONTINGENT ELECTRIC SHOCK TO TREAT ABERRANT BEHAVIOR

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I. INTRODUCTION

The purpose of this chapter is to present suggested guidelines to follow in (1) deciding whether it is appropriate to use a contingent electric shock program to treat the very serious maladaptive behavior of a mentally retarded, autistic, or mentally ill individual, and (2) obtaining approval to do so if an affirmative decision is reached.

Our major emphasis will be on how to develop an informed consent document since a properly constructed one addresses all of the issues that are relevant to the use of shock. Accordingly, two sample informed consent documents from real cases are presented. One deals with a self-injurious mentally retarded individual and the other with an aggressive dually diagnosed individual.

We shall not discuss the administrative, legal, and clinical issues related to shock usage in detail because in-depth discussions of these issues already exist (cf. Carr & Lovaas, 1983; Foxx, McMorrow, Bittle, & Bechtel, 1985; Matson & DiLorenzo, 1984).

We begin by discussing contingent electric shock from a number of perspectives, including when to consider its use, the behaviors for which it is appropriate, determining whether a facility is capable of using it, ensuring the development of adaptive behaviors, and informed consent. Then, we present the two informed consent documents described above. We conclude with a set of guidelines for developing and implementing shock programs.

Of all the behavioral reductive procedures, contingent electric shock is generally considered to be the most aversive, intrusive, and/or restrictive (e.g., Favell, Azrin, Baumeister, Carr, *et al.*, 1982). The reasons have been discussed previously by Foxx *et al.* (1985), and include (1) the possibility of adverse public and professional reactions, (2) the nature of the aversive stimulus, (3) "potential" legal and ethical problems, (4) safety factors, (5) the sophisticated accountability system that is required because of the "potential" for abuse, and (6) expertise concerns related to the individual(s) responsible for conducting the program.