



Arizona Association for Behavior Analysis

1800 E. Ray Rd., Suite 106
Chandler, AZ 85225
P: (480) 893-6110 F: (480) 935-5270
Email: arizonaABA@gmail.com
Website: www.azaba.org

Carey Beranek, BCBA, *President*
Jessica Painter, *Association Coordinator*

**Arizona Association for Behavior Analysis (AzABA)
Position Statement on the Use of Electric Shock in Treatment of Individuals with Disabilities**

The Arizona Association for Behavior Analysis (AzABA) is a scientific and professional reference group for all in Arizona who identify themselves as scientists or practitioners in disciplines that embrace the principles and practices of behavior analysis. AzABA provides a platform for members to engage in networking, continuing education, public policy, scientific research, and interdisciplinary collaboration. AzABA serves as an advisor to political, legislative, and policy-making bodies with respect to all matters pertaining to behavior analysis within Arizona. AzABA recognizes the difficulties faced by individuals who engage in challenging behaviors placing them at risk for injury, their families, and the practitioners assisting with treating these behaviors.

Contingent electric skin shock (CESS) is an unnecessary tactic with possible long term harmful physical and emotional effects (Zarcone, et al. 2020). The use of contingent electric skin shock is inconsistent with the ethical code of Applied Behavior Analysis and is outside of the scope of the practice of behavior analysis (BACB, 2020).

We believe that the treatment of individuals with developmental disabilities should be guided by the following principles:

- All individuals deserve access to respect, dignity, and safety
- Positive supportive procedures that focus development of adaptive capacities should be the focus on ABA treatment
- Procedures to reduce behaviors must be done in a manner that is consistent with our ethical code and includes oversight and compliance with all local, state, national, and industry guidelines for treatment

CESS does not align with the Behavior Analysts Code of Ethics (BACB, 2022). Our ethics codes require behavior analysts to engage in the following professional ethical behaviors:

- Treat all individuals with respect (Core Principle #2)
- Provide treatment within our scope of competence (1.05)
- Minimize risk of behavior change interventions (2.15)
- Recommend treatments based on behavioral function (2.14)
- Obtain consent and assent for treatment (2.11)

Further, we recognize that CESS has been banned by the Food and Drug Administration (FDA) (Federal Register, 2020) and is not a regular part of the training of behavior analysts (BACB, 2017). We recognize the use of CESS to be outside of the scope of behavior analysis and only to be administered under the supervision of a medical professional in a medical setting. There is evidence that these treatments have the potential for long term harmful physical and emotional effects (Zarcone, et al. 2020) and through the collected stories and testimonials from individuals and families who have undergone such treatment (Brown, 2021).

We do not support the dissemination of information about CESS within the behavior analytic professional community.

As affiliate chapters of ABAI we request the following actions to be taken by ABAI.

1. We urge ABAI's newly formed CESS task force to recommend a position statement against the use of CESS as a treatment strategy by the end of the year.
2. We request that ABAI place a moratorium on acceptance of any future presentations or workshops related to the use of CESS immediately.
3. We suggest that ABAI refrain from accepting sponsorship or exhibitors from organizations known to implement CESS.
4. We request increased transparency between the CESS task force and ABAI members in order to promote the advancement of ethical and humane behavioral science including but not limited to (a) making task force meetings public or making meeting recordings available, (b) sharing resources with membership, (c) disclosing conflicts of interest between ABAI and organizations known to implement CESS, (d) disclosing relationships between ABAI board members and organizations known to implement CESS.

State associations look to ABAI for moral and ethical leadership. Many state and international organizations are taking a clear stand against CESS. We are hopeful that ABAI will join us in our efforts to protect humanity and encourage ethical advancement of behavior science.

This document was developed by the leadership of several ABAI affiliated State Association chapters. The statement reflects the position of AzABA and does not assume the position of ABAI or any other affiliated organization.

References:

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Behavior Analyst Certification Board. (2017). BCBA/BCaBA task list (5th ed.). Littleton, CO: Author

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Federal Register (2020). 21 CFR Parts 882 and 895: 85 FR 13312: Banned Devices; Electrical Stimulation Devices for Self-Injurious or Aggressive Behavior (2020): A Rule by the Food and Drug Administration, Docket No. FDA-2016-N-1111, 2020-04328, 85 (45), 13312-13354.

Zarcone, J. R., Mullane, M. P., Langdon, P. E., & Brown, I. (2020). Contingent Electric Shock as a Treatment for Challenging Behavior for People with Intellectual and Developmental Disabilities: Support for the IASSIDD Policy Statement Opposing Its Use [<https://doi.org/10.1111/jppi.12342>]. *Journal of Policy and Practice in Intellectual Disabilities*, 17(4), 291-296. <https://doi.org/https://doi.org/10.1111/jppi.12342>