

Is Punishment Necessary in Brain Injury Rehabilitation?



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Objectives



Participants will be able to:

1. Define punishment
2. Describe clinical examples of punishment
3. Describe issues related to safety, civil rights, and ethics in treatment design.
4. Describe necessary preconditions for restrictive treatments.
5. Describe general approaches to decreasing unwanted behaviors.

What is Punishment?



What is Punishment?



Common usage

Clinically

What is Punishment?



Common usage:

A penalty imposed on an offender for wrongdoing.

Rough treatment.

What is Punishment?



Common usage examples:

Imprisonment

Job termination

Traffic tickets

Harsh words

Punishment Happens

Pain

Dental work

Confusion

Failure

Embarrassment

Unkind words

Public humiliation

Bad relationships

Car accidents

Unexpected bills

What is Punishment?



Clinical definition:

An environmental change contingent on behavior that produces a decrease in responding over time.

Lerman & Vorndran (2002)

Environmental Consequences




	Positive	Negative
Presented	Positive Reinforcement	Punishment
Removed	Punishment	Negative Reinforcement

Examples of Punishment



Situation	Response	Consequence	Long-term Effect
A driver is in a hurry to get to an appointment	The driver exceeds the speed limit.	The driver gets a speeding ticket.	The driver is less likely to speed in the future.

Clinical Examples of Punishment



Situation	Response	Consequence	Long-term Effect
A person is asked to take the garbage out.	The person is unhappy and throws the garbage at staff.	The person is required to take the garbage out for a week.	The person is less likely to have oppositional behaviors.

Environmental Impairments



Faulty contingencies

Insufficient reinforcement of adaptive responses

Punishment of adaptive responses

Reinforcement of aberrant responses


Clinical Examples of Faulty Punishment

Situation	Response	Presentation of Stimulus	Long-term Effect
An OT asks a man to make a purchase at the mall	A man attempts to make a purchase	The clerk is rude and humiliates the man	The man is less likely to purchase items in public

Clinical Examples of Faulty Response Cost

Situation	Response	Removal of Stimulus	Long-term Effect
A woman is allowed to go the movies by herself	The woman gets lost and returns to her group home late	The woman is not allowed to go out to eat with her roommates	The woman is less likely to attempt independent trips

Clinical Examples of Faulty Negative Reinforcement



Situation	Response	Removal of Stimulus	Long-term Effect
A child is being wheeled to PT	The child begins to scream and bite his hand	The aide returns the child to his bedroom	The child is more likely to scream and bite his hand

What Punishment is Not



Delivery of an unpleasant consequence following a behavior to decrease the future probability of the behavior.

What Punishment is



Clinical definition:

An environmental change contingent on behavior that produces a decrease in responding over time.

Lerman & Vorndran (2002)

Punishment Happens



Pain

Confusion

Embarrassment

Public humiliation

Failure

Fundamental Considerations in Treatment Design



1. Safety

2. Ethical treatment

3. Human rights

1. Safety



Freedom from threat of harm

Most important concern in providing treatment

1. Safety



All children with disabilities should grow up free from the use of restraint, seclusion, and aversive interventions to control their behavior, and from the fear that these forms of behavior management will be used on themselves, their siblings, or friends.

The Alliance to Prevent Restraint,
Aversive Interventions, and Seclusion


1. Safety



Trusting relationships between a child and a teacher, combined with a sense of safety are fundamental for healthy development. Aversives, restraint, and seclusion eliminate the opportunity for such an environment or relationship.

**The Alliance to Prevent Restraint,
Aversive Interventions, and Seclusion**

2. Ethical Treatment



Standards of conduct and moral judgment

Related to humane treatment

Use of validated treatments

Voluntary informed consent

3. Human Rights



- ✓ Personal liberties
- ✓ Humane treatment
- ✓ Effective treatment

3. Human Rights



✓ Personal Liberties

Bill of Rights

3. Human Rights



✓ Personal Liberties

“Balancing the rights to habilitation with the right to personal liberties: The rights of people with disabilities to eat too many doughnuts and take a nap.”

Bannerman, Sheldon, Sherman, & Harchik
(1990) *Journal of Applied Behavior Analysis*

3. Human Rights



✓ Humane treatment

Positive

Person-centered

Supportive

Coercion-free

Dignity respecting

Autonomy enhancing

3. Human Rights



✓ Effective treatment

Improves adaptive responding

Decreases unwanted behaviors

Ensures maintenance

Promotes generalization

3. Human Rights



✓ Effective treatment

Improves adaptive responding

Decreases unwanted behaviors

Ensures maintenance

Promotes generalization

3. Human Rights



✓ Effective treatment

Unwanted behaviors

Disrupt others' rehabilitation

Cause injury

Threaten others' safety

Limit vocational opportunities

Limit residential opportunities

Behavior Analysis



Analysis of environmental variables

Focus on overt behaviors

Evidence-based

Functional interventions

Focus on strengthening replacement behaviors

Objections to Behavior Analysis

- ... questionable and limiting in its benefit
- ... works best when a problem behavior needs to be eradicated—business as usual within the medical model.
- ... puts all of its attention on the problem and virtually ignores all other behaviors that may be viable and appropriate.

Condelucci (1995)

Viewpoints - Issues in Rehabilitation

Objections to Behavior Analysis - cont.



The more we use artificial inducements to motivate people, the more they lose interest in what we are bribing them to do.

We need to think through the approaches we use on people and consider other directions.

We need to build bridges, not use antiseptic actions that can polarize.

Condelucci (1995)

Viewpoints - Issues in Rehabilitation

Objections to Behavior Analysis



Behavioral approaches to treatment are
“authoritarian.”

Brandon (1988)
Social Work Today

Objections to Behavior Analysis



Behavioral approaches prescribe controlling and dominative caregiver behaviors that fail to teach the "inherent value in human presence, participation, and reward."

McGee, Menousek, & Hobbs (1987) *Community Integration for People with Severe Disabilities* (Taylor, Bilken, & Knoll- Eds.)

Objections to Behavior Analysis




Traditionally the cornerstone of most behavior programs has been punishment or ignoring behavior.

Gutierrez (1995)

Viewpoints - Issues in Rehabilitation

Essential Components of Behavior Analytic Programs



Person centered

Supportive

Simple

Consistent

Flexible

Positive

3. Human Rights



✓ Effective Treatment

We believe that the use of restraints is a failure in treatment.

Autism National Committee

3. Human Rights



Humane Treatment
Versus
Effective Treatment

Humane Treatment Versus Effective Treatment



Are they mutually exclusive?

Humane Treatment Versus Effective Treatment



"What's so funny about..."

Elvis Costello

Humane Treatment Versus Effective Treatment

Humane treatment?

Bone fracture

Knife wound

Stupor-inducing medication

Administration of noxious stimulation

Mechanical restraint

Requisites for Restrictive Interventions




1. The individual is in an enriched environment that promotes healthy, adaptive, and pro-social behaviors.

Requisites for Restrictive Interventions



2. Less restrictive interventions have been attempted, and shown to not effectively control the dangerous behaviors.

Unwanted Behaviors



Annoying

Noncompliance

Stigmatizing

Drooling

Disruptive

Vocalizations, banging objects

Dangerous

Aggression, self-injury, noncompliance,
elopement

Requisites for Restrictive Interventions



3. Any use of restrictive interventions is only one part of an individualized comprehensive program.

Requisites for Restrictive Interventions



4. Any proposed interventions have undergone:

- > Peer review by a Behavior Management Committee
- > Ethical review by a Human Rights Committee

Requisites for Restrictive Interventions



5. Written informed consent is obtained from guardians.

Requisites for Restrictive Interventions



6. Training of all staff members is documented.

Requisites for Restrictive Interventions



7. Active ongoing review of data to justify continuation as long as the procedure is in use.

Question



**Is Punishment Necessary in
Brain Injury Rehabilitation?**

Wrong Question



Why the Wrong Question?



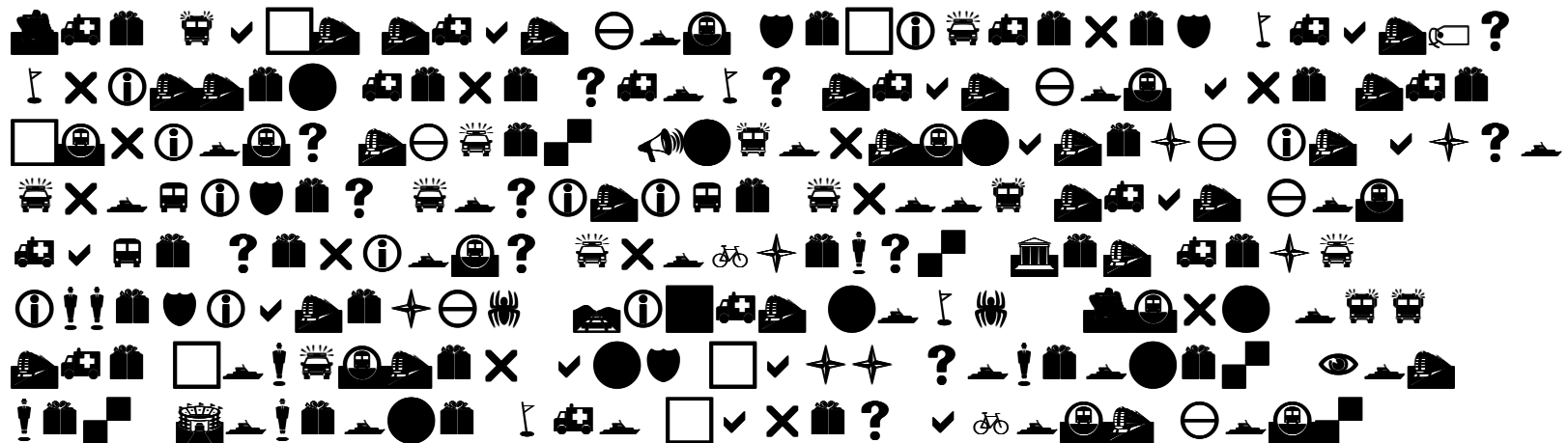
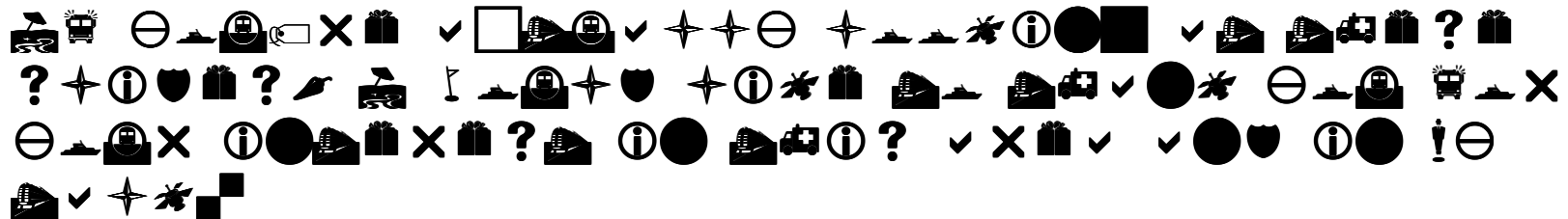
Is surgery necessary?

Is dentistry?

Are medications necessary?

Are PT/OT/ST necessary?

Answer



Answer



1. There is no simple answer.
2. There is no right answer.
3. It depends in part on how one defines punishment.
4. Hugs and kisses not enough.
5. Restrictive interventions are the real concern.
6. If necessary, restrictive interventions may not be inconsistent with right to humane treatment.
6. Who decides?

Question



Which is more humane?

1. Providing gentle treatment that is ineffective.
2. Providing effective treatment that restrictive

Answer



Question



Who should decide?

1. Politicians?

**2. Parents/guardians in conjunction
with professionals?**

Fundamental Considerations in Treatment Design



1. Safety

2. Ethical treatment

3. Human rights