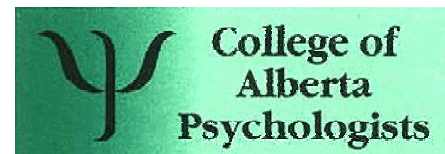


Professional Guidelines for Psychologists

THE USE OF AVERSIVE TECHNIQUES IN BEHAVIOUR MANAGEMENT

*Approved by CAP 1998
Revised by CAP December 2001*



THE USE OF AVERSIVE TECHNIQUES IN BEHAVIOUR MANAGEMENT

The CPA *Canadian Code of Ethics for Psychologists* (Third Edition) and CAP Standards of Practice govern the practice of Alberta psychologists and includes all therapeutic interventions. This statement of guidelines for the use of behaviour modifications provides interpretation of ethical principles specifically related to the practice of behaviour modification and behavioural interventions. Although other professionals who use behavioural techniques will be governed by their own professional codes of ethics, they may find these guidelines of value.

**PART 1
BEHAVIOURAL INTERVENTIONS**

1. Behavioural interventions should be applied only after an evaluation of the client's needs has been provided and a recommendation made by a professional that behavioural therapy is the treatment of choice. It is of utmost importance that the goals of treatment are of clear value to the client rather than for the convenience of staff.
2. Behavioural interventions using positive approaches (i.e., positive reinforcement, modelling), should always be the preferred procedure.
3. Behavioural interventions using aversive techniques should be considered the most invasive of behavioural procedures. Aversive procedures should not be applied without documented evidence that all less intrusive techniques have been tried without success. Aversive procedures are those which restrict the rights or inflict measures of mental or physical discomfort on an individual. Basic rights, which normally may not be denied, include food, clothing, shelter, privacy, and association with others. Exceptions to these rights would be acceptable only in extraordinary circumstances. Aversive programs must not be implemented without professional consultation. However, under certain conditions aversive techniques are a treatment of choice and it is professionally irresponsible to withhold such treatment, in consideration of the safety of the client and/or others.
4. If a program of aversive procedures is deemed to be the most appropriate for a client, such a program, once implemented, must be continually monitored by the supervisor and its effectiveness assessed on a regular basis. As soon as possible, aversive techniques should be phased out and replaced by programs using more positively based procedures.
5. Informed consent of the client must be a prescriptive and necessary feature of any behaviour modification program. "Informed consent" implies that the proposed program of intervention, and its goals and methods are discussed with the client and/or guardian. Treatment alternatives and client's rights are also discussed within the framework of informed consent, which should be obtained prior to treatment.

6. The client's progress should be discussed with the client and/or guardian at frequent intervals. The client's behaviour that is the target of the intervention should be monitored by the professional in charge and the client informed of the positive behaviours that are expected to replace the original inappropriate behaviours. The responsible professional must keep the client informed of short-term and long-term goals of treatment and treatment procedures and mediators.
7. The treatment plan must address a number of important issues before treatment commences. The American Psychological Association Commission of Behaviour Modification has recommended an evaluative checklist which is utilized by the American Association for the Advancement of Behaviour Therapy. This checklist addresses the following questions.
 - a) Have the goals of treatment been adequately considered?
 - b) Is the client's participation voluntary?
 - c) Does the therapist refer the client to other therapists when necessary?
 - d) Has the adequacy of treatment been evaluated?
 - e) Has the confidentiality of the treatment relationship been protected?
 - f) Is the therapist qualified to provide treatment?
 - g) When another person or agency has been empowered to arrange for therapy, have the interests of the subordinated client been sufficiently considered?

PART II
RECOMMENDATIONS FOR EMPLOYER ORGANIZATIONS

1. On-line supervisors of behavioural programs and their employers
 - a) On-line supervisors of behavioural programs should be held responsible for informing front-line staff of the codes and guidelines for the use of behavioural interventions.
 - b) On-line supervisors should be held responsible for the appropriate design and implementation of behavioural programs.
 - c) On-line supervisors should be professionals who have demonstrated both theoretical and applied expertise in the use of behaviour modification in a clinical setting.
 - d) Employers of on-line supervisors should be held responsible for ensuring that on-line supervisors are well qualified, and competent professionals. Professionals are accountable for all behavioural interventions with clients.
2. Front-line staff in behaviour programs

- a) Front-line staff should be under close supervision of senior staff until they demonstrate an acceptable level of expertise in the ethical use of behavioural principles. At this time, less stringent supervision may be instituted, recognizing the supervisor's ultimate accountability.
- b) Completion of special training, course work, or related instruction should be a minimal requirement for front-line staff, even with supervision/consultation.