

Punishment – Ethical Considerations

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Ethically, as human service providers, we have a responsibility to ensure that all positive interventions are tried and proven to be ineffective before we utilize punishment. Schools have a responsibility to teach socially significant behaviors. When we use reinforcement we are teaching behaviors. Punishment, on the other hand is an attempt to decrease a behavior. Punishment is defined as, “a stimulus change that immediately follows a response and decreases the future frequency of that type of behavior in similar conditions (Cooper, Heron, Heward, 2007).” We have a responsibility to teach behaviors before we resort to punishment. If we need to use punishment we must conduct functional assessment.

An individual has a right to programs that teach functional skills (see below The Right to Effective Behavioral Treatment). For skills to be functional they must generalize to other settings, persons etc. Punishment does not generalize easily. Functional skills “will require the acquisition, maintenance, or generalization of behaviors that allow the individual to gain wider access to preferred materials, activities, or social interaction” (Van Houten et al. 1988). A behavior is not functional if it does not produce reinforcement for the learner. Behaviors that are not followed by reinforcers on at least some occasions will not be maintained. Baer (1999) states, “A good rule is to not make any deliberate behavior changes that will not meet natural communities of reinforcement.” (Cooper, 2007 page 623). When we teach replacement behaviors we can teach generalization of skills. Punishment consequences, on the other hand, are hard to generalize. Punishment often will only work in the presence of the person or environment where the consequence was delivered.

An individual has a right to behavioral assessment and ongoing evaluation skills (see below The Right to Effective Behavioral Treatment). Schools have a responsibility to conduct functional assessment if they are going to attempt to decrease behaviors. The reason for assessment is we know the negative behavior is functional for the student, meaning, it works for the student or is a habit for the student. The negative behavior is how the student gets what he wants or needs. We cannot take that behavior away, for a student with a disability, without teaching an alternate replacement behavior that teaches the student to get what he needs in an acceptable manner. How do we find out what the student want or needs? Assessment.

IDEA Section 614 (d)(3)(B)(i) of P.L. 105-17 states that "in the case of a child whose behavior impedes his or her learning or that of others, the child's IEP [Individualized Education Program] team must consider, when appropriate, strategies, including positive behavioral intervention strategies and supports, to address that behavior." (Sugai, 4)

Punishment has a negative impact on students:

- “Students who are regularly the object of punishment may over time show a drop in positive attitudes toward school, resulting in poor attendance and work performance, have a more negative perception of teachers, and adopt a more punitive manner in interacting with peers and adults (Martens & Meller, 1990).” (“What Every Teacher Should Know About Punishment Techniques www.interventioncentral.org)
- "Shea and Bauer (1987) made a strong case for minimizing the use of punishment,..... because these interventions are likely to erode self-esteem and further impair an already strained teacher-student relationship.” (<http://www.ldonline.org/article/6030/>)
- “Punishment suppresses undesirable behavior but may not necessarily eliminate it (McDaniel, 1980). In some cases, suppression may be of short duration, and when the punishment is removed, the behavior may reoccur.” (<http://www.ldonline.org/article/6030/>)

Limitations of punishment

Effective educators clearly recognize the limitations of punishment: (“What Every Teacher Should Know About Punishment Techniques” www.interventioncentral.org)

1. Teaches students what not to do and fails to teach desired or replacement behavior
2. Effects are often short term
3. Teaches students to aggress toward or punish others
4. Fails to address the multiple factors that typically contribute to a student’s behavior
5. Likely to produce undesirable side effects (e.g., anger, retaliation, dislike toward the teacher or school, social withdrawal)
6. Creates a negative classroom and school climate
7. May act as a reinforcer (e.g., suspension may be more enjoyable than being in school)
8. May create negative emotional side effects (e.g., fear, anxiety)
9. Person(s) issuing punishers may become conditioned punisher
10. Person applying punisher may be reinforced for doing so (teacher experiences immediate relief once student is removed from classroom)

Ethics of punishment summarized by Cooper, Heron, Heward, 2007

“Selecting any punishment-based intervention essentially rules out as ineffective all positive or positive reductive approaches based on their demonstrated inability to improve the behavior.” (page 350)

Least restrictive alternative is a guideline to strategy implementation. Least restrictive to most restrictive is generally viewed as viewed as: (page 350-351)

Positive reinforcement ▶ Negative reinforcement ▶ Negative punishment ▶ Positive punishment

Some suggest that all punishment procedures are intrusive and should never be used: (page 350)

- Association for Persons with Severe Handicaps
- LaVigna and Donnellen 1986
- Mudford 1995

Others suggested that most people accept punishment interventions to reduce challenging behaviors as long as those interventions, Horner (1990): (Cooper 2007 page 350)

“Do not involve the delivery of physical pain...and are subjectively judged to be within the typical norm of how people in our society should treat each other.”

Ethical guidelines by professional organizations:

1) Ethical principals of Psychologists and code of conduct

<http://www.apa.org/pi/disability/resources/assessment-disabilities.aspx>

Guideline 20: Psychologists strive to recognize that interventions with persons with disabilities may focus on enhancing well-being as well as reducing distress and ameliorating skill deficits.

Because a disability often involves motor, cognitive, sensory, or mental health impairment(s), a psychologist may wrongly assume that a client with a disability wishes to focus primarily on the disability or its effects (Dunn & Dougherty, 2005; Dykens, 2006; Olkin, 1999b; Reeve, 2000). Although some clients with disabilities may struggle with feelings of loss or need appropriate skills training, many others simply want better lives. For example, some clients might want psychological support to enhance their quality of life by resolving relationship problems, making career choices, or developing strategies to transition to their next development stage (Eklund & MacDonald, 1991). It is increasingly recognized that people with disabilities, like everyone else, have unique strengths (e.g., Shogren, Wehmeyer, Buchanan, & Lopez, 2006). A client whose strengths are recognized and enhanced has a more positive self-image and ability to deal with life issues (Dunn & Dougherty, 2005; Dykens, 2006; Olkin, 1999b). Personal strengths include education, personality traits, creativity and talent, social relationships, and access to necessary supports. Interventions that consider the personal strengths of a client with a disability increase the individual's self worth, empowerment, and resiliency (Dunn & Dougherty, 2005; Dykens, 2006).

The choice of intervention depends on the client's reasons for seeking psychological services. Interventions may focus on increasing self-determination, or being empowered to make one's own decisions and choices about life (Duvdevany, Ben-Zur & Ambar, 2002; Nota, Ferrari, Soresi, & Wehmeyer, 2007; Shogren, Wehmeyer, Reese & O'Hara, 2006). Working with a client to develop his or her self-advocacy skills promotes self-determination (Goodley & Lawthom, 2006; Olkin, 1999b; Reeve, 2000). Individuals advocating for their own social, economic and political opportunities and personal relationship needs may have a greater sense of empowerment and well being.

Guideline 21: When working with systems that support, treat, or educate people

with disabilities, psychologists strive to keep the clients' perspectives paramount and advocate for client self-determination, integration, choice, and least restrictive alternatives

Many community agencies and systems influence the lives and psychological well being of individuals with disabilities and their families (DeJong, 1979; DeJong, 1983; Heinemann, 2005; Hernandez, Balcazar, Keys, Hidalgo, & Rosen, 2006). The psychologist who works with organizations that serve individuals with disabilities promotes inclusive environments and supports clients with disabilities by consulting with individuals and groups, working with collaborative teams, and creating beneficial adaptations, accommodations as well as enabling environments. A psychologist may advocate for persons with disabilities and family members to participate in agency leadership roles.

A psychologist supports the aspirations of clients with disabilities by involving each client in intervention and educational planning, and by emphasizing client self-determination (Bannerman, Sheldon, Sherman, & Harchik, 1990; Gill et al., 2003). For example, a psychologist working with an adolescent student who has an intellectual or learning disability should involve the student and family in developing an IEP and making life choices (e.g., Combes, Hardy, & Buchan, 2004). In order to promote client choice, a psychologist might train other service providers in active listening strategies or in ways to determine preferences of individuals with communication disabilities. Similarly, a psychologist might provide organizational consultation and skills training to a support group for adults with mobility impairments who are eager to advocate for social change (e.g., Hernandez et al., 2006). In each example, a psychologist works with disability service systems or support social networks to maximize the client's involvement in all appropriate decisions and ensure that the client receives appropriate services.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

2) The Right to Effective Behavioral Treatment, Association for Behavior Analysis, 1989

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1286137/pdf/jaba00098-0065.pdf>

<https://www.abainternational.org/about-us/policies-and-positions/students-rights-to-effective-education,-1990.aspx>

An Individual Has a Right to Programs That Teach Functional Skills

The ultimate goal of all services is to increase the ability of individuals to function effectively in both their immediate environment and the larger society.

An Individual Has a Right to Behavioral Assessment and Ongoing Evaluation

Prior to the onset of treatment, individuals are entitled to a complete diagnostic evaluation to identify factors that contribute to the presence of a skill deficit or a behavioral disorder. A complete and functional analysis emphasizes the importance of events that are antecedent, as well as consequent, to the behavior of interest. For example, identification of preexisting physiological or environmental determinants may lead to the development of a treatment program that does not require extensive use of behavioral contingencies.

3) Time out from reinforcement – only if in a BIP

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3089400/>

iii. *Time-out* from reinforcement is an evidence-based treatment intervention that involves reducing or limiting the amount of reinforcement that is available to an individual for a brief period of time. It can entail removing an individual from his or her environment, or it may entail changes to the existing environment itself. When time out involves removing an individual from the environment, it should only be used as part of an approved and planned Behavior Intervention Plan. Time out from reinforcement is not seclusion, but it may involve seclusion if it is not safe to have others in the room. In addition, some innocuous versions of timeout from reinforcement, such as having a child take a seat away from a play area, are not deemed to be intrusive. Such procedures are commonly used and are generally safe.

4) Guidelines for Responsible Conduct for Behavior Analysts (Behavior Analyst Certification Board)

<http://bacb.com/wp-content/uploads/2016/03/160321-compliance-code-english.pdf>

3.01 Behavior Analytic Assessment

(a) Behavior analysts conduct current assessments prior to making recommendations or developing behavior-change programs. The type of assessment used is determined by client's needs and consent, environmental parameters, and other contextual variables. When behavior analysts are developing a behavior-reduction program, they must conduct a functional assessment.

(b) Behavior analysts have an obligation to collect and graphically display data, using behavior-analytic conventions, in a manner that allows for decisions and recommendations for behavior-change program development.

4.08 Considerations Regarding Punishment Procedures.

- (a) Behavior analysts recommend reinforcement rather than punishment whenever possible.
- (b) If punishment procedures are necessary, behavior analysts always include reinforcement procedures for alternative behavior in the behavior-change program.
- (c) Before implementing punishment-based procedures, behavior analysts ensure that appropriate steps have been taken to implement reinforcement-based procedures unless the severity or dangerousness of the behavior necessitates immediate use of aversive procedures.
- (d) Behavior analysts ensure that aversive procedures are accompanied by an increased level of training, supervision, and oversight. Behavior analysts must evaluate the effectiveness of aversive procedures in a timely manner and modify the behavior-change program if it is ineffective. Behavior analysts always include a plan to discontinue the use of aversive procedures when no longer needed.

Reinforcement/teaching strategies

Specific and contingent praise

Reinforcement systems – group contingencies/individual contingencies

Token economy

Contingency contracts

Behavior Chaining

Behavioral Shaping

Self –management

Three term contingency – ABC teaching

Altering schedules of reinforcement

Prompting and fading

Modeling and imitation

Stimulus – response chains

Graduate guidance

Premack Principle

Non-contingent reinforcement

Pre-teaching, Pre-correcting (Priming)

Goal setting (long-term, short-term goals)

Response cards

Choral responding

Behavior Education Plan – Check In/Check out

Teaching social skills

Good Behavior Game

Peer Tutoring – Classroom Wide Peer Tutoring

Decreasing behavior without punishment

Differential reinforcement of other behavior

Differential reinforcement of alternative behavior

Differential reinforcement of low rates of behavior

Differential reinforcement of incompatible behavior

High- probability request sequence – behavior momentum
 Altering motivational operations and discriminative stimulation
 Non-contingent reinforcement

Punishment

Time out from reinforcement
 Time out room/hallway/partitioning
 Response Cost
 Overcorrection
 Blocking

School to Prison Pipeline

“The ACLU is committed to challenging the “school-to-prison pipeline,” a disturbing national trend wherein children are funneled out of public schools and into the juvenile and criminal justice systems. Many of these children have learning disabilities or histories of poverty, abuse, or neglect, and would benefit from additional educational and counseling services. Instead, they are isolated, punished, and pushed out.”

<https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline>

How schools can avoid the pipeline

How can school districts divert the school-to-prison pipeline?

1. Increase the use of positive behavior interventions and supports.
2. Compile annual reports on the total number of disciplinary actions that push students out of the classroom based on gender, race and ability.
3. Create agreements with police departments and court systems to limit arrests at school and the use of restraints, such as mace and handcuffs.
4. Provide simple explanations of infractions and prescribed responses in the student code of conduct to ensure fairness.
5. Create appropriate limits on the use of law enforcement in public schools.
6. Train teachers on the use of positive behavior supports for at-risk students” (Elias, page 40)

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“What Every Teacher Should Know About Punishment Techniques”
www.interventioncentral.org

<http://www.ldonline.org/article/6030/>