

Thank you for the opportunity to speak this morning. My name is Barbara Trader, and I'm speaking today as the Executive Director of TASH, the nation's leading advocacy organization for people with significant disabilities, behavioral challenges and support needs. TASH's advocacy positions are founded in research, and roughly 60% of our members are education and behavioral researchers. I am also here as the Chair of the Alliance for the Prevention of Restraint, Aversive Interventions and Seclusion.

On behalf of TASH and APRAIS, I urge the FDA to ban the use of electric shock devices for behavioral control for all populations. TASH has been working toward the elimination of aversive interventions for more than 30 years. In these three decades, we've learned that:

1. The nation's leading behavior scientists are opposed to the use of aversive methods
2. Professional groups are not in support of the use of aversive methods
3. Parent groups are universally opposed to the use of any aversive methods that cause pain, loss of dignity, and are differentially applied to children with disabilities
4. Advocacy groups are universally opposed to aversive methods

In 1990 – 24 years ago, the nation's leading researchers on behavioral support for people with severe disabilities declared "the routine use of procedures that deliver pain (such as shock, pinching and slaps), procedures that result in harm (such as bruises, cuts and broken bones) and procedures that are disrespectful or dehumanizing (such as facial sprays, shaving cream in the mouth, foul smells) are no longer acceptable."

APRAIS was formed in 2004 and now numbers 29 organizations, 26 of which are national in scope. These organizations include civil rights advocates; state agencies; education, mental health and medical professionals; and behavioral and education researchers. They also include four organizations that are led and operated by people with disabilities, and nine organizations that are parent-led. Together, these organizations represent well over one million members.

APRAIS' vision is clear – that all children with disabilities should grow up free from the use of aversive interventions, restraints and seclusion to respond to or control their behavior, and free from the fear that these forms of behavior management will be used on themselves, their siblings or their friends.

Most APRAIS members and many other national organizations have position statements against the use of aversive procedures on people with disabilities. Three examples include

- "The Arc and AAIDD are opposed to all aversive procedures, such as electric shock, deprivation, seclusion and isolation."

- “Strategies that would be considered inappropriate, unethical and even abusive when used with non-disabled children should not be condoned, nor considered “treatment” or part of a “behavior plan” if the child has a disability.” *National Down Syndrome Society*
- “The use of electric shock therapies to the skin ... and other inhumane treatments should not be allowed under any circumstance.” *The Self Advocacy Association of New York State, Inc.*

Over these past thirty years, the disability and behavioral health fields have moved aggressively away from old attitudes and beliefs that made the use of aversive behavioral management strategies possible. We now view people – no matter the extent of their disability – as fully human, and people who need support, *not control*, in order to thrive. Professionals and families are working together to advance the full participation in all of what life has to offer to all people – including those with the most significant impact of disability. These cultural shifts coupled with increased knowledge have led the federal government to take important positions on behavioral management strategies. For example, the Department of Education’s Resource Document for schools makes clear that “any behavioral intervention must be consistent with the child’s rights to be treated with dignity and to be free from abuse.” SAMHSA’s National Center on Trauma-Informed Care calls for all behavioral intervention strategies to be guided by the understanding that people with behavioral challenges most likely have a history of trauma – and that violent responses to behaviors are not helpful and instead, make behaviors worse.

As a society, we’ve made great strides in disability rights over the past 30 years. As a field, we’ve learned how to skillfully support people with the most significant behavioral challenges. Therefore, it is of great importance that this panel bans the use of these arcane, morally repugnant and inhumane shock devices.