

N. Y. STATE

and Developmental Disabilities

TO: Fred F. Finn, Deputy Commissioner  
for Program Operations

FROM: *BH* Barbara Hawes, Director for Program Services

SUBJ: Behavior Research Institute, Providence, Rhode Island



The January site visitation team from the State Department of Education and the Office of Mental Retardation and Developmental Disabilities has completed its report on Behavior Research Institute, Providence, Rhode Island.

We trust that this will supplement and reinforce the verbal and anecdotal reports which were given to you immediately upon our return from that school which serves autistic and other developmentally disabled children.

**INTRODUCTION**

The Behavior Research Institute (BRI), Providence, Rhode Island, was visited by an interdisciplinary team from the Office of Mental Retardation and Developmental Disabilities on January 9, 10, and 11, 1979. Authorization to conduct the visit and notification to BRI was provided by the State Education Department. A Regional Associate from the State Education Department, accompanied the team to BRI on the first day of the visit.

One purpose of the visitation was to conduct an unannounced follow-up visit to a November, 1978 on-site assessment of the BRI program which was carried out by a New York State interagency group. As a result of findings of this interagency group, a lengthy report was prepared and submitted to Dr. Matthew Israel, Director of the Behavior Research Institute, citing areas in

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which the education and treatment program of that school did not comply with New York State law and New York State Commissioner of Education rules and regulations. As a result of the November visit, BRI was asked to modify its program, to redirect its utilization of staff and facilities, and to bring its services into compliance with appropriate federal and state mandates. BRI had been notified that an unannounced site visit would be made to evaluate its progress on these matters.

An additional important purpose of the January visitation was to observe, individually, the fourteen New York State children currently residing at BRI and to conduct psychological and educational assessments of these individuals. Such evaluation was necessary to assess the appropriateness of the BRI program and to plan for those youngsters should they return to New York in the near future.

The following report is intended to supplement the initial site visitation report, and will not repeat in detail the basic descriptions or regulatory deficiencies cited in that report (See November site visitation report, letter to Dr. Matthew Israel, December 15, 1978). The present report will focus on any changes which have occurred since the November visitation and any areas of observation not noted in the November report.

The January team carried out its responsibility by performing the following functions during the three day visitation: participating in a tour and general overview of the BRI program; viewing BRI admission films, both the prepared films and some

unedited films of New York State clients; conducting individual psychological and educational assessments of all New York State students; performing classroom observations of all New York students on an individual basis; reviewing each client record; observing, either evening or morning, each residence which accommodates youngsters from New York; and holding brief discussions with Dr. Israel and more lengthy discussions with staff -- the assistants to the director, the education consultant, the lead teacher, the lead treatment programmer, the registered nurse, and some of the teachers, treatment coordinators, and treatment workers.

BRI staff was generally cooperative during the visit and provided assistance during the testing procedures. They also obtained necessary records for review. As Dr. Israel stated, BRI wished to make certain that the visitation team was not denied access to pertinent information. Nevertheless, relations between the BRI staff and the visitation team became increasingly strained during the three days. During that period, articles appeared in several newspapers regarding the controversy over the treatment program administered at BRI.

Student Characteristics:

At the present time, BRI serves 16 clients whose families reside in New York State. One client is a private student, a young adult, whose parents are paying the tuition costs independently. The remaining fifteen youngsters are enrolled under the auspices of New York State agencies. The November report indicates a total of 14 New York students. The additional

student represents one child who was admitted to the program after the November site visit.

Most of these youngsters exhibit serious behavioral disorders with documented histories of aggressive, destructive, self-abusive, dangerous, or severely inappropriate behaviors. A review of the educational histories of the youngsters shows that many have been in a variety of residential settings in the past--residential treatment centers for the emotionally disturbed, private schools or developmental centers for the mentally retarded, and programs for the autistic or neurologically impaired. Perhaps the most remarkable feature of their educational histories is the number of prior schools that individual children have attended, and the number of other programs which have refused to accept them as students. Several students were only recently transferred to BRI, with the most recent admissions in October and December of 1978.

Individual student psychological and academic evaluation were completed with each child. They give evidence of severely handicapped youngsters. Tests were administered without reward or punishments. Many students demonstrated that they would not participate without the use of a continuous reward system and several reverted quickly to inappropriate behaviors when they discovered that punishment would not be applied.

Notably, one child who had been evaluated only a year earlier by the same psychologist seemed unable to perform at the same cognitive level as he had previously. He could no

longer perform such simple tasks as matching colors, and appeared inattentive to the external environment.

Physical Facilities:

The BRI school facility is a rented, two story brick building which is located on the property of a Roman Catholic Parish. The school formerly served as a parochial grammar school.

The school is located in a residential neighborhood of Providence and is generally in good repair. The front hallway is a spacious, carpeted area which serves as an office for some of the clerical staff. The upper level is almost entirely used by professional and clerical staff for office space and meeting areas, with one classroom for the most advanced students. No New York State students participate in that classroom.

The lower level of the school is predominantly program space. There are five classrooms on this floor, with accommodations ranging from carpeted, nicely decorated rooms, to areas that are reconverted gymnasium space, with hardwood floors and high-set windows. The classrooms offer ample program space. They are uniformly furnished, having one teacher's desk, and a number of long tables and chairs for students, or individual student desks and chairs. Most classrooms have shelf space and are equipped with a variety of manipulative materials. The rooms were decorated for the holidays and all shades were opened which permitted natural lighting.

Also on the lower level is a bathroom area which has a number of toilets, sinks, and a shower stall to accommodate

the aversive technique of the "cool shower." A food preparation area is also found on the lower level.

The five group homes in which the children reside are all located in Massachusetts. Three of these are modern ranch-type homes within suburban residential communities in Attleboro, Massachusetts. Two are within the same residential development. The three homes are basically the same style, a raised ranch with a living room, a dining room, a complete kitchen, bathroom facilities and three bedrooms. The furnishings and decorations are very attractive, with the exception of the dining room area which is furnished with a long folding table and chairs, duplicates of the furniture in the school. This institution-type furniture does not lend itself to the environment of the home. The dining room serves as the primary area for carrying out the behavior modification program in the residences.

The fourth group home in Seekonk, Massachusetts is an older two-story house, also located in a suburban residential area. This home is not as well maintained or as nicely furnished as the other homes. Nonetheless, it appears to be adequate. This particular home has a kitchen, bathroom, a number of bedrooms both upstairs and down, and a dining room area which is also furnished with institution-type furniture. There is no living room area set up in this home and there is no television or stereo in evidence. It was not apparent where the children in this home would spend any leisure or "free" time, if given the opportunity. A fifth group home operated by BRI in Rehoboth,

Massachusetts was not visited because none of the New York State children reside there.

Generally the group home facilities are very adequate. The houses themselves are nicely furnished, and well maintained. Locations are within established communities, however, it did not appear that shopping areas or recreation facilities were nearby. There are televisions, stereo record players, and other appropriate kinds of furnishings in most of the houses.

The set up of the dining room where the children spend the major portion of ~~their time~~ in after-school programming is out of place in a home setting.

The houses were also equipped with such items as electric alarms connected to some of the beds. These sound if a child leaves his bed. Also in the bedrooms, one of one children was observed being restrained in her bed by leg and arm restraints tied to the four bed posts (spread eagled). (Despite these restraints, she continued to bang her head on the mattress.)

These kinds of equipment and practices were not appropriate to the home environment.

Staff:

BRI is staffed with paraprofessionals and professionals from a number of disciplines. Directed by Dr. Matthew Israel, a Psychologist, the school employs special education teachers, a psychologist, social workers, a part-time nurse, consultant staff, and paraprofessional treatment workers. Each classroom area is supervised by a teacher who writes the goals and helps to implement some of these. Paraprofessional treatment workers in each classroom also implement the program on both a

individual basis. Support staff includes clinical workers and those who help to prepare and distribute the food for the "mini-meal" component of the program.

The group homes are staffed by paraprofessionals who carry out the treatment programs in the residences. Group home routines are scheduled and supervised by professional staff members.

Daily Routine for Residents:

The children rise at approximately 7 a.m. and begin to dress and get ready for the day. Since breakfast does not begin until the children arrive at the school, morning in the home allows for personal hygiene and dressing activities. Vans transport the children for approximately a 30 minute ride to the school. A few of the children are restrained with handcuffs and vision-blocking helmets for the entire ride. Notably, one New York resident was handcuffed behind his back during all travel. His back deformity made this posture appear most uncomfortable.

The children arrive at the school about 9 a.m.. At this time, they are toileted and begin the daily routine. The school day extends from 9 a.m. until 5 p.m.. Most notable in the daily routine is the lack of any normal reference points such as lunch hour or recess time. Children begin working as soon as they arrive at school and continue throughout the day. Tasks vary somewhat depending upon whether the child is working in a small group setting (4-6 children) or on an individual basis.



These different grouping patterns provide the child with most of the programmatic variety he experiences during the school day. Since "background tasks" (such as stacking rings and shape boxes) are constantly provided, the children are almost never idle. One further notable part of the daily routine for the children is the visit by the school nurse. Once each day, each child disrobes so that the nurse can check his body for bruises or other injuries which result from the aversive techniques applied in the treatment process.

The children leave school at approximately 5 p.m.. Once again, they have a 30 minute ride back to the residences. The written evening schedule includes: 5:30 to 6:30 p.m., exercise time; 6:30 to 7:30 p.m., work on self-care skills; 7:30 to 8:30 p.m., work on programs in a group setting; 8:30 to 9:30 p.m., work on individualized tasks. This schedule was not followed during direct observation of the homes.

The team observed three of the group homes one evening from about 5:30 to 7:00 p.m.. Despite the written schedule in all three of the homes, the children were seated in the dining area at a long table performing manipulative tasks. A treatment worker was implementing the program and providing each child with bites of his dinner as a reward for tasks completed. In each home there was also one child working on individual basis in the kitchen area, where he also received dinner as a reward.

The evening meal consisted of a hot dinner, but was eaten in small amounts over the course of 1-1/2 to 2 hours. When asked about attempts to keep the dinners warm for the children,

staff replied that hot water based dishes were tried once but proved to be too inconvenient. Therefore, the children actually receive only a few bites of a hot meal during the course of the day. The rest of the food is either cold when served or becomes cold before it is consumed. Staff reported that their physician assured them that nutritional value is not lost if the food becomes cold.

There was no evidence of leisure activity taking place in any of the group homes during either the evening or morning visits. Televisions and stereos were in evidence, but were not in use. Further, it could not be determined how much opportunity the children have to play out of doors. The site visit did occur during a time of very cold weather.

It is important to note that the above routine takes place seven days per week. The children attend school on Saturday and Sunday and there are no adjustments in the weekend schedule.

Staff Routine:

The treatment staff work a variety of scheduled shifts. Treatment staff who work at the homes in the morning, accompany the children to school for part of the day. Some staff begin work in the afternoon at the school and return to the group homes to implement the evening programs there. Some staff have a rotating schedule to provide weekend coverage. Some professional staff work from 9:00 a.m. to 5:00 p.m., only Monday through Friday. Other professional staff, such as teachers, share weekend duty. At night, there is one staff person awake.

and on-duty. A second employee is asleep and on call.

Staff time was rigidly structured and tightly planned. The amount of continuous effort expected of, and received from, the staff was remarkably high. Staff interacted continuously with the students constantly administering primary rewards, praise or aversives. Staff members receive a one-half hour lunch break during the day which is their total relaxation time. When asked about other breaks in the routine, one staff member stated that she considered the time she spent working with individual children (as opposed to working with groups of children) to be "break time."

Major disruptive behaviors and the use of aversive consequences were observed to occur more and more frequently as the day progressed. Mid-mornings appeared the most orderly; late afternoons, the least.

Treatment Program:

As stated in the November report, the fundamental premise of the treatment program is that the insights, perspectives and approaches derived from behavioral psychology, with particular emphasis on operant conditioning and the experimental analysis of behavior, are the most effective tools for understanding and for changing human behavior. Therefore, BRI seeks to create an institutional and treatment environment that is as thoroughly and consistently behavioral as possible.

Fundamental to the total treatment program is a system of primary rewards, food and liquid, for the performance of

designated tasks, and a system of aversive treatment for demonstration of identified inappropriate behaviors.

Students are rewarded throughout the morning with small bites of cold cereal and milk, throughout the afternoon with small bites of sandwiches or vegetables, and throughout the evening with bites of their dinner. Liquid rewards in the form of sips of milk or juice are interspersed with the food rewards. For most youngsters, the food rewards were kept in small plastic dishes and fed into their mouths on plastic spoons by treatment workers. Liquids were administered in paper cups either by a treatment worker or by the child himself. Some liquid reinforcement was squirted into children's mouths from a plastic spray bottle.

Aversive techniques are administered immediately as a consequence for an identified inappropriate behavior. One New York child has 35 behaviors identified as punishable. A complete listing of target behaviors and the established aversive consequences is attached to this report. It represents a typed copy of the daily check list which is taped to each student's table. A sample of an original, hand-written check list is also attached.

In order of severity, the aversive consequences used at BRI are as follows:

1. Ignore behavior
2. A firm no
3. Token fine
4. Water sprayed in the face
5. Spank or spans to the buttocks

6. Spank or spanks on the thigh
7. Pinch to buttocks
8. Pinch to hand
9. Pinch on the bottom of the foot
10. Muscle squeeze, (thigh muscle)
11. Muscle squeeze, (shoulder muscle)
12. Brief cool shower (55° for 30 seconds)

Newly designed aversives:

1. Ammonia pellet to nose
2. Time-out helmet with either or both
  - . a facial screen attached to the front of a helmet that eliminates vision, and
  - . a masking noise, "white" noise, sounded in the earphones of the helmets to eliminate hearing of ordinary sounds

Variations on the techniques occur.

For example, pinches may be designated for application in a variety of ways--with the fingernails, or with a rolling motion. They may be applied to the sole of the foot, to the back of the hand or to the buttocks. More than one pinch may be the consequence for a certain behavior.

Further, aversives may be combined. For example, for a serious offense (biting others), one New York student receives ten spanks on the buttocks, ten rolling pinches on the arm, a cool shower, and time out in a helmet with vision restricted and white noise to mask sounds.

Parents must sign permissions so that BRI may administer these consequences. At the signing, parents are notified that such treatment may cause bruising and subsequent skin discoloration. Although the written permissions indicate that parents will be notified of any injuries, the assistant to the director indicates

that this means only unusual injuries. Routine bruising is not reported to parents.

No signed permissions were noted in the files for the newer aversive methods--the time-out helmet, with blocked vision and masked hearing; and the use of an ammonia pellet to the nose.

One final discrepancy was noted in the signed permissions and the application of the aversive consequences. The permission for the water squirt indicates that water will be sprayed on a child's forehead, and that a child will wear a plastic smock during this treatment so that he and his clothing will not become wet. He must also be dried periodically. Without exception, observed water sprays were applied to the cheek, no child wore a plastic smock, and no child was dried, even after repeated spraying.

When questioned about this discrepancy, Dr. Israel reported that the smocks were easily torn and inconvenient, and were no longer in use.

The "cool shower" is administered in a bathroom on the lower level of the school. The shower stall is built into the main part of the bathroom, and is regulated by time and temperature controls, which do not allow the water to fall below 55° and which regulate the amount of time the water will remain on (reported to be 30 seconds). In addition, there is a log which must be signed by the treatment worker who administers the shower, as well as a locked tally which records daily and

cumulative use of the shower. A reading is made of that tally on a daily basis by the maintenance person.

The shower is applied through a garden hose and a hand-held, gun-type spray nozzle. Although it is described as a "cool shower", the 55° water felt cold to the touch.

New York students were observed being pinched, spanked, placed in the time-out helmet, sprayed with water, and receiving various lesser consequences.

After one New York State client was pinched on the foot, he walked to the classroom door, and another time to the bathroom, with his toes curled and the weight on his heels. This prevented his whole foot from touching the floor. He was chided by his treatment worker for "pretending to be injured."

Programmed Opportunities:

Behavior Research Institute does not attempt to prevent a student from exhibiting a behavior. That is, no attempt is made to divert or redirect a student when he becomes upset or is about to engage in an inappropriate or harmful behavior. If a child is upset, and is about to hit himself, staff will not intervene by redirecting him to a task or holding his arm-- both accepted educational interventions. Rather, the staff prefers to have the child exhibit the behavior so that they might utilize the planned aversive. In order for behavior modification to be effective, the behavior must be exhibited frequently enough so that the child learns the consequence of that behavior.

When the target behavior does not occur spontaneously as often as is necessary in the program, the staff set up "programmed opportunities" for the behavior. For example, [REDACTED] steals food and beverages. In order to eradicate that behavior, the staff prompts her to steal juice so that they might punish her for that behavior. The instructions, taped to her classroom table read as follows:

Stealing Opportunities

"[REDACTED] is to receive one stealing opportunity per hour. She should be prompted to steal a juice squirter and a spank is to be administered. If [REDACTED] does actually steal the juice she is to receive the helmet and white noise for 15 minutes. Please record pass/fail of opportunities and any appropriate comments."

In a similar opportunity, [REDACTED] is being trained to "accept disappointment." When he has performed a task which earns him a sip of juice or a bite of his meal, he is denied that reward. He is punished if he protests the fact that his reward was not given. The instructions taped to his table read as follows:

Accepting Disappointment

Three times during the hour, when [REDACTED] earns juice or food for task completion or good working--do not give the reward and say "no reward this time, go back to work please." Wait a few minutes and if [REDACTED] accepts the disappointment (does not display any inappropriate behavior) reward with sip of juice. If [REDACTED] does not accept it, consequence the behaviors displayed.

Such denials of earned rewards cannot be construed as "fading" the need for primary reinforcers. The intent and application of this procedure is very different.



Further, this observation team concludes that such practices constitute entrapment of students.

Health Services:

The site visitation team was not permitted to accompany the part-time registered nurse on her daily rounds. During this time, she regularly inspects each child to observe any markings or bruising which have occurred as a result of the aversive techniques employed in the treatment program. At the same time, she inspects for any other injuries which may have occurred.

The nurse described her procedures to one member of the visitation team and explained that she performs her inspections within the classrooms. This statement was refuted by both assistants to the director. They explained that she must have meant that she examines the children in the cloak rooms adjacent to the classrooms. One assistant stated that he could not permit observation of the nurse's inspection on two grounds: first, the privacy of the students must be respected, and secondly, the November visitation team from New York had observed this process. They recorded the bruises and marks on the bodies of 27 youngsters. This report was "damaging" to BRI. Further, the assistant explained that an observation would most probably yield the same data as had been obtained by the earlier team. He, therefore, thought direct observation was unnecessary.

The team argued that the nurse's inspections were considered an integral part of the treatment plan, and to the best of its knowledge, were still conducted within the classroom. On that basis, it requested to accompany the nurse on those portions of the inspection which took place within the classroom. While the assistant agreed to that arrangement and agreed to schedule the observation, the nurse performed her inspections, avoiding the team. It was noted that children were withdrawn from the classrooms and brought to the bathroom for this procedure.

As described in the earlier report, the nurse has the responsibility to redirect the application of aversives to other parts of the body, when any area becomes too injured to sustain further treatment. The nurse is the sister of the man who develops and supervises the implementation of the aversive techniques.

During classroom observations, when aversives were being applied, it was possible to inspect areas of the children's bodies. When a child is spanked, his pants are pulled down in the classroom, making it possible for anyone to observe his bare buttocks. At that time, red markings, bruises and apparent scrapes on the buttocks of several youngsters were noted.

Further, several children had marks and bruises on their necks and shoulders, on the backs of their hands and on the soles of their feet.

While discussing health care services, it is important

to note that the registered nurse provides services seven days each week, for a few hours each day. Even though she does not routinely have days when she is not on duty, she is provided back-up coverage by a licensed practical nurse who is responsible for school food preparation. Despite the fact that she works each day, the registered nurse is not responsible for the medications administered to the students. This responsibility falls to the licensed practical nurse. While we were told that the licensed practical nurse administers all medications, we directly observed medication being administered by a young food service worker who was bringing the sandwiches to the classroom at noon time.

Student Appearance and Attire:

The students were attractively groomed and attired for the duration of the visit. No New York State student was wearing short pants (gym shorts with elastic waists), as was described as typical attire in the BRI literature. The purpose of such pants is to enable staff to immediately remove them, as needed, for a pinch or a spank to the buttocks. The team did note that <sup>two</sup> ~~the~~ other students of the school were attired in such pants, and that staff had considerable difficulty in removing the long pants, with belts, on New York students.

Dr. [REDACTED] was asked whether or not the children were attired differently for the benefit of the site visitation team. He replied that it was entirely possible that special effort had been made to dress the children for the visitors, as everyone

likes to "put their best foot forward" when under observation.

Language Used by Staff and Children:

The BRI staff use language extensively to keep children directed to their tasks and to provide verbal reinforcements or verbal reprimand. In fact, each classroom is under a continual verbal barrage. Most of the statements made by staff to students refer directly to tasks and appear to be distorted, one-way conversation. They do not allow for response and do not provide the students with a good model for imitation. Some of the language patterns frequently used by staff in their day-to-day interactions with the children include rapidly stated phrases, such as:

- "Good task right"
- "No task wrong"
- "No self restraint"
- "Good appropriate conversation"
- "Good no getting out of your seat"
- "Good working without stopping"

These are repeated over and over as a treatment worker walks up and down the table attending to the students. The children, on the other hand, are rewarded for speaking in complete sentences, even when a phrase is more appropriate. For example, they respond to simple questions such as "What is your name?" "Where do you live?" "How old are you?" and they must answer with a full sentence response. "My name is \_\_\_\_\_." These questions are asked at random intervals throughout the day at times when there is no connection between what a child is doing and what kind of question he is asked. Therefore, the

verbalizations evoked from the children are isolated and meaningless in the context of what is occurring. A child who answers the irrelevant questions satisfactorily might be rewarded by the response, "Good appropriate conversation."

The language used by many of the children is stiff and unnatural. Words are sharply cut off; voices are expressionless; there was little or no evidence of spontaneous speech on the part of the children; and it does not appear that spontaneous speech is encouraged by staff.

Some utterances by children who were lower in expressive language ability were punished because they were viewed as inappropriate noises. Therefore, for some children, spontaneous verbalizations, babbling, and speech-play were systematically and harshly discouraged.

It must be emphasized, however, that some of the non-verbal children were being taught to communicate through the use of simple signs. For some of those students, (most notably for [REDACTED], who is deaf), this mode of communication is highly desirable and is being appropriately taught and utilized.

## Comparison of Philosophy and Actuality

Behavior Research Institute has prepared a number of publications to describe the program and to explain the framework for the treatment. Actual observation of the program highlighted some discrepancies between the written objectives and the actual implementation. The following four articles are provided as basic literature describing the program with which direct observations are compared:

1. "The Treatment Of Autistic Children And A Proposal For Their Future." Published in Autism: Diagnosis, Current Research and Management. Edited by Ritvo, Halsted Press, 1976. Prepared at BRI June 14, 1975.
2. "Assumptions Of The BRI Program And The Selection Of Rewards And Aversives." October 11, 1977.
3. "The Goodie Spank." November 3, 1978.
4. "Basic Policies Of Behavior Research Institute." November, 1978.

The program described in the June 1975 article is a day treatment program with available residential components. In addition to the actual program for autistic youngsters, part of that program was to provide training for parents whose children were not enrolled in the BRI school, to conduct workshops for other professionals and to offer consultation services. The ultimate goal was to devise a set of services that would enable autistic people to live dignified, non-institutional lives.

In this initial program, students were to have individually designed program plans. The plans were to lead to the development of a set of cards for each student which indicated the tasks he was to perform at school. The student was to be responsible for looking at his cards, securing and initiating the task, completing it, and signalling that he had finished his work. He was to be rewarded and then to move on to another task. Direct observation of the program did not demonstrate this self-initiative. Rather, students were given tasks to perform and to repeat over and over again. One child performed the same stacking ring 18 times in a 45 minute observation period. ~~That same evening, he~~ was instructed to complete the stacking ring task again and again in his resident. Another child put the same cardboard puzzle together three days in a row. And a third child played with a "Lite brite" peg board at school and again at his residence. Each of these children was in dire need of language development, self-care skill training, and gross motor development.

In the BRI literature prepared in 1975, contracts between a student and his treatment worker are described. The student and worker were to mutually define a task, to establish a criterion for success, and to select a reward for successful completion. Upon program observation, the contracts had become unilateral decisions by the staff. ~~Kitchen timers~~ were set for a specified period. If a child did not exhibit a specific inappropriate behavior during that period, he was rewarded for its absence.

Throughout all articles, the mini-meal concept is described, whereby children receive their meals, in bites, as rewards for performance. The 1977 article describes this procedure as one in which the meal is placed in front of a child. When the child has performed, the worker tells him to take his reward, once the student rewards himself "in a dignified way without having to be spoon-fed by the teacher." Contrary to this description, virtually all observed students were spoon-fed by the treatment workers.

A singular exception was a young man who was observed in his residence in the evening. He sat with his dinner plate in front of him. He performed his background task until the treatment worker told him to take a bite of food, after which he would then take one bite of his dinner.

The treatment worker was asked whether or not the child could take a bite of his food without instruction, if he had performed his task successfully. Regardless of whether or not the reward was justified, if the child took a bite of his dinner without instruction, it would be considered "stealing food". An aversive for "stealing food" would then be administered.

One additional discrepancy should be noted between the literature and the observed practice. The 1975 article describes a planned transfer of control of a student's behavior. That is, after a length of time in which the student no longer demonstrates an inappropriate behavior, the behavior and its aversive consequence are withdrawn from the list of target behaviors. Staff



reported that this was not the case. A behavior and consequence remain a part of a student's program. If he should ever exhibit the behavior no matter what the duration, intensity, or frequency, he will receive the same aversive that was initially established. This is an important point, because the severity of the aversive is chosen by ascending the hierarchy. There is no comparable system for earning a way down the hierarchy. Likewise, there is no way for a child to earn his way to full meals. As he improves his performance, the staff merely increase the effort he must make to earn small pieces of his meals.

CONSIDERATIONS: AND OPINIONS:

Over the course of the three day visitation, the January team found BRI to be a professionally conceived, well documented, and rigidly implemented behavior modification program. Its effects on the students was the singular most depressing experience that team members have had in numerous visitations to human service programs.

Rather than being a program of neglect which harms children by not assisting them in growth, the BRI program utilizes a current professional ideology to deny children the opportunity to grow; to deny them any choices; to deny them developmental experiences in decision making; to deny them normal experiences in leisure-time pursuits; to deny them any opportunities for fun; to deny them an opportunity to demonstrate anything other than a few pre-selected responses.

Superficially, and on a brief tour of the school, the program is very impressive. Children, who are obviously handicapped, are engaged in activities and are seldom exhibiting inappropriate

behaviors or mannerisms. On longer term observation, however, it becomes evident that the children are controlled, rather than in control of their behaviors. The activities which they are provided for the vast majority of their day, 365 days each year, are meaningless.

Children remain seated, in the same seat, at the same table, from 9:00 a.m. until 5:00 p.m., with the exception of trips to the bathroom, occasional individual work with an instructor, or, in some classrooms, short periods of calisthenics. These same children remain seated at similar tables in their residences from 5:30 until 9:00 each night. During the times they are sitting, the children are to have their feet together on the floor, with their hands folded on the table, unless they are engaged in a "background task" or other instruction. One of the children required to sit for these extended periods is a young man who has participated in cross country skiing under the supervision of his family and who has ridden a multi-speed bicycle in 25 mile road races. His exercise at BRI is apparently limited to a classroom exercycle and perhaps some calisthenics, although his participation in either of these activities was not observed in a three-day period. The background tasks, which comprise most of the day's work, are manipulative, preschool activities--stacking rings, sorting boxes, inlaid puzzles, tinker toys. The child puts a task together, takes it apart, and puts it together again--the same toy, in endless repetition. The psychologist on this team

labeled this activity "organized perseveration". Perseveration is an inappropriate behavior often associated with autism and is manifest by continued and meaningless repetition of an act. Certainly it is not a behavior which educators would wish to foster.

Students must perform these monotonous tasks to earn any food.

When children transgress from this structure or demonstrate even minor inappropriate behaviors, the punishment is swift and harsh--a squirt of water in the face, a pinch, a squeeze, a slap, a cold shower. For example, among 33 punishments, if [REDACTED] has her feet apart, or stops working, she may be spanked on the buttocks. If she does a task wrong, she may be sprayed in the face. If she gets out of her seat, she may be pinched on the foot.

If [REDACTED] makes noises, she may receive a muscle squeeze to the shoulder. If she makes mouth movements, she may be spanked on the buttocks. If [REDACTED] drools, or brings his hands to his head or refuses to comply, he may be squirted in the face. If [REDACTED] looks away, makes noises, or engages in handplay, he may receive a rolling pinch on his buttocks.

In a psychology laboratory, when an animal is subjected to continuous rewards or punishments for his behavior, the animal becomes immobilized when he does not know whether an act will be rewarded or punished. He freezes.

Such an occurrence was observed with one New York student. The child was assigned to the task of building with bristle blocks. As he worked, some blocks fell on the floor. He

stopped; he looked at the blocks. He appeared to want to pick the blocks up. He knew that he was supposed to be working, but he also knew that he could not leave his seat without being punished. So he sat. Eventually, a treatment worker told him to pick up the blocks and to get back to work. He quickly complied.

Despite the severity of the aversive treatment, the staff at BRI readily acknowledge that if the aversives are terminated, the inappropriate behaviors will reappear. The children, then, have learned little. They have not been given sufficient tasks to aid in their skill development, instead they engage in meaningless background tasks. Nor have they learned not to perform inappropriate behaviors and to substitute more acceptable alternatives. Rather, while the BRI staff is at hand to mete out the aversives, the children are controlled by the threat of punishment. When that threat is removed, they revert to their original behaviors. They have spent their educational years in a program that does not provide developmental education and does not teach them to control their own behavior.

*Part*

January 11, 1979

<u>Behavior</u>	<u>Consequence</u>
Bite Self	Muscle Squeeze -- outer arm
Eat Inedibles	Spank -- butt
Out of Seat	Spank -- butt
Runaways	Spank -- butt
Steal Food	Spank -- butt
Tantrum	Spank -- butt
Throwing	Spank -- butt
Grabbing	Spank -- butt
Noises	Muscle Squeeze -- outer arm
Head to Object	Spank -- butt
Hitting Self	Rolling Pinch -- butt
Biting Others	Water Squirt
Body Rubs	Say "No"
Eye Movements	Say "No"
Feet on Chair	Ignore
Leg Shakes	Ignore
Nagging	Ignore
Handplay	Water Squirt
Grinding Teeth	Water Squirt
Hands to Head	Water Squirt
Headshakes	Ignore
Head Tilt	Ignore
Hit Self	Ignore
Lookaways	Ignore
Mouth Movements	Say "No"
Manipulate	Say "No"
Objects to Mouth	Ignore
Rocking	Ignore
Scratching	Ignore
Smelling	Water Squirt
Stopwork	Ignore
Taskwrong	Say "No"
Touching	Ignore

Special Contract

Out of Seat  
Tantrum

Time

1 Hour  
2 Hours

January 11, 1979

<u>Behavior</u>	<u>Consequence</u>
Biting Others	Muscle Squeeze -- shoulder
Climbing	Rolling Pinch -- butt
Destroying	Rolling Pinch -- butt
Out of Seat	Muscle Squeeze -- shoulder
Rolling Hair (others)	Pinch -- hand
Tantrums	Muscle Squeeze -- inner arm
Wet/Messy Pants	Cool Shower
Runaways	Water Squirt
Pulling Hair(self)	Pinch -- foot
Noises	Muscle Squeeze -- shoulder
Biting Self	Pinch -- hand
Body Rubs	Spank -- butt
Eye Movements	Spank -- butt
Grabbing	Say "No"
Grinding Teeth	Water Squirt
Refusing (all day count)	Say "No"
Handplay	Say "No"
Kicking	Say "No"
Throwing (all day count)	Water Squirt
Legshakes	Water Squirt
Hands to Head	Water Squirt
Manipulating	Water Squirt
Mouth Movements	Water Squirt
Banging	Ignore
Object to Mouth	Say "No"
Pinching Self	Water Squirt
Pinching Others	Water Squirt
Clapping	Ignore
Scratching (Others)	Say "No"
Stopping Work	Ignore
Taskwrong	Say "No"
Tapping	Say "No"
Tense-ups	Ignore
Thumbsucking	Water Squirts
Touching	Ignore
Stealing	Say "No"
Hitting Self	Ignore
Screaming	Ignore
Smiling	Reward
Lookaways	Ignore

Special Contract

Pulling Hair

Time

30 minutes

January 11, 1979

<u>Behavior</u>	<u>Consequence</u>
Destroying	Spank -- butt
Out of Seat	Spank -- butt
Noises	Spank -- butt
Stealing	Ignore
Body Rubs	Say "No"
Manipulating	Say "No"
Object to Mouth	Ignore
Smelling	Say "No"
Picking Fingers	Spank -- butt
Hands to Head	Ignore
Handplay	Ignore
Scratching Self	Ignore
Lookaways	Ignore
Unclear Speech	Say "No"
Repeating	Say "No"
Taskwrong	Ignore
Stopping	Ignore
Smiling	Reward
Throat Movements	Ignore

Special Contract  
 Body rubs/Destroy

Time  
 1 Hour

January 11, 1979

Behavior

Consequence

Bite Others

10 Spanks - butt, 10 Rolling Pinches - arms,  
cool shower, time out in helmet, no vis.

Destroying

Spank (1)

Grab

Spank (1)

Nagging

Ignore

Noises

Muscle Squeeze

Out of Seat

Spank (1)

Smear Feces

Spank (1)

Throwing

Spank (1)

Repeating

Ignore

Bite Self

Ignore

Body Rubs

Ignore

Eye Movements

Say "No"

Handplay

Water Squirt

Hands to Head

Water Squirt

Head Down

Water Squirt

Jumping

Ignore

Lookaways

Say "No"

Manipulating

Say "No"

Mouth Movements

Ignore

Rocking

Water Squirt

Stealing

Ignore

Stopping

Ignore

Taskwrong

Say "No"

Walkaways

Ignore

Smile

Reward



January 11, 1979

<u>Behavior</u>	<u>Consequence</u>
Bite Self	Spank
Hitting	Pinch -- butt
Inappr. defecate/urinate	Spank
Inappr. interaction w/people	Spank
Kicking	Pinch -- butt
Manipulate	Spank
Noises	Spank
Objects too much	Spank
Pinching Self	Spank
Rocking	Spank
Runaway	Spank
Smearing	Spank
Stealing	Spank
Touch Fire Alarm	10 Spanks, 10 Pinches, Cool Shower
Body Rubs	Say "No"
Eye Movements	Say "No"
Handplay	Say "No"
Hands to Head	Water Squirt
Headshakes	Say "No"
Lookaways	Say "No"
Mouth Movements	Say "No"
Nagging	Say "No"
Out of Seat	Say "No"
Repeating	Say "No"
Scratching	Ignore
Sloppy Dress	Ignore
Smelling	Say "No"
Soft Voice	Ignore
Stopping	Say "No"
Taskwrong	Say "No"
Touching	Ignore
Unclear Speech	Ignore
Smile	Reward

January 11, 1979

<u>Behavior</u>	<u>Consequence</u>
Wet/messy pants/bed	Spank butt
Regurgitating	Spank butt
Bite self	Ignore
Drooling	Water squirt
Eating Inedibles	Say "No"
Eye Movements	Say "No"
Face contortions	Ignore
Falling	Ignore
Grabbing	Say "No"
Handplay	Ignore
Hands to Head	Water Squirt
Head down	Say "No"
Lookaways	Ignore
Manipulate	Say "No"
Mouthmovements	Ignore
Moving Chair	Ignore
Noises	Water Squirt
Nagging	Ignore
Out of seat	Ignore
Refusing	Water Squirt
Rocking	Say "No"
Scratching	Ignore
Smearing	Ignore
Stealing	Water Squirt
Stopping	Water Squirt
Taskwrong	Say "No"
Smile	Reward

Special Contract

Smearing  
Refusing

Time

2 hours  
1 hour

January 11, 1979

<u>Behavior</u>	<u>Consequence</u>
Tantrum	Water Squirt
Biting Self	Say "No"
Hitting Self	Say "No"
Leg Shakes	Water Squirt
Manipulating	Say "No"
Noises	Muscle Squeeze -- shoulder
Rocking	Water Squirt
Out of Seat	Water Squirt
Hands to Head	Spank -- butt
Handplay	Water Squirt
Body Rubs	Say "No"
Lookaways	Say "No"
Repeating	Ignore
Clapping	Ignore
Mouth Movements	Water Squirts
Stopping (work)	Spank -- butt
Taskwrong	Say "No"
Nagging	Ignore
Talkouts	Ignore
Grabbing	Ignore

January 11, 1979

Behavior

Body Rubs  
Handplay  
Head Shakes  
Hitting Self  
Lookaways  
Manipulating  
Mouth Movements  
Out of Seat  
Stealing  
Rocking  
Tantrum  
Noises  
Runaways  
Wet Pants  
Biting Self  
Arm Jerks  
Eye Movements  
Grind Teeth  
Leg Shakes  
Objects to Mouth  
Silly Laugh  
Slouching  
Taskwrong  
Stop Work

Consequence

Muscle Squeeze -- arm  
Rolling Pinch -- butt  
Spank -- butt  
Rolling Pinch -- butt  
Spank -- butt  
Rolling Pinch -- arm  
Spank -- butt  
Muscle Squeeze -- arm  
Rolling Pinch -- arm  
Spank -- butt  
Rolling Pinch -- arm  
Muscle Squeeze -- shoulder  
Spank -- butt  
3 Spanks -- butt  
Water Squirt  
Water Squirt  
Water Squirt  
Water Squirt  
Water Squirt  
Say "No"  
Say "No"  
Water Squirts  
Say "No"  
Water Squirt

January 11, 1979

Behavior

Consequence

Eye Movements	Ignore
Face Contortions	Ignore
Handplay	Ignore
Hitting Self	Water Squirt
Inappropriate Touching	Water Squirt
Jumping	Ignore
Leg Shakes	Ignore
Manipulating	Say "No"
Mouth movements	Ignore
Noises	Water Squirt
Out of Seat	Water Squirt
Refusals	Say "No"
Rocking	Ignore
Self-restraint	Water Squirt
Staring	Ignore
Stealing	Ignore
Tapping	Ignore
Tense-ups	Say "No"
Throwing	Ignore
Out of Bed	Say "No"

Special Contract

Time

Hitting Self

1 Hour (pass or fail)

January 11, 1979

Behavior

Biting Self

Handplay

Manipulating

Noises

Out of Seat

Stealing

Touching

Wet/Messy Pants

Biting others

Hands to Head

Mouth Movements

Thumbsucking

Leg Shakes

Lookaways

Clapping

Eye Movements

Grabbing

Head Shakes

Stopping

Rocking

Smiling

Taskwrong

Consequence

15 minutes Time out in helmet,  
no vision, white noise

Spank -- butt

Pinch --- butt

Pinch -- butt

Spank -- butt

15 minutes Time out in helmet,  
no vision, white noise

Muscle Squeeze -- shoulder

Rolling Pinch -- upper arm

Cool Shower, 5 pinches -- foot

Muscle Squeeze -- shoulder

Spank -- butt

Spank -- butt

Spank -- butt

Spank -- butt

Say "No"

Say "No"

Say "No"

Water Squirt

Say "No"

Water Squirt

Reward

Say "No"

January 11, 1979

Behavior

Runaway  
Out of Seat  
Noise  
Eat Inedibles  
Bite Self  
Steal Food  
Inappropriate Defecation  
Mouth Movements  
Biting Others  
Clapping  
Hit Self  
Hands to Head  
Hand Play  
Manipulate  
Objects to Mouth  
Rocking  
Smiling  
Stopping Work  
Eye Movements  
Taskwong  
Moving Chair

Consequence

Cool Shower, 10 Spanks  
5 Pinches, Upper Arm  
Spank  
Spank  
Muscle Squeeze -- Shoulder  
Spank  
Pinch Foot  
Spank  
5 Spanks, 5 Rolling Pinches--upper arm  
Say "No"  
Say "No"  
Water Squirt  
Water Squirt  
Water Squirt  
Say "No"  
Say "No"  
Reward  
Say "No"  
Ignore  
Say "No"  
Ignore

Special Contract

Stealing

Time

1 Hour

January 11, 1979

Behavior

Consequence

Hitting Self	Spank -- butt
Smearing Feces	Spank -- butt
Out of Seat	Say "No"
Stealing	Say "No"
Noises	Spank -- butt
Bedwetting	Spank -- butt
Banging	Say "No"
Clapping	Say "No"
Hands to Head	Water Squirt
Head to Object	Water Squirt
Jumping	Water Squirt
Manipulating	Muscle Squeeze -- shoulder
Object to Mouth	Say "No"
Body Rub (record)	Say "No"
Stopping Work	Water Squirt
Rocking	Say "No"
Stamping	Say "No"
Handplay	Ignore
Lookaways	Say "No"
Leg Shakes	Say "No"
Scratching Self	Ignore
Tapping	Ignore
Taskwrong	Ignore
Picking Gums	Ignore
Repeating	Ignore
Tense-ups	Ignore
Tantrums	Ignore
Smiling	Reward
Eye Movements	Say "No"

Special Contract

Time

Staring, Hitting, out of  
seat

1 Hour



January 11, 1979

Behavior

Bite (Others)  
Bite (Self)  
Destroy  
  
Grab  
Hitting  
Inappropriate urinate/  
defecate  
  
Kick  
Mouth Movements  
Noise  
Out of Seat  
Pick Nails  
Pinching  
Pull Hair  
Smear  
Steal  
Scratch  
Tantrum  
Tongue Out  
Vomiting  
Banging  
Clapping  
Eye Movements  
Finger to Ear  
Hands to Head  
Handplay  
Leg Shakes  
Lookaways  
Manipulate  
Nagging  
Object to Mouth  
Rocking  
Smile  
Stopping  
Taskwrong  
Stamping

Consequence

Cool Shower  
Cool Shower  
1 Hour Time out in helmet, no vision,  
white noise; Pinch -- butt  
Pinch -- butt  
5 Pinches -- hand  
  
Spank  
Pinch -- butt  
Pinch -- butt  
Pinch -- hand  
2 Pinches -- hand  
Pinch -- butt  
Pinch -- butt  
Cool Shower, Spank  
Spank  
5 Spanks  
Spank  
Cool Shower  
Pinch - hand  
Cool Shower  
Say "No"  
Ignore  
Water Squirt  
Ignore  
Water Squirt  
Water Squirt  
Ignore  
Water Squirt  
Say "No"  
Water Squirt  
Say "No"  
Say "No"  
Reward  
Water Squirt  
Ignore  
Ignore

Special Contract

Bite Self  
Destroy

Time

1 Hour  
1 Hour

<u>Behavior</u>	<u>Consequence</u>
Grab Others/Objects	Muscle Squeeze -- arm
Out of Seat	Spank -- butt
Smearing Feces	Cool Shower
Stealing	Spank -- butt
Wet Pants	Spank -- butt
Noises	Rolling Pinch -- butt
Handplay	Rolling Pinch -- butt
Lookaways	Rolling Pinch -- butt
Stopping	Spank
Hands to Chest/Hands Down	Water Squirt
Hands to Head/Hands Down	Water Squirt
Manipulating	Water Squirt
Objects to Mouth	Ignore
Refusal	Say "No"
Scratching	Say "No"
Smiling	Reward
Biting Self	Water Squirt
Taskwrong	Say "No"
Mouth Movements	Water Squirt
Body Rubs	Say "No"
Tense Ups	Water Squirts
Hitting Self	Ignore

January 11, 1979

Behavior

Consequence

Biting Others  
Biting Self  
Body Rubs  
Inappropriate interaction  
with clothes

10 Pinches -- foot, cool shower  
5 Pinches -- foot  
Pinch -- foot

Destroying property  
Feet Apart  
Smearing Feces  
Hands to Head  
Head Bangings  
Hitting Others  
Hitting Self  
Inappropriate urination/  
defecation

Pinch Hand, 15 minutes time out in  
helmet, no vision, white noise  
Pinch -- hand  
Spank -- butt  
5 Pinches -- foot, cool shower  
Pinch Foot  
Spank -- butt  
10 Pinches -- foot, cool shower  
Pinch -- foot

Noises  
Out of Seat  
Refusing to Eat  
Rocking  
Runaways  
Spitting Food  
Spitting Saliva  
Stealing  
Stopping Work  
Talkouts  
Tantrums  
Throwing  
Hands Apart  
Manipulating  
Mouth Movements  
Refusing  
Repeating  
Smiling  
Soft Voice  
Stamping Feet  
Taskwrong

15 Minutes Time Out in helmet, no visi  
white noise  
Pinch -- foot  
Pinch -- foot  
Pinch -- foot  
Rolling Pinch -- arm  
5 Spanks -- butt  
Cool Shower  
Spank -- butt  
Pinch -- Hand  
Spank -- butt  
Rolling Pinch -- arm  
2 Pinches -- hand  
3 Spanks -- butt  
Say "No"  
Water Squirt  
Water Squirt  
Say "No"  
Say "No"  
Reward  
Ignore  
Say "No"  
Water Squirt

Special Contract

Time

Talkouts  
Stealing

1 Hour  
1 Hour