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The Path to Aversive Interventions: Four Mothers' Perceptions

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An interview was conducted with each of four mothers to gain an understanding of their perceptions of the educational and behavioral history of their children leading up to placement in a residential facility that used aversive interventions, including contingent electric skin shock. Semistructured instruments were used to understand each family's "story." These mothers, each of whom indicated wanting to remove their child from the facility, reported about their experiences prior to placement in the facility and their experiences while their child was in residence at the facility. In general, these mothers felt there was little support for their child or themselves throughout the years prior to the placement; they had minimal participation or say in their child's programs, and they had no real choice in their child's ultimate placement in the facility that used aversive interventions. Mothers also reported experiencing little choice (along with significant coercion) regarding their child's program at this facility. As a result of this preliminary work, recommendations for future research and practice are discussed.

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Controversy continues regarding the use of aversive interventions to decrease serious problem behavior (Dunlap, Carr, Horner, Zarcone, & Schwartz, 2008; Johnston, Foxx, Jacobson, Green, & Mulick, 2006). Treatment acceptability or the perceived appropriateness of specific interventions has been studied since the early 1970s. In general, this literature has demonstrated that the more severe the problem behavior, the more acceptable aversive interventions are perceived to be (Smith & Linscheid, 1994). Conversely, it is also suggested that the more restrictive the intervention, the less acceptable it is perceived to be (Miltenberger, Lennox, & Erfanian, 1989). Perhaps the most contentious aversive strategy that continues to be used today is contingent electric skin shock (Brown, Michaels, Oliva, & Woolf, 2008), specifically, the graduated electronic decelerator (GED). The GED is a device that administers a 2-s shock and operates by a remote-controlled pack attached to an individual's back. Skin shock may be delivered randomly on a body part contingent on an identified behavior; in some cases, electrodes are used so that the individual receives the shocks simultaneously on multiple parts of the body (http://www.judgerc.org/; Traniello & Engel, 2010).

Regardless of one's opinion about the appropriateness of the use of aversive interventions, it is commonly accepted that the use of aversive interventions is a last resort. For example, Cooper, Heron, and Heward (2007) suggest that punishment-based interventions involving the contingent application of aversive stimulation be treated as default technologies; that is, to be used when all other methods have failed. Working under the contingency that an aversive intervention is a last resort, several researchers have suggested criteria (or procedures) that should be tried prior to considering the use of a more extreme procedure. Cooper et al. (2007) suggest that before using aversive interventions, a functional behavioral assessment (FBA) must be conducted and a behavior support plan based on assessment data must be designed and implemented; interventions developed before understanding the behavior can be inefficient, ineffective, and even harmful. Alberto and Troutman (2009) propose that, prior to the consideration of the use of aversive interventions, there should be documented failure of nonaversive procedures and written consent of the student's parents or guardians. Such parent participation and consent have been suggested as critical in the development and effectiveness of behavior support—from assessment through program development (Albin, Lucyshyn, Horner, & Flannery, 1996; Bambara, Nonnemacher, & Koger, 2005; Dunlap, Newton, Fox, Benito, & Vaughn, 2001).

Our goal was to examine the historical variables or conditions, as reported by four mothers, which may have contributed to their child's placement at a facility (referred to as the "Facility") known for its use of controversial aversive interventions, most notably the GED. The Facility is a private school, with tuition about $220,000 per student per year; tuition is paid by the sending school district (Gonnerman, 2007) and adult

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state agencies when individuals are no longer supported by schools. Although these four mothers were "biased" in that they stated that they wanted their children removed from the Facility because of its use of painful aversive interventions, we hope that their stories can provide some insight regarding the path that led to their children's placements at the Facility. Documentation of parent advocacy to maintain their children at the Facility has been publicized, including Web sites and magazines (Gonnerman, 2007; Traniello & Engel, 2010). However, to date, we are not aware of any reports documenting the stories of parents who opposed the Facility. In our interviews we sought mothers' perceptions regarding prior school experiences (e.g., past instructional and behavioral supports). Although we gathered information from historical documents provided to us by families and attorneys, records were often incomplete or vague, thus of little help in verifying our families' stories. We also asked the families about the events that led up to placement at the Facility. Finally, we were interested in the mothers' experiences with the program while their children attended the Facility. In essence, what we present here is four mothers' stories about their children's challenging behavior and the educational path followed prior to and during placement at the Facility.

The four families were referred to us by two disability attorneys. We were interested in interviewing families who had children who were either still at the Facility or recently discharged and were young enough to have been impacted by federal legislation (e.g., IDEA) regarding FBA and positive behavior support interventions. Attorneys initially contacted families known to them and inquired about their willingness to participate. Families were directly contacted by the authors via telephone after providing initial consent, at which time we explained that we were interested in hearing their stories. All four families expressed interest in talking with us. Interviews occurred in the family member's home, the local library, or by phone (for one family who lived a great distance away). Interviews were completed over the course of 3 months. Families were promised confidentiality, and pseudonyms are used in all cases. Following are descriptions of these adolescent/young adult children placed at the Facility and their families.

Carla. Carla is White and was 17-years-old at the time of the interview. She began receiving special education services in preschool and attended school within her home district and at a private Christian school up until the age of 15. Prior to her placement at the Facility, she attended a residential school for students with autism spectrum disorders in a nearby state to where her family resides. She attended the Facility for 3 months until her parents removed her due to an incident wherein Carla was hurt during a restraint. Carla currently attends a residential school in another state. She has been prescribed numerous medications throughout her life. Carla's parents are married and are strong advocates for her. Carla has diagnoses of autism, intermittent explosive disorder, and obsessive compulsive disorder.

Heidi. Heidi is White and was 19 years old at the time of the interview. She has had numerous special education day and residential school programs and juvenile justice and hospital placements since the sixth grade. She received her High School diploma last year and was taking college courses on-line at the Facility. Heidi maintains a close relationship with her mother, who is a strong advocate for her daughter. Her parents are divorced, and she has limited communication with her father. Heidi came to the Facility through the juvenile justice system at the age of 17. She and her family were given the choice of the Facility or jail; they chose the Facility. Heidi was required to remain there until she was 21. Although at the time of this interview she continued to wear the GED device, Heidi had not received a shock in almost 1 year. Heidi was diagnosed as having a schizo-affective disorder.

Andrew. Andrew is African American and was 19-years-old at the time of the interview. After many special education placements starting at the age of 2, he went to the Facility when he was 14 years old. Andrew's mother, with the support of an attorney, removed him from the Facility 3 years after his admission. Andrew has several foster brothers and sisters. His family is a "tight knit" one and is active in their support of Andrew. After leaving the Facility, Andrew resided in a state facility in his home state. Andrew is currently living at home and attending school. Andrew is diagnosed with oppositional defiant disorder and attention deficit hyperactivity disorder.

Keith. Keith is African American and was 23-years-old at the time of the interview. He transferred to the Facility at age of 17 from another residential placement. Keith's mother actively tried to have him transferred to another placement and, after 6 years, was finally successful. State officials had threatened his mother with loss of guardianship when she withheld consent for use of the GED. Keith received numerous skin shocks and was restrained several times a week throughout his years at the Facility. Keith's mother is a single mother, with little family support. Keith is diagnosed as having an intellectual disability, a seizure disorder, and cerebral palsy.

Interview procedure

Semistructured interviews were conducted with the four mothers. Interviews were conducted face to face with three of the mothers (a sibling participated in one interview), and the fourth mother (who lived over 1500 miles away) was interviewed by telephone. Interviews averaged about 3.5 h per family over the course of one to two contacts. The telephone interview was completed over the course of four contacts.

Educational records including individualized education plans (IEPs), treatment plans, intake and discharge summaries, restraint notifications, medical records, and email correspondence between families and school placements were available for Carla, Heidi, and Keith. Additional data from the Facility (e.g., daily charts of the number of electric skin shocks) were available for Keith and Heidi. No data were available from either past school settings or the facility for Andrew. The semistructured interview protocol was designed to elicit the mothers' perceptions of (1) their child's behavioral history at prior schools, (2) how these schools handled problem behaviors, (3) behavioral assessments, (4) degree of parental participation in IEP and program planning, (5) circumstances under which their child left each school, (6) their child's behavior and supports at home before residential placement, (7) how referral to the Facility came about, and (8) the program at the Facility. We provided opportunities for these mothers to "tell their stories" in ways that was meaningful to them through "detailed examples and rich narratives" (Rubin & Rubin, 1995, p. 51).

The three face-to-face interviews were tape recorded and transcribed verbatim, and notes were generated for the interview that was conducted by telephone. All families were provided copies of transcripts or notes and agreed that they accurately reflected their interview responses.

Interview questions sought either yes or no responses (e.g., "Did you participate in developing behavior plans in that school?") or were open-ended (e.g., "What problem behaviors did he/she exhibit at that school?"). The authors independently read the transcripts and notes, noting themes across mothers' stories. The authors then discussed common themes across mothers' stories, discussed any discrepancies, and reached consensus. Once themes were established, the authors again went through the transcripts and notes and organized the data into the themes.

Interview Results

Mothers' responses are divided into two major components: Life Prior to the Facility and Life at the Facility. Although most of our questions inquired about the years prior to placement at the Facility, mothers talked most about what happened while at the Facility.

Life Prior to the Facility

Mothers relied heavily on their memory of events that occurred prior to placement at the Facility, but also, when available, used their own written records to verify their recall. Keith's mother had an organized box of records, which she used to help recall dates and events. Heidi's mother provided us with a historical chronology of events and occurrences, which included information about schools, hospitalizations, medications, and legal issues. Andrew's mother requested that her daughter participate in the interview and used her to corroborate sequences of events. This section describes the parents' perceptions of the history of their child's problem behaviors, the educational and behavioral experiences, and the process of referral to the Facility.

History of problem behaviors

According to mothers' reports and a review of any records available to us, problem behaviors emerged in the early years. As shown in Table 1, problem behaviors reportedly began for Keith at age of 2, Carla and Andrew during preschool, and Heidi at around third grade. Although the four mothers did not have data on frequency of behavioral incidents, they provided us with information regarding the changing topography of their children's problem behaviors. For three of the students (Carla, Heidi, and Andrew), the problem behaviors grew more serious across time. Keith's problem behaviors were severe from age of 2 and remained so across time.

Prior educational and behavioral experiences

Number of school placements. All mothers reported that it was problem behaviors that led to the multiple changes in placements across their children's educational

Table 1
Sample of Problem Behaviors Across Time

Carla	Heidi	Andrew	Keith
Threw a block at teacher (preschool)	Difficulty getting along with peers (3rd grade)	Annoying others; wouldn't sit still (age of 2)	Self-injurious behavior—head banging (age of 2)
Head-butted an aide (early elementary)	Displayed sexual behavior (5th grade)	Outbursts; talking back (1st grade)	Crying; biting and scratching others (preschool)
Pushed a teacher over the desk; hit another child (age of 10)	Uncooperative around peers (5th grade)	Taking things from other students (1st to 3rd grade)	Screaming; hitting (elementary)
Threw a plate of food at mother (early adolescence)	Plotting along with others to inflict serious harm upon another student (7th grade)	Yelling; running out of class (4th grade)	Threw things infrequently (adolescence)
Self-injurious behavior (SIB)—(at home) put arm through dry wall, smashed hand in mirror; hitting family; hit a student; knocked over trash can (age of 14–15)	Threatened to run away from residential settings; ran away from some placements; planned to "break-in" to a store (early adolescence)	Threw a chair at teacher; threatening behavior; picked on others (6th grade)	Wouldn't eat; poor sleeping habits (when began in the Facility)
Hit a paraprofessional in face (age of 14); scratched an aide (age of 15)	Violent threats against the staff; attacked peers; Self-injurious behavior—cutting (adolescence)	Inappropriate sexual behavior (age of 14)	Screamed and banged fingers upon awakening (at the Facility)

lives. The number of placements the mothers recalled before placement at the Facility ranged from 25 (plus) for Heidi, 15 for Andrew, 9 for Carla, and 5 for Keith. All mothers reported that these transitions from school to school, or school to hospital or juvenile justice facilities were difficult for both the child and the family. In general, mothers felt that their children's schools unfairly changed placements to relieve themselves of the responsibility of supporting their children rather than making decisions based on their children's needs. Keith's mother discussed the change of placement from the integrated public school he was attending in their district to a special school:

> The classroom teacher didn't want to have that responsibility on her own so she wanted him to go to the special school…. I wanted him to stay. And the behaviors skyrocketed (at the special school) because he was not pleased about the change… he loved that school and he always wanted to go. Even if he missed the bus, he would walk to school.

Carla's mother said (referring to her daughter's residential placement prior to placement at the Facility):

> The school didn't call for a meeting, just called me at work and said (Carla) she needed to leave. The school made it clear that it was all my fault because I was sending information about issues around medication…. I was so concerned about the side effects from the medications… they said to us, "if you don't come get her, we'll bring her to you."

Similarly, Heidi's mother reported what occurred after Heidi's alleged threat to another student:

> She was removed from (private, day, special education) school. The other kids said it was all her. The other kids who were involved were suspended for a day or two and went back. But the parents demanded that this kid not be at school. With Columbine happening before that, Heidi didn't have a chance. I feel had they been able to work this out at this school, she would have done really well and not gotten so far into her deep troubles....

Quality of prior behavior support. The commonly accepted rationale for use of aversive interventions has two components: demonstration that less intrusive treatments have been attempted and that there was competent implementation of these prior attempts (Alberto & Troutman, 2009; Cooper et al., 2007). Mothers were questioned about what they recalled regarding any prior behavioral interventions. In general, mothers felt that the staff was not competent at understanding their child's behavior or implementing effective behavior support. For example, Heidi's mother stated, "Everyone says, 'she's a unique case.' Nobody really knows what to do with her."

Table 2
Parent Recollection of Prior Behavioral Assessment and Behavior Program Planning

	Heidi	Carla	Andrew	Keith
1. Were you involved in FBAs?	No	No	No	No
2. Were you aware of any FBAs in place?	No	No	No	No
3. Were you involved in development of Behavior Intervention Plans (BIPs)?	No	No	No	No
4. Were antecedent strategies tried?	No	No	No	No
5. Were positive consequence strategies used?	Yes	Yes	Yes	Yes
6. Were negative consequences used?	Yes	Yes	Yes	Yes

Table 2 shows mothers' recollections of behavioral assessments and program planning as their children were served across their placements. Our interviews revealed that none of the mothers had heard of the term "functional behavioral assessment" (FBA). Upon further inquiry to determine if perhaps the assessment process was done without their knowing the term, there was still no recall of anything close to this process. Although we cannot definitively conclude that there were no FBAs conducted, we felt confident in concluding that the mothers were not involved in the assessment process or behavior intervention planning. We also probed for any types of strategies focusing on antecedent interventions. None of the mothers indicated knowledge of any such strategies. The only types of strategies that they recalled were the use of positive and negative consequences. Keith's mother said, referring to a prior placement:

> (They used) just restraint. They had conference rooms they would put him in, like a timeout room. I feel that this is a good way to deal with the behavior; put him in the room that was padded and give him some time to calm down. But they (the behaviors) got worse, not better. He was put on medication for the behavior, which I did not approve of (agree with). He suffered some adverse affects like twitching in his hands. It didn't help at all.

Similarly, Carla's mother summarized what one school did about aggression:

> The School was writing a behavior plan of action which included time outs, taking away outings, some snacks, mostly punitive. They did incorporate stars that Carla could earn, some rewards—it worked for a while.

Andrew's mother recalled that previous programs used "exclusion time-out, loss of privileges, tokens, rewards."

All participants expressed that they would have preferred to have their children live with them (prior to residential placement), but the lack of behavioral support and training that they received from the schools to manage their child's behavior made this untenable for them. Prior to her daughter's placement in a residential school, Carla's mother reported, "Carla never received summer services, ever… we had to hire people to watch her during the summer and our older sons helped some so we could work."

Process of referral to the facility

By the time the Facility was considered as a placement option, the mothers reported that no other real choices were presented to them. Families of the two students who were also involved in the juvenile justice system, Heidi and Andrew, were given a choice of either the Facility or jail. Carla and Keith's mothers reported that their school districts sent out referral packages to a variety of schools that provided residential placements. These families reported that the Facility responded quickly once these referral inquiries were made, and this set the next step in the admission process in motion. Carla's mother reported that a representative from the Facility flew out to her hometown (half way across the country) and made a presentation to the family and school administrators. All mothers reported feeling "stressed" and essentially forced to make a quick decision regarding this placement. Heidi's mother reported:

> They said this would be her only choice. DYS said either this or jail, nobody would accept her anywhere in the country. It was not easy to find a place for Heidi because of what happened, her history, so this was the last choice.

Life at the Facility

Once the families consented to placement at the Facility, they experienced varying degrees of understanding the details of the programs, including the role of aversive interventions in their child's program as well as their role in their child's overall program.

First impressions of the facility

The mothers of Andrew and Keith reported being initially impressed with the physical appearance of the school and the residences, especially in comparison to other facilities where their children had been placed. Their first impressions were, however, colored by how "neat" and clean everything was—as if no one lived there. All of the mothers, except for Carla's, were able to visit the program prior to their child's admission. Andrew's mother reported that the Facility paid her train fare from a nearby state to visit the program. Another practice that the parents found appealing was that the Facility noted in their literature an emphasis on minimizing the use of psychotropic medication. Keith's mother and Carla's mother were particularly interested in this, as this was a major concern at their children's previous residential placements. In referring to the Facility's residences, Andrew's mother stated:

> It is very nice looking, you think you are in Disneyland. I would say the house was in the $600,000 homes, beautiful homes-big screen TVs, play station and game boy… refrigerator full of food, the house looks like nobody lived there and they were showing it for someone to buy it.

Heidi's mother reflected upon her first visit to the school and then to the residence:

> We were shown a typical classroom, one of the "high-functioning" classrooms where we found around 10 kids sitting at individual computers. There was no teacher in the classroom we saw, but was assured there is always one for each classroom…. There wasn't a sound or any conversation of any kind in the classroom....
>
> I noticed that no student had any personal effects, posters, family photos or other personal mementos in sight. All in all, everything had a "perfect" untouched quality that I found slightly eerie and unnatural. Still, it looked better than any other facility Heidi had been in…. But when we left, I sort of felt as though I had just experienced a scene from "The Stepford Wives."

Realizing the extent of aversive interventions used

To varying degrees, these mothers knew that aversive interventions were used at the Facility. However, they indicated that they did not understand the extent and variety of aversives being used with their children. Mothers reported they felt coerced into giving consent for use of aversive interventions (upon admission) but indicated that they hoped these interventions would not need to be used with their children. Furthermore, when mothers indicated that they wanted their children's programs changed, they often felt intimidated by the staff. The following quotes describe the participants' experience of discovering that aversive interventions were used, the degree and extent of these interventions employed with their children, and the feelings of intimidation by the staff. Heidi's mother stated:

> And I didn't want to grant permission. But I said, if my daughter was going to go through this, I wanted to try it. And I had them put it on me, but they only gave me the least amount of shock. I didn't realize they were giving her 4 times that shock.

Andrew's mother recalled a phone conversation with her son:

> The time when he said, "Mommy, you've got to help me. I don't believe you love me anymore…because if you knew what they were doing to me you would get me out of here." And it bothered me so much I couldn't sleep.

Referring to the GED, Keith's mother stated:

> Right before the admission was when they told me…I had them try it on me. I didn't like it. I was really troubled by it. I don't think they give you the stronger amount. It hurts. But I never thought that Keith would get to the point where he would be wearing it.

Aversive strategies reported by participants

All participants reported a variety of aversive interventions that were used with their children. Mothers' knowledge regarding the use of these strategies came from the Facility, from their own observations, and from reports from their children.

GED. All but Carla's family reported the use of the GED with their children. Carla's placement at the Facility for only 3 months was likely the reason why she had not been subjected to this aversive intervention. Mothers indicated that the GED was not only used for dangerous behavior but for nondangerous behaviors as well. Heidi's mother asked her daughter why she was shocked four times in 1 day:

> She said one was because she actually did try to carve something into her skin. One was because she refused to stand up in order to get searched. One was "non-compliance." The last one was because she picked on a pimple on her face.

Andrew's mother also reported use of the GED for nondangerous behaviors: "Andrew cursed and he got shocked 4 times. Andrew got out of his seat and he was shocked maybe 5–6 times." Andrew's mother also stated that her son was shocked when he refused to take a shower:

> He (Andrew) said that one time a new worker told him it was time to go to bed. He told him that he had extra time to stay up but he said "you are going to bed and I want you to take a shower." So they ripped his clothes off him and he said they said "now we are going to hang you up like Jesus Christ" and they shocked him while he was in the shower.

These mothers reported feeling highly disturbed by the use of skin shocks on their child but expressed that they felt that they had no alternatives. When Keith's mother complained about its use, the Facility agreed to try to keep the number of shocks down, but she reported that the GED was often replaced with another aversive intervention.

> When it reaches a certain amount, they put him on the 4-point board… for an hour or two…. So they don't go over 10 (GEDs)…. Yes, because after I complained that he got 25 in one day, I really complained about it. So they cut it down to the level where he only gets 10 in a day…. I would say 5 out of 7 days (he is getting shocked).

Mechanical and physical restraints. A variety of mechanical and physical restraints were reported by the participants, including straight jackets with mitts, 4-point restraints, chair restraints, and arm and leg shackles. Andrew's mother reported:

> And another thing I didn't like when they did allow him to come home to us on holidays and vacations. They had this 18 passenger van and busses—they were all shackled to the floor, everyone is restrained in the van and on the busses. They bring them all the way down here shackled, no bathroom, no food, nothing.

Andrew's mother also reported that her son told her, "When I'm at the Facility, they lay me out on the board, butt naked, make me lay there all night, tied, strapped to the board." Similarly, Keith's mother reported about the use of physical restraints:

> (The Facility) has all the kids tied up all day long when they aren't on the GED. Keith does not like that. He is strapped to a chair all day long… he had this vest that was tied up to a chair… he would show a lot of behaviors at that point….

And upon arriving for a visit, Keith's mother further stated:

> I found him on the board when I came to see him… he was on the board and the restraints were so tight that he lost his color… he started turning yellow… and it was so tight on one arm that the hand was swollen… I wasn't supposed to be there when he was on the board. I was supposed to wait… but I went in.

Other interventions. A variety of other consequence interventions were reported by the mothers, including manipulation of food and response cost. Referring to manipulation of food, Carla's mother reported:

> They told us that if she had behaviors, she would be put on a food program; her food would be delivered late by an hour and would be given a bland diet-to get nutrition they would sprinkle liver (powder) on top.

Heidi's mother mentioned additional punitive consequences:

> The one thing they will not let her read is Harry Potter. We read all the books together, she and I since she was a little girl… the last book came out and we were very excited about that and they absolutely refused to let her read it, have anything to do with Harry Potter, because it is a cult.

Feelings of intimidation

Each of the mothers reported that they felt intimidated, both by the staff at the Facility and by state agencies, when trying to influence their child's program and quality of life. Heidi's mother stated in response to discussing shocks administered to her daughter:

> She's not really allowed to discuss these things with me…. I should never be talking about the past or anything like that…. They know they can't push me around so they try to intimidate me as much as possible. And because of my daughter, I let myself be that, because I worry that she is going to get some type of flack…. Parents on the whole are manipulated by the Facility and I really resent that. I resent being treated like a criminal sometimes when I'm there. When I ask for a report, I should get it….

Andrew's mother stated:

> And they told me that in order for him to stay there, he would have to have the electric shock and I would have to sign the paper and I refused again. And so they told me, if I don't do it, they would go to court and get it done. That's what they did.

Keith's mother also reported feelings of intimidation to make quick decisions:

> They said I had an option, but I had to sign a consent form to get him admitted…. They put these two options to me—the medication or the GED… if I could not make a choice, they would take guardianship from me…. (The Department of Mental Retardation lawyer) threatened me several times; she would file this report, file whatever paperwork to take away guardianship…. I had to make a choice fast (between medication or the GED) because she was ready to do it right away. So I just put him on the GED.

The lesser of two evils

As reported above, the mothers felt intimidated by the staff of the Facility and felt coerced into accepting interventions with which they were not comfortable. At times, the staff offered choices to the mothers, but they experienced these choices as the lesser of two evils. Keith's mother and Heidi's mother described the limited choices given to their children:

> Keith has more freedom on the GED because he's not tied up all day or strapped to a chair. So his behavior is better because he has more freedom. They allow him to do more things than he would have if he wasn't on the GED….

> The Facility said that if she (Heidi) didn't agree with the program, they don't have to treat her. She can be declared competent, but if she doesn't accept the program as is, they won't treat her and so she would go to jail… And if anything happens, and she is removed to a different program and anything happens, anything at all, even verbally, they could send her directly to jail for 2 years.

Update on the Students

Throughout the time of the interviews, Keith and Heidi remained at the Facility. At the time of this writing, all have left the Facility. Discharge from the setting was a result of parent and attorney advocacy and, in the case of Heidi, legal mandate. Keith's mother worked with an attorney and the state's Department of Developmental Services to find another placement for her son. Finding an appropriate placement for him, however, proved to be problematic, as data reflected that Keith continued to receive numerous aversive consequences each day. His mother felt that such data coming from this Facility "warned" other potential providers that his behavior may not be manageable. Keith now lives in the community where his care is provided by a human service agency specializing in community-based supports. Keith is reportedly doing well and has not received any aversive interventions since he left the Facility. Heidi's placement at the Facility was mandated by the court until she reached age 21, although they still have jurisdiction over her. Her mother reported that she is living at a residential program and is attending college. Andrew was removed from the facility after his mother secured the support of an attorney. He currently lives at home and is attending school. Carla's parents removed her immediately from the Facility after learning about an incident that resulted in their daughter being injured during a restraint. She was placed in a residential facility in a nearby state to her family's home. Her family is working with the school district and consultants with the goal of bringing her home.

Discussion

Although the initial intent of the interview protocol was to focus primarily on the educational and behavioral history that led to the placement at the Facility, we found that all our mothers were most interested in talking about the coercion they felt and the treatment of their children while in the Facility. In this article, we discuss their stories from the perspectives of "Life Prior to the Facility" and "Life at the Facility."

There appear to be several common themes that emerged from the interviews regarding the path that lead to placement at the Facility. According to the information the mothers provided, there was a general lack of educational and behavioral support available during their school years that would be considered to meet current standard practice. This was especially evident in the areas of parent participation and FBA. Parents reported little to no involvement in the development of IEPs and educational and behavior supports. Furthermore, parents felt marginalized; they felt that their participation was discouraged and that they would be retaliated against if they attempted to advocate for their children.

Interestingly, these parents seemed to possess a fairly sophisticated understanding of their child's behaviors and the importance of developing prevention or antecedent strategies. Although they did not use the "professional" terms (e.g., antecedents, and FBA) to discuss these ideas, their conversations reflected an understanding of variables such as the functions of their child's behaviors, triggers, and how to manage the behaviors. From parents' reports, past behavior interventions relied primarily on consequence-based strategies to manage behavior and did not consider antecedent or instructional strategies. Parents also reported that the strategies that prior programs used might have served to escalate problem behaviors rather than be effective in the reduction of these behaviors. Bambara (2005) suggests behavioral interventions not based on functional assessment frequently result in failure for students with behavior problems. Our findings reflect a reliance of the prior programs on "nonfunctional" approaches, with no evidence of function-based supports. As suggested by Cooper et al. (2007), interventions developed before understanding the behavior can be inefficient, ineffective, and even harmful and lead caregivers to resort to increasingly intrusive strategies.

Remarkable in our findings was that these young adults had a substantial number of prior placements. Although we are not aware of any normative data on frequency of placement of individuals with disabilities, our findings suggest a lack of commitment of the program providers and the Local Education Agencies (LEAs) (and in some cases, state agencies) to the student and unwillingness to accommodate the student, to individualize behavior support, or to seek extra support or consultation.

All mothers expressed the experience of powerlessness regarding admission to the Facility. They felt the placement decision was not really in their control, and there were no appropriate alternatives or choices available for their child. In general, the mothers did not realize the extent that aversive interventions were used at the Facility. However, by the time their children were placed in the Facility, either they felt they had no choice (i.e., court ordered) or no options (i.e., no other program would admit their child), so they reluctantly complied with the recommended interventions. Throughout their children's stay at the Facility, all mothers reported feelings of coercion when they tried to have input into the program.

Limitations

There are several limitations to our investigation. First, only four families were involved in the interviews, limiting generalization to other families whose children receive aversive interventions. These families were also involved in efforts to remove their children from the facility, so do not represent those families who are satisfied with the Facility. Second, the information that the parents provided is based on recall and their current perceptions. Other than having only some records against which to verify their recall, there were no systematic efforts made to document accuracy of their reports. However, we do feel that parent perceptions, regardless of accuracy of actual events, are important. Respecting the mothers' lead in talking about what most concerned them, sometimes straying from the semistructured interview, allowed us critical insight into these four families' experience of their world.

Conclusions

Although, as noted, the information provided by these mothers was based largely on recall and personal perceptions, we believe that these mothers' stories provided us with some insight into the events that lead to these four children being placed at the Facility. These stories suggest certain directions for future research and practice. First, students are referred to facilities not only through the school systems but also through the juvenile justice system; future conceptualizations of models to prevent paths such as those described here should focus on both of these systems. Second, we need to work toward development of systems that promote longitudinal supports—a commitment to the student across time. Referring students out of a program rather than seeking expert consultation negatively impacts both the child and the family.

Our exploration suggests several imperatives regarding educational supports for students with significant problem behaviors. First, the staff must be given the supports necessary to allow them to persist when problem behaviors challenge their usual efforts. School leadership displaying such dispositions is necessary to support these efforts. There were no reports by our families of efforts to bring in consultants or to involve the parents in problem solving regarding their children's behaviors. Second, the types of supports that were given to these students did not appear to meet the current standards of practice for individuals with challenging behaviors. Our parents did not report nor did we see in any records available to us the use of FBA-driven interventions, including environmental manipulations, functional communication training, or any other type of antecedent or educative approaches. It is our belief that with commitment of schools, better training to support individuals with severe problem behaviors, and willingness to bring additional supports to the student, the need for referring students to more restrictive placements, particularly those that utilize painful aversive interventions, will be greatly reduced.

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