



July 15th, 2021

To Whom It May Concern:

After the recent ruling by the U.S Court of Appeals on July 6th, 2021, we, a collective group of BCBAs, felt it was imperative that we bring our concerns directly to you along with our request for transparency.

While we understand that there may be times that we as clinicians need to consider alternatives for our clients that are outside of the “typical” intervention; we also feel that it is vitally important that any decisions to use Level 3 Aversives as a general practice, or even as a common practice in a particular location: be transparent, appropriate, and within our ethical guidelines.

The primary concern we have is that your organization frequently justifies the use of contingent electric shock for “life threatening self-injury,” and has fought to preserve the prerogative to shock people for physical aggression for years. It is important to note that outside of your agency, there are no other BCBAs who require the assistance of contingent electric shock to decrease interfering behaviors. It’s also vital to note, that for some autistics in your care, there is the potential for use of the GED to be lifelong. With recent advances in the area of trauma and neurobiology, we know now that even one time use of equipment that delivers electric shocks can create lifelong trauma. The damage that can be caused from extended, or even lifelong use, is unfathomable. While we understand that your institution has policies and procedures in place and feel as though you are within your rights to use these types of interventions, your claim of transparency appears to be performative and does not allow for ongoing oversight and collaboration from members of the larger community that we serve. This lack of transparency has resulted in damage to the reputation of your agency and our field as a whole. Consumers of our services have a right to request information regarding the use of aversive procedures, and requests for transparency from the autistic community should not be met with legal actions or denials.



The autistic community has loudly advocated for years against the use of these types of aversives and we understand that our position is not in line with this desire. As clinicians, we firmly believe that given the tools and oversight, all clinicians will make the decisions that are necessary to fully support their clients; while also understanding the need to consider inherent ableism in our field and the world at large and staying up to date with research in the area of trauma as it relates to our treatment interventions.

Attached to this letter you will find a specific proposal for oversight that includes the communities we serve and outside clinicians. This committee has been specifically designed, including the nominations of certain individuals to avoid any nepotism that could exist with appointees nominated in house. We request that your agency engages in complete transparency for all processes, decision-making and related items for any individual receiving Level 3 aversives, with all protected information redacted.

In addition to this, we request that all individuals who are directly or indirectly involved in the implementation of Level III aversives receive nationally recognized certifications in trauma informed care from an outside provider and that a Diversity, Equity, and Inclusion committee is created that actively identifies any biases and relevant inequities that exist in the current pipeline to services, along with creating a specific plan with observable and measurable benchmarks.

Sincerely,

Hops, Hooves and Humanity

www.hopshoovesandhumanity.org



Requested Action Items

1. It is requested that an immediate and indefinite moratorium be placed on the use of all corporal punishment. Future use of these interventions should be contingent on the outside advisory board recommendations with input from the medical community.

** It should be noted that while this may allow for future use; Hops, Hooves & Humanity is fully against the use of torture in any capacity however this decision should ultimately be made by the communities that we serve and medical providers with much more knowledge on the potential impacts of the use of aversive. **

2. An outside advisory board shall be created and have a first meeting within 45 days and shall consist of the following members:

Members of this board shall be recommended by the autistic community and must not have any level of affiliation with the JRC, it's employees, Board Members, or other relation.

- 1 (one) Outside BCBA
- 1 (one) BCBA with specialized trauma training and certifications
- 2 (two) Autistic BCBA's
- 2 (two) BCBA's from minority communities
- 1 (one) Autistic RBT's
- 2 (two) Members of the IDD/ED community

This board shall engage in the following behaviors:

A. Advisory Board meets and reviews all data (with protected health information redacted), internal processes and procedures at least once per quarter. Recommendations made by the committee with 100% agreement MUST be implemented within budgetary constraints within 60 days. Any recommendations made that are not implemented due to financial constraints must be publicly documented, include a copy of the current operating budget



that shows inability and a strategic plan for addressing the recommendation during the next fiscal year.

- B. Review all plans with level 3 aversives at least once every 30 days - that includes the identification of adverse side effects related to private events (trauma) and create a report of the efficacy of the treatment vs the potential risks.

3. Require all employees who are directly or indirectly involved in the use of Level 3 aversives to maintain continuous nationally accredited trauma certification from an outside provider.

4. The Judge Rotenberg Center will Implement a trauma aware framework for the organization that is informed by the guidelines presented by SAMHSA

5. A D&I committee will be created using outside consultants from communities of color that identifies any biases that exist in the current pipeline and plan to decrease the impact of bias