



Behavioral Interventions

Introduction

The Bureau of Quality Improvement Services (BQIS) identified a high number of reported behavioral incidents (e.g., self-injurious behavior, pica, elopement, etc.) and use of restrictive strategies in response to serious events (e.g., physical restraint, PRN medication use, etc.). Through collaboration with the Indiana Association for Behavioral Consultants (IN-ABC) and the Hoosier Association for Behavior Analysis (HABA), a survey was conducted to determine areas for further discussion and remediation. Results from 68 behavioral clinicians indicated inconsistencies in the identification and use of behavioral strategies considered restrictive.

BQIS / Liberty of Indiana Corporation developed this guide, with input from IN-ABC and HABA in response to the finding associated with restrictive interventions. Teams working with individuals who display challenging behaviors which necessitate the development of a behavior support plan (BSP) should use this guide as a resource. The clarification provided within this document should facilitate a more consistent understanding of strategies requiring informed consent and Human Rights Committee (HRC) approval prior to their implementation.

“Restrictive Intervention” means an intervention that restricts the rights or freedom of movement of a person with a disability (DDRS Policy: Use of Restrictive Interventions, Including Restraint).

The use of restrictive practices should be employed only when positive supports (i.e., non-restrictive strategies associated with the use of reinforcement) are ineffective or in situations where the level of risk associated with a particular behavior (e.g., physical aggression or self-injurious behavior) is such that use of a specific restriction is deemed necessary for the health and welfare of a particular person. Restrictions are presumptively viewed as temporary and must include training in the acquisition of positive behavioral skills (functional replacement behaviors). Effective data collection techniques and regular evaluation of the plan by team members are essential.

All restrictive interventions must be reviewed and approved by an HRC prior to the initiation of the restriction and then annually thereafter. This includes restrictions that, while intended for another person, impact upon the rights of another within the same environment (e.g., alarms in a home in which multiple people reside).

General examples

Limitations on access may include but are not limited to:

Personal possessions (money, mail, clothing, cigarettes);

Personal or public space (locked areas, off limits areas);

Activities;

Friends, family, children, significant others, etc.;

Community services.

Limitation on movement may include but are not limited to:

Bed rails;

Mitts;

Belts;

Therapeutic holds;

Physical escorts, or transport through use of manual restraint;

Braces, helmets, splints for behavior control.

Medication

Psychotropic drugs and medications used for behavior control

Guidelines Regarding the Use of the Procedural Levels of Intervention

- Several strategies are included in each level of intervention. Each strategy within a level is to be considered equally restrictive;
- Individuals must never be allowed to injure themselves or others due to an intervention procedure;
- In general, interventions from less restrictive levels should be utilized prior to use of more restrictive interventions (e.g., use of mildly restrictive procedures before use of elevated restrictive procedures). The only exceptions to this include:
 - For some individuals with appropriately substantiated and documented psychiatric diagnoses, the administration of psychotropic medication is the treatment of choice regardless of its level of intervention;
 - Situations in which the person's behavior presents an immediate threat to the health and welfare of the person (or others) and there is evidence to suggest use of a less restrictive intervention will not reduce this risk prior to an injury occurring.
- The use of techniques from one level of intervention should not preclude the simultaneous use of techniques from other levels of intervention. For example, all behavior intervention programs should include reinforcement of appropriate behavior (i.e., replacement behavior) and many programs would include reactive strategies, some of which may be restrictive (e.g., use of physical management in response to a dangerous behavior);
- Continuous attempts should be made to use less restrictive techniques as the behavioral outcome is achieved (i.e., restrictive interventions should be considered temporary);
- Data should be taken on behaviors targeted for reduction (e.g., physical aggression, self-injurious behavior), replacement behavior strategies and associated behaviors (e.g., functional communication training, increased participation in activities), and psychiatric symptoms (e.g., crying, reports of auditory hallucinations) for those with a diagnosed psychiatric condition.

Levels of Intervention

The following procedural guidelines regarding restrictive interventions are provided for assistance in developing behavior support plans. Procedures are categorized according to a general restrictiveness hierarchy; a given procedure on the list may or may not be appropriate for an individual depending on the function of the behavior. Listed below are procedures according to their degree of intrusiveness on an individual. Additional information and definitions of these interventions follow.

<p>Non-Restrictive</p> <p><i>In general, these procedures do not have to be reviewed by a HRC prior to their initiation since they are deemed to be non-restrictive. However, if the definition, wording, or practice is such that a restriction may be embedded within a strategy noted below, a strategy may in fact be elevated to restrictive status (and would require informed consent and approval through a HRC).</i></p>	<p>Mild Restriction</p> <p><i>The following procedures are always considered restrictive. Prior to the initiation (and then annually thereafter), informed consent and approval through a HRC are required.</i></p>	<p>Elevated Restriction</p> <p><i>The following procedures are always considered restrictive. Prior to the initiation (and then annually thereafter), informed consent and approval through a HRC are required.</i></p>	<p>Prohibited Intervention</p> <p><i>The following interventions/strategies/procedures are not allowable for use with HCBS Waiver Participants.</i></p>
Contingent Observation	Escape Extinction	Alarms	Aversive Techniques
Debriefing	Exclusionary Time Out	Intense Staffing	Contingent Noxious Stimulus
Non-Exclusionary Time Out	Mobility Restriction	Locks	Visual or Facial Screening
Planned Ignoring	Modified Clothing	Physical Restraint	Corporal Punishment
Redirection	Required Relaxation	Protective Restraint	Mechanical Restraint
Response Blocking	Response Cost	Psychotropic Medication	Overcorrection
Response Interruption	Restriction of Personal Property	Restrict of Mail, Visitors, Calls	Prone Restraint
Restitution	Satiation		Restriction of Basic Freedoms
Self-Monitoring	Search of Person or Possessions		Seclusion
Specialized Diets			Verbal Abuse

Non-Restrictive Procedures: In general, these procedures do not have to be reviewed by a HRC prior to their initiation since they are deemed to be non-restrictive. However, if the definition, wording, or practice is such that a restriction may be embedded within a strategy noted below, a strategy may in fact be elevated to restrictive status (and would require informed consent and approval through a HRC).

Contingent Observation: The individual observes others being reinforced or engaging in a reinforcing activity, but does not participate in the activity or receive reinforcement.

Debriefing: A procedure in which the staff discusses with the individual why his/her behavior was inappropriate and provides the individual with the opportunity to acquire/learn alternative adaptive behaviors.

Non-exclusionary Time-out: A procedure in which the individual is allowed to remain in the same environment, but access to positive reinforcement is withdrawn for a certain period of time. This procedure may be accomplished by having the individual move away from others in the current environment (without leaving the room)

If this includes removal or restriction from a preferred activity that is already taking place (e.g., watching a movie on the television, doing a craft activity at a table with others, etc.), this would be consistent with response cost and considered restrictive.

Planned Ignoring: This is a deliberate disregard of a specified behavior or action by withdrawing attention using various methods. This might include turning or moving away, giving no eye contact, giving others attention, etc. This intervention is utilized in a plan if it is determined through assessment by the Individual Support Team that the demonstration of a particular behavior is continuing because the behavior is attention seeking. When this intervention is being used, generally two to five minutes (determined by Individual Support Team and indicated in plan) must elapse between the demonstration of the behavior, the ignoring response, and restored attention to the individual. This intervention is intended only to reduce attention to the exhibited behavior, not the person.

Redirection: This procedure involves trying to get a person's attention directed toward something different when it is evident if the person were left to continue in the same direction the results would be negative. This is not a "physical" intervention but rather involves redirecting a simple thought pattern. This intervention is designed to interrupt escalating behavior without resorting to physically touching the person, and without reinforcing the expression of the undesirable behavior. Generally redirection supports the person in stopping what they are doing, to simply attend to a new activity.

Response Blocking: Blocking an individual's limbs or body with protective pad or with one's own limb or body without force so that the occurrence of inappropriate behavior is prevented. When blocking is utilized, the individual makes contact with the person employing the technique.

Response Interruption: A procedure in which the trainer uses the least amount of assistance necessary to physically prompt the individual to stop engaging in a maladaptive behavior. This is done through use of brief and



intermittent physical guidance applied during redirection to an activity. The focus of this intervention is redirection. This does not include grasping or holding any part of the person being supported.

Restitution: Restoring the environment to the way it was before the target behavior occurred, (e.g. picking up materials thrown on the floor, returning stolen item, etc.).

If this includes repayment of money which is tied to property damage or a missing item taken from another, informed consent and approval through a HRC is necessary. In addition, if the person is required to make the environment “better” than it was before the behavior (e.g., not just clean up a spill associated with throwing a dink, but to wash the entire floor), this is consistent with overcorrection (Restitutorial Correction) and is prohibited.

Self-Monitoring: Teaching (through use of prompts) the individual to observe, record and evaluate their own behavior. This typically involves having them carry a notebook, card, or data sheet that they can use to record this information contingent upon a behavior being displayed.

Specialized Diets: Diets that are deemed to be necessary for the health and welfare of a person. This would include special assessments (e.g., swallowing studies), review and approval by the team as well as a physician’s order.

Mild Restrictive Procedures: The following procedures are always considered restrictive. Prior to the initiation (and then annually thereafter), informed consent and approval through a HRC are required.

Escape Extinction: Not allowing a person to escape from an activity or demand situation upon display of a particular behavior(s) that has been found to be maintained by escape (i.e., functional assessment has identified that the primary reason the person displays the behavior is to get out of/or away from something).

Exclusionary Time-out: A procedure in which the individual is removed from the reinforcing environment for a specified period of time. This may involve removing the individual to an unoccupied area such as a bedroom, hallway or other room.

Anything used to prevent egress from a time-out location (e.g., staff presence, a locking mechanism) would result in the re-classification of the intervention as seclusion which is a prohibited intervention for HCBS Waiver Participants.

Mobility Restriction: A procedure in which the individual’s movement inside or outside of the area is restricted for a specified period of time contingent upon a maladaptive behavior. This may also include limitations on mobility which is deemed necessary to prevent a negative outcome which may be associated with a particular unsafe behavior (e.g., a person with inappropriate sexual behavior may be restricted from walking in their neighborhood without staff support; a person who ingests cigarette butts may be restricted from a particular location which contains an ashtray, etc.).

This procedure does not apply to mobility restrictions associated with the provision of supervision due to skill deficits, cognitive difficulties, and/or medical issues. For example, a person with a profound level of intellectual disability may not possess safety awareness skills associated with crossing a street. For this person, the staff presence is necessitated by the skill deficit and not a problematic behavior.

Use of devices for behavioral reasons that cannot be removed by a person (e.g., breaks on a wheelchair used to restrict a person from moving their chair, gait belts used to physically hold a person who elopes, seatbelts for a person in a wheelchair used during times a person is not transitioning, a beanbag used to contain a person who cannot independently get up from the bag) would be considered a mechanical restraint and are prohibited.

Modified Clothing: Clothing that does not restrict movement, but is designed to decrease the target behavior (e. g. tear-proof clothing, jumpsuits utilized to restrict self-injurious behavior or rectal digging).

Required Relaxation: A form of time-out wherein the individual is required to adopt a relaxed posture (sitting or lying) contingent on the target behavior. Required relaxation may involve neutral or non-exclusionary area.

Response cost: A procedure in which an item such as points or tokens are lost contingent upon the display of a maladaptive behavior. Fines represent a common form of response cost. If as a component of a token economy program a person can have tokens removed, this would also be consistent with response cost programming. Removing a person's ability to engage in a scheduled activity (e.g., going to the movies) contingent upon display of a problematic behavior would also be considered response cost.

Removal of food or drink (unless associated with a specialized diet with a physician's order) is prohibited. If a person is engaged in a behavior that would produce an elevated risk of choking (e.g., running around the house, climbing on furniture, etc.), the team may need to delay access to food or drink until the person has stopped engaging in the behavior. This would not be utilized as a specific intervention but instead as a safety precaution with input and approval by the team, guardian, and HRC.

Restriction of personal property: The removal of an individual's personal property contingent on a target behavior. Any delay in a person's ability to access an item that they normally have access to in their environment (e.g., television, a radio, etc.) is also considered a restriction within this category. An individual may also be on a schedule to assist them in regulating the over use of something (e.g., cigarettes, telephone, soda, snacks, etc.). This scenario would be consistent with this category and deemed a restriction.

If the restriction includes use of locked areas (e.g., locked rooms to eliminate a person's access to the area), refrigerators or cabinets within their home, this would be considered use of a lock for behavioral reasons and considered an elevated restriction (see below).

Satiation: A procedure in which a stimulus maintaining the target behavior is presented non-contingently in copious amounts to that the stimulus no longer has reinforcing properties.



Search of Person or Possessions: An inspection of the individual or his/her personal possessions to ascertain the existence of and remove any items such as trash, stolen items, any type of dangerous items, or hoarded items (an excessive accumulation of items that are of no immediate use to the individual).

Elevated Restrictive Procedures: The following procedures are always considered restrictive. Prior to the initiation (and then annually thereafter), informed consent and approval through a HRC are required.

Alarms: Equipment placed in an individual's environment including doors, windows, refrigerators, cabinets, and other home appliances and furniture.

Intensive Staffing: One on one staffing or staff requirement to be within eyesight, arm's length, etc. (the reason for the increased staffing is a behavioral one).

Locks: Use of locks within a person's home utilized to restrict their access to personal possessions or areas of their home, necessary to prevent a particular behavior from occurring (e.g., ingesting liquid detergent, eating frozen or other uncooked products).

Physical Restraint: A procedure which involves partial or total immobilization of one or all of an individual's extremities by staff engaged in physically holding the individual.

Holding a person face down is considered a prone restraint and is prohibited.

Protective Restraint: Restriction of the limbs, head or body of an individual through the use of a device intended to protect the individual from harm due to his/her maladaptive behavior (eg., arm splints, helmet).

Psychotropic Medication: Medications that are intended to impact behaviors or psychiatric symptoms. These medications are used as an integral part of a behavior support plan (BSP) to reduce/eliminate symptoms of a diagnosed psychiatric condition or to reduce maladaptive behaviors that are serious in nature (i.e., result in injuries).

Psychotropic medication utilized solely for the treatment of a diagnosed psychiatric condition (e.g., depression, schizophrenia) can be utilized outside of a Behavior Support Plan (BSP), assuming that the following conditions are met:

- *The diagnosed psychiatric condition is recognized as such by the American Psychiatric Association or World Health Organization. Excluded conditions are as follows: intellectual or developmental disability, learning disorders, motor skills disorders, communication disorders, pervasive developmental disorders (e.g., autism), attention-deficit disorders, disruptive behavior disorders, and impulse control disorders.*
- *Psychiatric symptoms consistent with the diagnosed psychiatric condition (as noted within the DSM-IV or above) are being tracked and data used to make treatment decisions (would not include aggression, self-injurious behavior, or other disruptive/dangerous behaviors).*



- *The person being treated does not have a Behavior Support Plan addressing other disruptive or dangerous behaviors. If so, their psychotropic medication should be included within their BSP to assure integration of psychiatric/behavioral interventions.*

Restriction of Mail, Visitors, Telephone Calls: A procedure in which mail, visitors or telephone calls are limited contingent on target behavior.

Prohibited Interventions: The following interventions/strategies/procedures are not allowable for use with HCBS Waiver Participants.

Any Aversive Techniques: Aversive techniques intended to cause pain or other unpleasant sensation shall not be used to support individuals receiving waiver funded services. Examples of aversive techniques include but are not limited to:

- **Contingent Noxious Stimulation:** Administration of an unpleasant sensory agent following the occurrence of an unwanted behavior, director at any of the following: sight; hearing; touch; smell; taste;
- **Visual or Facial Screening:** the placement of a cloth or other material over the face and eyes blocking view of the environment.

Corporal Punishment: Punishment that is inflicted by the application of painful stimuli to the body, which include:

- Forced physical activity (including exercise that is contingent upon display of a particular behavior);
- Hitting;
- Pinching;
- The application of painful or noxious stimuli;
- The use of electric shock; or
- The infliction of physical pain.

Mechanical Restraint: A procedure in which the individual is required to lie face up on a bed with cloth restraints applied to prevent the individual from moving his/her body for a prescribed period of time shall not be used except when ordered by a licensed physician or dentist.

Prone Restraint: An individual is face down on their stomach

Any Restraint Used for Convenience or Discipline

Overcorrection: The repetition of appropriate behavior after the occurrence of an unwanted behavior or the practice of unwanted behavior for an extended period of time.

The use of positive practice where a person engages in an appropriate alternative (without repetition) and is then reinforced would not be considered overcorrection if this is included as part of a replacement behavior strategy (i.e., use of differential reinforcement of an alternate behavior).



Restriction of Basic Freedoms: A practice that denies an individual any of the following without a physician's order for a medical (including psychiatric) condition:

- Sleep;
- Shelter;
- Food;
- Drink;
- Physical movement for prolonged periods of time;
- Medical care or treatment;
- Use of bathroom facilities.

Seclusion: Placing an individual alone in a room or other area from which exit is prevented. This may or may not include use of a locking mechanism.

Verbal Abuse: Communicating with words in a person's presence with intent to: Cause the individual to be placed in fear of retaliation; Cause the individual to be placed in fear of confinement or restraint; Cause the individual to experience emotional distress or humiliation; Cause the others to view the individual with hatred, contempt, disgrace or ridicule; Cause the individual to react in a negative manner. This includes (but is not limited to): *Screaming, swearing, name-calling, belittling, or other verbal activity that may cause damage to an individual's self-respect or dignity.*

Final Remarks

Providers must establish protocols for ensuring that an individual is free from unnecessary medication and/or other restriction (e.g., restraints). This requires the (a) collection of both accurate and reliable data, (b) teams make data based decisions (evaluation for changes in the data following treatment changes), (c) use of positive behavioral supports in the form of replacement behavior strategies, and (d) attempts be made to reduce the restrictive interventions (particularly in cases where the data does not suggest improvement following use of a restriction).

In cases where questions exist regarding the level of restrictiveness of a particular strategy, inquiries should be submitted to the locally utilized HRC for review and determination.