

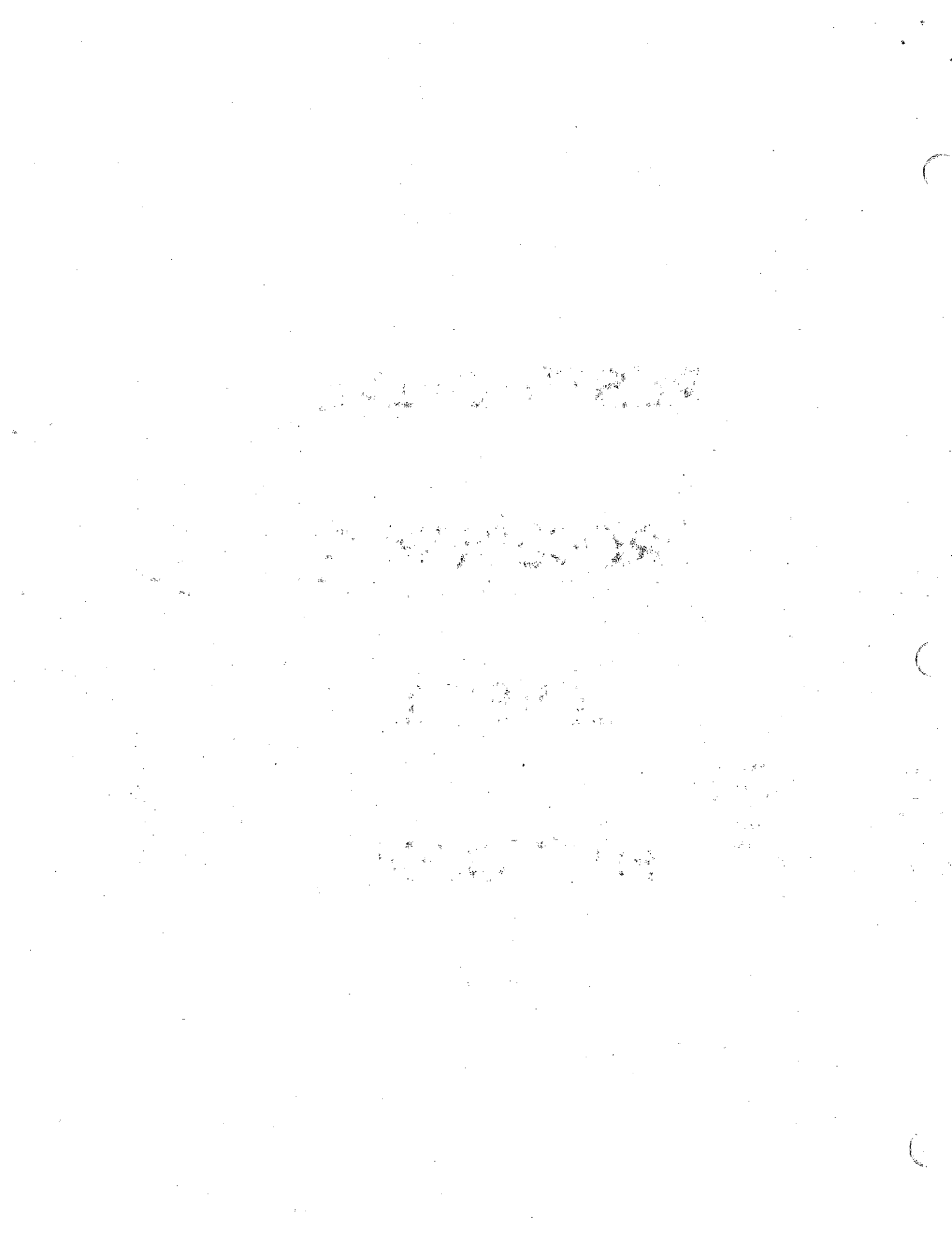
RESTRICTIVE

PROCEDURES

LEVEL I

PROTOCOL

Lo-Se-Ca Foundation June 2004



Module Three: Restrictive Concepts

Part I: Definitions

Session 1: Lecture

The definitions of the terms (in bold) are taken directly from *Creating Excellence Together* standards glossary. If your agency elaborates further, then include the additional information.

Restrictive procedure is an act that restricts the rights, freedoms, choices or self-determination of an individual. It is a response to a situation or behaviour of concern that:

- ◆ restrains an individual's normal range of movement or behaviour and/or
- ◆ limits access to events, relationships, privileges or objects that would normally be available to that individual
- ◆ may wish to hold a discussion on the term "normal"
- ◆ at this point introduce the terms that are specific to your agency along with standards for use, e.g., exclusion, physical escort, response cost, etc.

Prohibited procedures:

- ◆ prohibited procedures include any actions on the part of service providers, caregivers and volunteers which are described as abusive, neglectful, exploitative or inappropriate as per The Protection of Persons in Care Act and the PDD Abuse Reporting and Investigation Protocol.
- ◆ Prohibited procedures include such actions as: food deprivation, corporal punishment, the presentation of noxious substances (e.g. washing the mouth with soap), extended isolation, the use of electric shock, and anything that purposefully causes physical pain.

Module Three: Restrictive Concepts

Part I: Definitions

Session 1: Lecture

Positive procedures

- ◆ Interventions that move beyond purely consequence-based approaches and address behaviours of concern through altering environments (that may set the occasion for the behaviour) and teaching appropriate skills that are effective in meeting the needs previously served by the behaviour of concern.
- ◆ Include some examples in your discussion, e.g., communication strategies, changing of staff behaviours, provision of choices, emotional awareness, etc.

Logical consequences

- ◆ Logical consequences occur where the consequence has a logical relationship to the behaviour of concern. Logical consequences are chosen and arranged for by the caregiver or support person, who must actively participate so as to bring the consequence into effect. A particular logical consequence might also be consistent with the definition of other restrictive procedure labels.

Natural consequences

- ◆ Natural consequences are the natural and unavoidable results of an action. They occur because of the nature of the situation and the way the world is. The caregiver or support person does not initiate natural consequences.
- ◆ Include some examples in your discussion, e.g., van breaks down just prior to an outing and can no longer go as planned.

Module Three: Restrictive Concepts

Part I: Definitions

Session 1: Lecture

Continuum or Categories of Intervention

- ◆ Refers to a listing of positive and restrictive procedures beginning with the least restrictive, least intrusive and progressing to more restrictive, intrusive procedures. The procedures are often divided into categories or levels. The model may also identify a level of authority (e.g., supervisor, psychologist) required to approve the use of each procedure.
- ◆ Categories or continuums of interventions are theoretical or procedural models. It is important to note that they do not account for different responses or experiences by each individual to the procedures they outline.

Client Rights

- ◆ *Creating Excellence Together* has provided two different resources outlining client rights. These can be used as a reference when discussing situations. One was developed by the V.R.R.I. and the other was developed by the southern region of the province.
- ◆ Taking away client rights will most likely result in the use of a restrictive procedure being required. Depending on the right that is removed, the situation may involve a prohibited procedure. This needs to be discussed among your participants using specific situations.

Module One: Positive Procedures

Part II: Types of Intervention

Session 4: Lecture

Before embarking upon the development of planned positive procedures, there must be the time taken to establish an accurate and detailed analysis of the life experiences of the individual. It is anticipated that the results of the functional assessment will have assisted in this but be sure to determine that caregivers understand where the individual has been at various points in their life in regards to behavioural interventions. We label these procedures as positive but, not having experienced them in the same way as the individuals we work with have, we must take extra care before launching the plan.

Basic principles:

- ◆ **emphasize lifestyle change**
 - focus upon the individual and not just the behaviour; behaviour does not occur in a vacuum.
- ◆ **utilize multi-component interventions**
 - seldom does one planned response result in a total reduction of behaviours of concern, it is often addressing the functions of the behaviour at different levels that change is observed.
- ◆ **manipulate the environment**
 - the situations within which an individual finds themselves in contribute a great deal to the occurrence of the behaviour.
- ◆ **teach adaptive behaviour**
 - determine the skills required to replace the behaviour of concern and start the teaching process.
- ◆ **build environments with effective consequences**
 - create for the individual a situation you would appreciate and value with activities, relationships, and choices that are important.
- ◆ **separate emergency procedures from proactive planning**
 - the use of restrictive procedures may be required but that does not fulfill the requirements for a plan; the reduction of antecedents and providing alternate options for the individual should be the focus for intervention.

Module One: Positive Procedures

Part II: Types of Intervention

5

Session 4: Lecture

The functional assessment interview and data collection have provided some starting information. As support staff we want to:

- ✓ form hypotheses about the reasons someone has behaved in the way he/she has
- ✓ develop an intervention that builds on an individual's strengths and includes the teaching of new skills
- ✓ implement the intervention ensuring that the rights of the individual are safeguarded
- ✓ closely monitor whether stated objectives have been achieved and whether or not hypotheses have been confirmed

Types of intervention

There are several types of intervention strategies that one may choose to use. There are as many types of interventions as there are individuals. The choice of positive procedures should be individualized and be based upon the results of the functional assessment.

For purposes of discussion there are some categories of intervention proposed. They do not represent all the possible interventions. These categories correspond roughly to the information obtained from Part I.

You may wish to do some brainstorming with your group to create a list of examples for each category.

Modifying the physical environment

Strategies within this category focus upon creating an environment that better fits the individual.

- ✓ Making more choices
- ✓ Providing more interesting and meaningful activities
- ✓ Create more opportunities to interact with the community
- ✓ Making the routine more predictable

What else could be done?

Module One: Positive Procedures

Part II: Types of Intervention

Session 4: Lecture

Modifying the social environment

These strategies focus upon the people within the individual's environment including family, peers, and caregivers. Sometimes change need to be made regarding:

- ✓ Number of people around
- ✓ Level of familiarity of people
- ✓ Expectations of people

What else could be done?

Teaching skills

Strategies within this category focus upon replacing the behaviours of concern with more adaptive behaviours. You might consider:

- ✓ Teaching about emotions
- ✓ Teaching social skills
- ✓ Providing communication opportunities
- ✓ Teaching self-management skills that increase independence

What else could be done?

Module One: Positive Procedures

Part II: Types of Intervention

Session 4: Lecture

Reinforcement strategies

Providing a more responsive environment to positive occurrences almost always results in behaviour change for the positive. Any intervention strategy should explore ways to make the individual's environment more responsive to the individual's needs, likes and desires. Rather than creating stringent protocols for saying "good job", which often comes across in a condescending manner, we need to explore ways to enhance the positive opportunities in the environment.

Reinforcement comes in many ways. It could be to consider what are favourites and preferences in:

- ✓ foods
- ✓ things to touch
- ✓ things to do
- ✓ people
- ✓ places

Crisis intervention strategies

These are strategies that are proactively thought about and included in a written plan. Sometimes these may include restrictive procedures but there are other options that are as or more effective. Some of these strategies may include:

- ✓ Reducing the immediate stressors
- ✓ Talking to the individual
- ✓ Being proactive and removing known antecedents to behaviour
- ✓ Moving to a new environment
- ✓ Leaving the person alone
- ✓ Removing potentially dangerous objects
- ✓ Calling for team support

What else could be done?

Module One: Positive Procedures

Part I: Functional Assessment

Session 1: Lecture

Functional Assessment

- ◆ Is defined in Creating Excellence Together as a process for identifying factors that predict and maintain a “behaviour of concern”.
 - Occurs over a period of time incorporating a variety of activities.
 - A variety of people are involved in this process and ideally should include a qualified person, individual, family member(s), caregivers in both residence and day program.

Values underlying the process:

- ◆ Respect for the dignity of the person must be maintained during the process.
- ◆ Want to understand the structure and function of the behaviour in order to develop effective alternatives; not to just eliminate the behaviour.
- ◆ Look at the relationship between the behaviour and the environment – not just the individual.

9

Module One: Positive Procedures
Part I: Functional Assessment

Session 1: Lecture

Three outcomes:

1. An operational definition of undesirable behaviour
 - ◆ It is important to ensure that all people involved in the process are referring to the same behaviour. When developing a plan it ensures that accurate data is collected and procedures are implemented correctly.
 - ◆ The behaviour of concern should be described to include topography (what does the behaviour look like), frequency (how often does it occur), and severity (are there different degrees of intensity?)
 - ◆ May wish to ask participants to contribute examples of behaviours of concern and work through preparing an operational definition

Module One: Positive Procedures

Part I: Functional Assessment

Session 1: Lecture

2. Prediction of the times and situations when the undesirable behaviour will and will not occur
 - ◆ This is an important result of the functional assessment process in that it provides a starting point for implementing positive procedures.
 - ◆ It may be the perception that behaviours occur all the time but this is seldom the case. Careful data collection of the time of day and situation for the behaviour of concern helps to identify these situations.
 - ◆ One question that has been found useful is as follows: "Could you tell me what to do to make the behaviours happen?" If staff members answer this with confidence then this outcome has likely been achieved.
 - ◆ If you know when a behaviour occurs you could:
 - Seek to avoid the situation.
 - Provide intervention strategies to reduce frequency.
 - ◆ If you know when a behaviour will not occur you could:
 - Examine this situation to see what is different than when the behaviour occurs.
 - Start providing reinforcement for the behaviours you wish to see occurring more often.
 - ◆ Include here some examples to illustrate

11

Module One: Positive Procedures

Part I: Functional Assessment

Session 1: Lecture

3. Definition of the functions that the undesirable behaviour produces has for the individual
- ◆ This refers to a hypothesized guess as to why the behaviour occurs based upon the results of the data collection.
 - ◆ Two main reasons as to why behaviour occurs:

Get something	Avoid something
Internal stimulation	Internal stimulation
Interaction	Interaction
Objects/activities	Objects/activities

- ◆ Once the purpose underlying the behaviour has been identified, it becomes much easier to choose an intervention strategy. E.g., if the behaviour involves aggressive as a result of being rushed in the morning, then an intervention strategy could be to provide more time in the morning.

Module One: Positive Procedures

Part I: Functional Assessment

Session 1: Lecture

Functional assessment activities

- ◆ **Indirect observation**
 - Information is gathered from those who have regular contact with the individual and experience or have seen the behaviours of concern.
 - This should include interviews with the individual's support network.
 - May also wish to provide some rating scales for individuals to use.
- ◆ **Direct observation**
 - Individual is observed in a variety of typical settings doing usual activities.
 - This refers to a useful method of data collection for a period of time to provide information to assist in achieving the outcomes of functional assessment.

Module One: Positive Procedures

Part I: Functional Assessment

13

Session 3: Interview process

Distribute the following list of questions that could be included in an interview for participants to complete for a client they are working with. It would be useful for teams to work together. The results of this exercise could be used throughout this module. It is useful as a trainer to have examples to illustrate how the various factors can influence behaviour.

Behaviours of concern:

1. Describe the behaviours, frequency, duration, intensity
2. Which behaviours occur together?

Characteristics of the Individual:

3. What medications are the person taking (if any) and how do you believe these may affect his/her behaviour?
4. What medical complications does the person experience?
5. Describe the sleep cycles of the individual and the extent to which these cycles may affect his/her behaviour.
6. Describe the eating routines and diet of the person and the extent to which these routines may affect his/her behaviour.
7. List a typical daily schedule of activities in roughly hourly intervals from waking up to going to bed.
8. Describe the extent of choices experienced by the individual.
9. Describe the variety of activities.
10. How does the individual communicate:
 - a. Requesting interaction
 - b. Requesting help
 - c. Requesting preferred objects/activities
 - d. Requesting a break
 - e. Showing you something or someplace
 - f. Indicating physical pain
 - g. Indicating confusion
 - h. Rejecting a situation you have created
11. What events/actions, and objects are perceived as positive by the individual?
12. What socially appropriate behaviours/skills does the individual exhibit that may be ways of achieving the same function(s) as the behaviours of concern?
13. What experiences in the individual's past influence current behaviour? (e.g., abuse, institutionalization, etc.)

Module One: Positive Procedures
Part I: Functional Assessment

Session 3: Interview process

Characteristics of the Situation:

14. Do you believe the density of people or interactions with others may affect the behaviour?
15. What is the staffing pattern? To what extent do you believe the number of staff, training of staff, quality of social contact with staff affect the behaviours?
16. Are they in the company of people they like?
17. Are the tasks/activities boring or unpleasant for the individual?
18. When are the behaviours most likely? Least likely?
19. Where are the behaviours most likely? Least likely?
20. With whom are the behaviours most likely? Least likely?
21. What activity is most likely to produce the behaviour? Least likely?
22. What would be the one thing you could do that would be most likely to make the behaviours of concern occur?
23. Describe the extent to which the activities are predictable for the person.
24. What can you do to improve the likelihood that a teaching session will occur smoothly?
25. What things can you do that would disrupt a teaching session?

Module Two: Ethical Decision Making

Part I: AARC Guidelines

15

Session 1: Lecture

Guidelines for ethical decision making

The guidelines provided by AARC create a context in which standards for staff interactions may be discussed in a variety of situations. This discussion focuses upon applying these standards in a context addressing behaviours of concern.

Ethics is a value-based process by which we proactively determine what is moral in relationships between ourselves and others. What constitutes an ethical action is not always clear and conflict between different courses of action may arise. When we discussed restrictive concepts, the principles of best practice and least intrusive operated in our choice making. Broader questions and issues often arise in dealing with behaviours of concern. The following principles present additional concepts to consider when making decisions regarding interventions.

Principle I: Respect for the dignity of persons

This principle refers to the client, professionals, other individuals and organizations. These principles can be seen in the following ways:

- ◆ demonstrate respect for values, knowledge and experiences of persons involved by developing individualized service plans
- ◆ obtain informed consent
- ◆ maintain confidentiality
- ◆ communicate with staff in forthright manner and allow input into decision making

How is this shown in your agency?

Module Two: Ethical Decision Making

Part I: AARC Guidelines

Session 1: Lecture

Principle II: Responsible Caring

This principle works to maximize benefits and minimize harm to the individuals with whom the agency interacts.

- ◆ work with individuals to ensure services which maintain and improve client's well-being
- ◆ foster physical and emotional health of employees
- ◆ support continued professional development

How is this shown in your agency?

Principle III: Integrity in Relationships

This principle refers to an agency monitoring their relationships for conflicts of interest and striving to avoid biases.

- ◆ Accurately represent the type of services provided as well as limitations
- ◆ Support staff members in efforts to avoid conflicts of interest
- ◆ Ensure relationships entered into favor the individuals receiving service

How is this shown in your agency?

17

Module Two: Ethical Decision Making
Part I: AARC Guidelines

Session 1: Lecture

Principle IV: Social Responsibility

This principle reflects a commitment to developing the best services to persons with disabilities.

- ◆ Commitment to developing and providing the best services possible
- ◆ Encourage employees to question policies and practices which may harm people with disabilities
- ◆ Advocate for the basic human value for persons with disabilities
- ◆ Responsibility to community

How is this shown in your agency?

Module Three: Restrictive Concepts Part II: Staff Responsibilities

Session 4: Lecture

General responsibilities to individual with developmental disability:

- ◆ Staff must preserve and protect client rights
- ◆ Staff must ensure the health and safety of the client
- ◆ Staff must coach and support new staff members

Restrictive procedures are used in response to a **behaviour or situation of concern**.

Behaviours of concern include behaviours of such intensity, frequency or duration that:

- ◆ The physical safety of the individual or others is likely to be placed in jeopardy, and/or
- ◆ The consequences of the behaviour are likely to seriously impact activities of daily living and/or quality of life.

Situation of concern:

- ◆ When an individual places himself or others at risk of immediate physical harm.
- ◆ Engages in significantly inappropriate, socially unacceptable, illegal or socially risky behaviours that may limit his ability to safely participate in the community.
- ◆ Engages in actions that may cause significant property damage.

Module Three: Restrictive Concepts Part II: Staff Responsibilities

Session 4: Lecture

When choosing the type of restrictive procedure to be used two principles guide the decision-making process:

- ◆ **Best practice** – A best practice is a service function or process that has been fine-tuned, improved, and implemented to produce superior outcomes. Best is used in a contextual sense. It means “best for the individual” at the present time.

How is this principle applied in your agency?

- ◆ **Least intrusive** – the least intrusive action infringes the least upon the rights of the individual. However, the least intrusive action is determined on an individual-by-individual basis by those who know the individual best. Example, John may find going to his room (exclusion) relaxing and promoting of self-management while Lisa may be devastated by the removal of her stereo (response cost). Best practice minimizes the infringement on rights while maximizing the effectiveness.

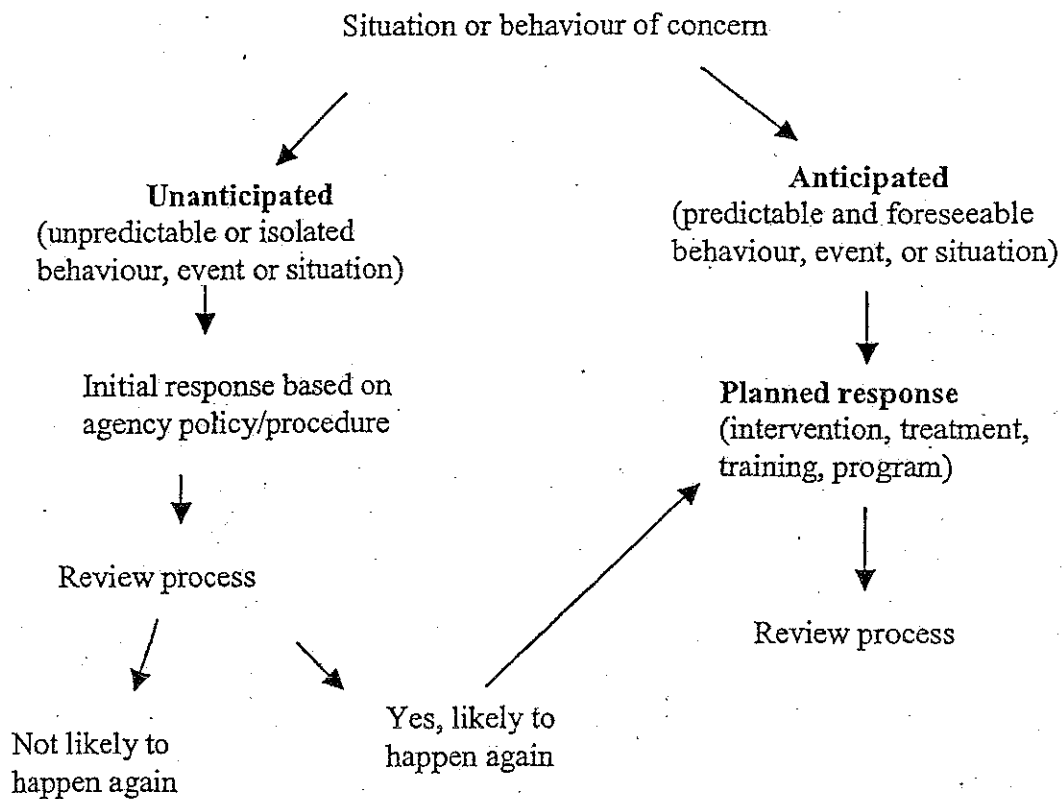
How is this principle applied in your agency?

Module Three: Restrictive Concepts

Part II: Staff Responsibilities

Session 4: Lecture

Process to follow



**Module Three: Restrictive Concepts
Part II: Staff Responsibilities**

Session 4: Lecture

Unanticipated situation or behaviour response criteria

1. The response adhered to agency guidelines as to the types of restrictive procedures that may be used
2. Guardian notified that a restrictive procedure has been used.
3. Review.

Anticipated situation or behaviour response criteria

A planned response involving a restrictive procedure must meet the following five criteria:

1. Functional assessment

- ◆ A process for identifying factors that predict and maintain a "behaviour of concern"
- ◆ Determine if possible, why the behaviour of concern occurs

2. Best practice

- ◆ The restrictive procedure is appropriate for the situation and reflects best practice.
- ◆ This area could lead into a variety of discussions and examples and link with Module 2: Ethical Guidelines

Module Three: Restrictive Concepts Part II: Staff Responsibilities

Session 4: Lecture

3. Informed consent obtained

- ◆ The individual must have an adequate explanation and demonstrate comprehension of the proposed action, the anticipated effects (positive and negative) as well as possible alternative actions and their effects, and the effects of no action, and the time frames for which the consent is valid.
- ◆ Consent must meet the criteria of being given voluntarily, by one of legal age, and by an individual who is able to understand the nature and consequences of the proposed action(s). It must also include the right to refuse to give consent and have the right to withdraw consent, once given.

4. Review

- ◆ There is a plan to review the restrictive procedure with the goal of reducing or eliminating (the need for) them as much as possible.

5. Staff trained

- ◆ Ensure staff are trained in the implementation of the procedure(s).

Module Three: Restrictive Concepts

Part III: Review Process

23

Session 6: Lecture

The purpose of the Review Process is for the development and implementation of intervention plans involving positive and restrictive procedures.

The review process helps to:

- ◆ Protect the rights and welfare of the individuals receiving services
 - The primary role of the Review Committee is to ensure that restrictive procedures are not occurring in a vacuum without outside consultation. People very close to the situation can sometimes over or under react when responding to a situation.
- ◆ Ensure that ethical and professional procedures are employed
 - Basic standards exist in relation to the implementation of restrictive procedures. The review process ensures that the interventions are implemented in a proper fashion.
- ◆ Support service provider staff in their efforts to provide quality service
 - Staff, who implement restrictive procedures, often dealt with behaviours of concern that can be quite extreme. The process of the review provides assurance to them that they are doing the best possible job and that what they are required to do is ok. Staff gain the understanding that there are additional resources for information should they be required.

Module Three: Restrictive Concepts

Part III: Review Process

Session 6: Lecture

The review process occurs at two levels:

- ◆ Ongoing review
 - This type of review can occur through observations and feedback from the individual, guardian/advocate, supervisors and staff. A process should be in place to allow for questions regarding the implementation of the planned response. It is often at this level of review that the strategies are modified to best meet the needs of the individual. A **Qualified Person** should be involved periodically in this type of review.
- ◆ Formal review
 - This type of review is identified as being more formal since a Committee is formed. This Committee may be through an established group of service providers and external members or used on an ad hoc basis. Within this committee should be a **Qualified Person**.

Qualified person

- ◆ May be a psychologist with relevant training and experience in behavioural management or an individual with at least two years of relevant training and a minimum of three years of practical experience in behaviour management strategies (including positive and restrictive procedures).

Module Three: Restrictive Concepts

Part III: Review Process

25

Session 6: Lecture

The review process will:

- ✓ Monitor the use of procedures through documentation and verbal representation.
- ✓ Review the appropriateness of specific interventions and recommend alternatives.
- ✓ Provide or deny authorization for the use of restrictive procedures.
- ✓ Ensure the approved interventions are documented and available to staff.
- ✓ Identify service provider needs as they relate to behavioural interventions such as additional training

The written document describing the planned response includes: (additional information on getting to this point is found in Module 4)

- ✓ A definition of the situation or behaviours of concern.
- ✓ Options consistent with best practice.
- ✓ Positive procedures for behaviour change.
- ✓ Staff training requirements, an implementation plan and a strategy for continuation as needed.
- ✓ A strategy to reduce or eliminate the (need for the) restrictions (as much as possible).
- ✓ A review process (in which information is collected and the impact, effectiveness and implementation of the plan is evaluated).
- ✓ A process for the amendment of approved plans and approval of those amendments.
- ✓ A time limit for the approved planned response

Module Three: Restrictive Concepts

Part III: Review Process

Session 6: Lecture

Presentation to a committee typically involves a staff member who is familiar with the plan, the individual and who brings the following information.

- ✓ Behavioural data that may include frequency, severity, duration of the behaviour of concern.
- ✓ Information on present psychological functioning and social history to provide background information.
- ✓ Result of a physical examination and current medications as these factors often affect behaviours.
- ✓ Positive approaches being used.
- ✓ Restrictive procedures requiring approval.

Upon leaving the formal review, the staff member will have the following information:

- ✓ Approval for or denial of the use of restrictive procedures or not.
- ✓ Time period for the approved restrictive procedures at which time review will need to occur again.
- ✓ Any recommendations for the implementation of the procedures.