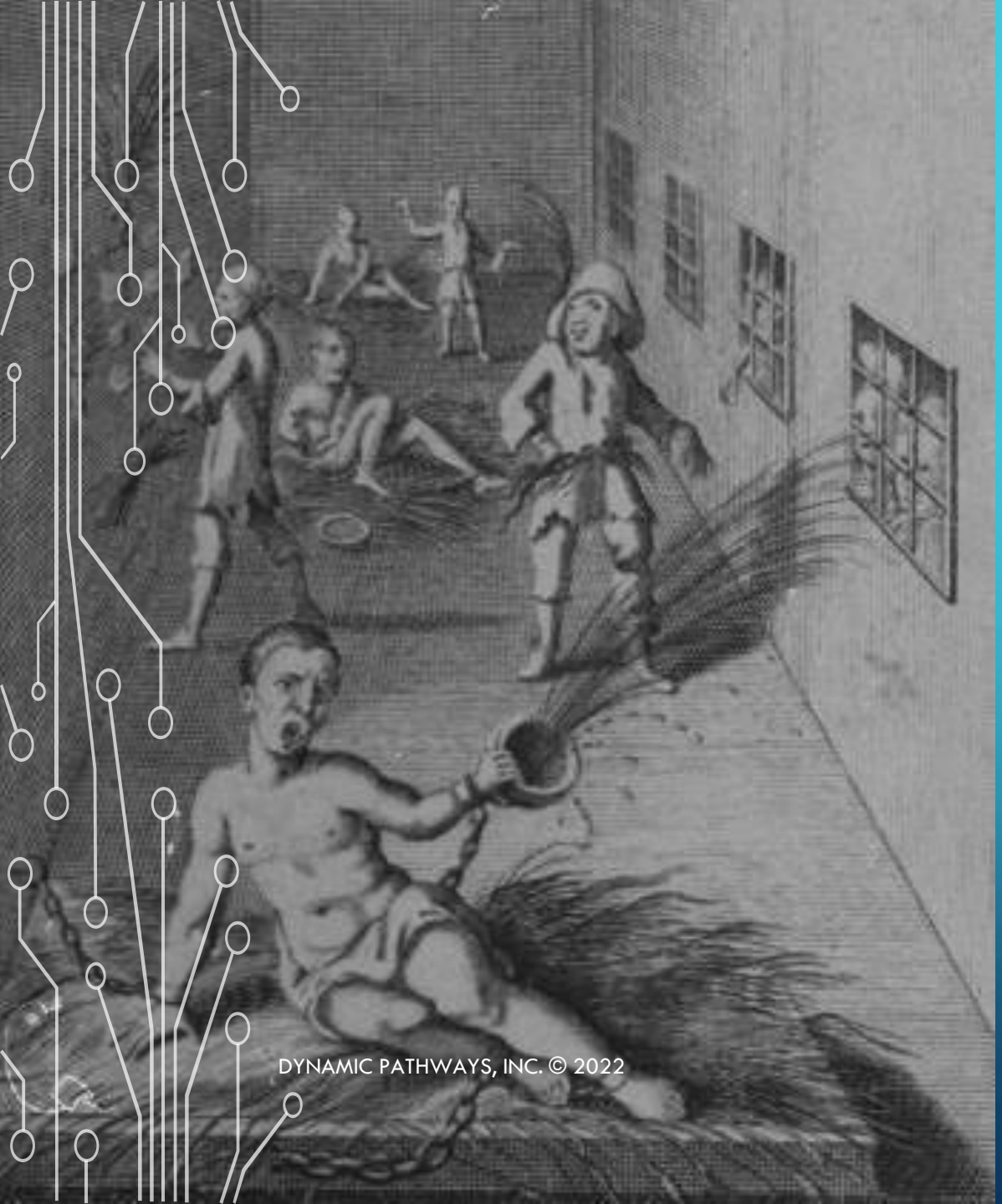
# Development and Implementation of Behavioral Support Strategies 5123-2-06

*Approved for Initial or Annual HRC Training*

*CEU Approval # 2200747-1*

# AGENDA

- Memory Lane
- Restrictions Revisited
- New rule highlights



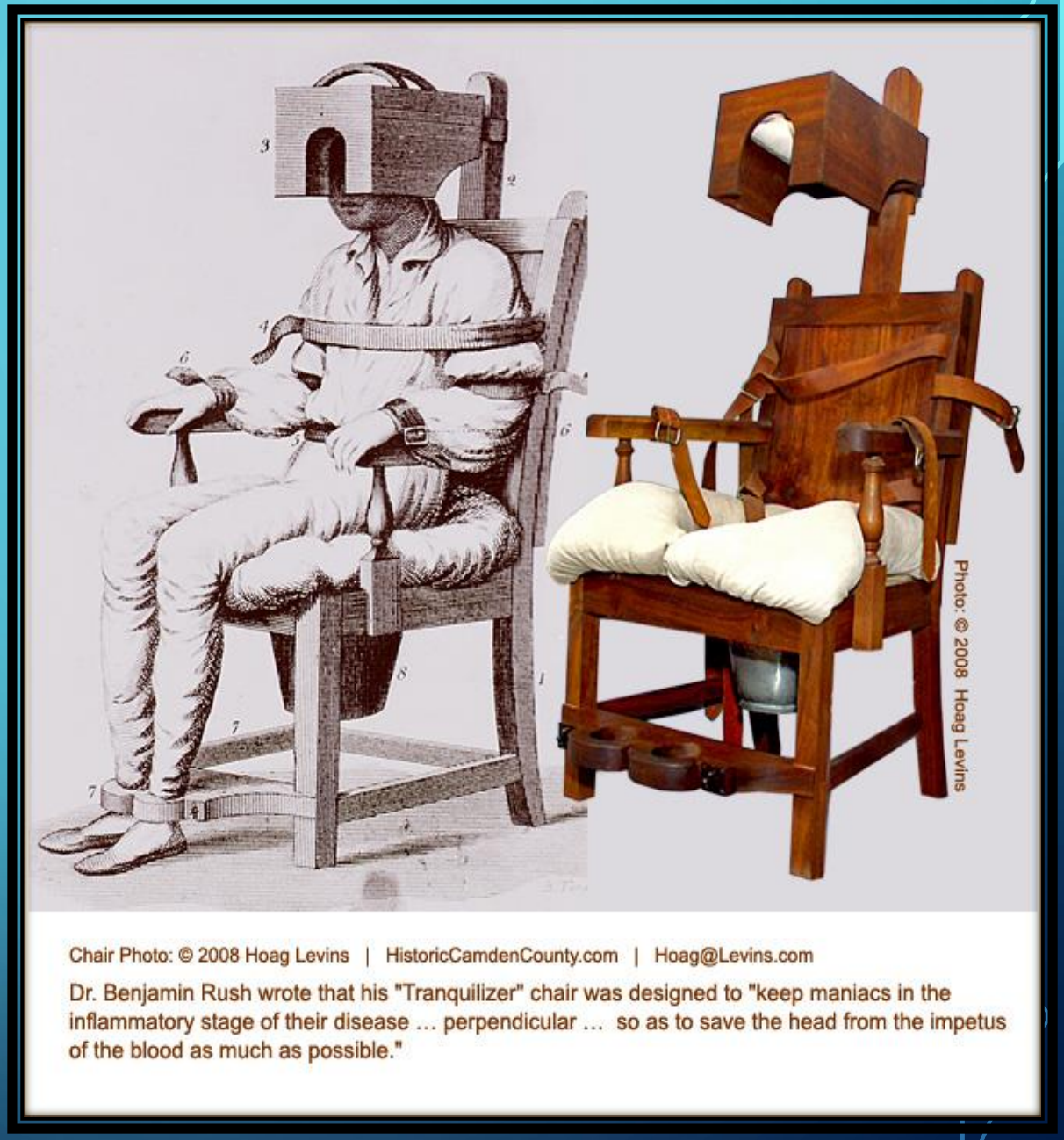


# MID 1700'S –

# INSTITUTIONS OR JAILS

# Late 1700's

Benjamin Rush is known as "The Father of American Psychiatry."



# 1800'S

New methods tried – wrapping patients in wet sheets.

Photo: National Archives | HistoricCamdenCounty.com |

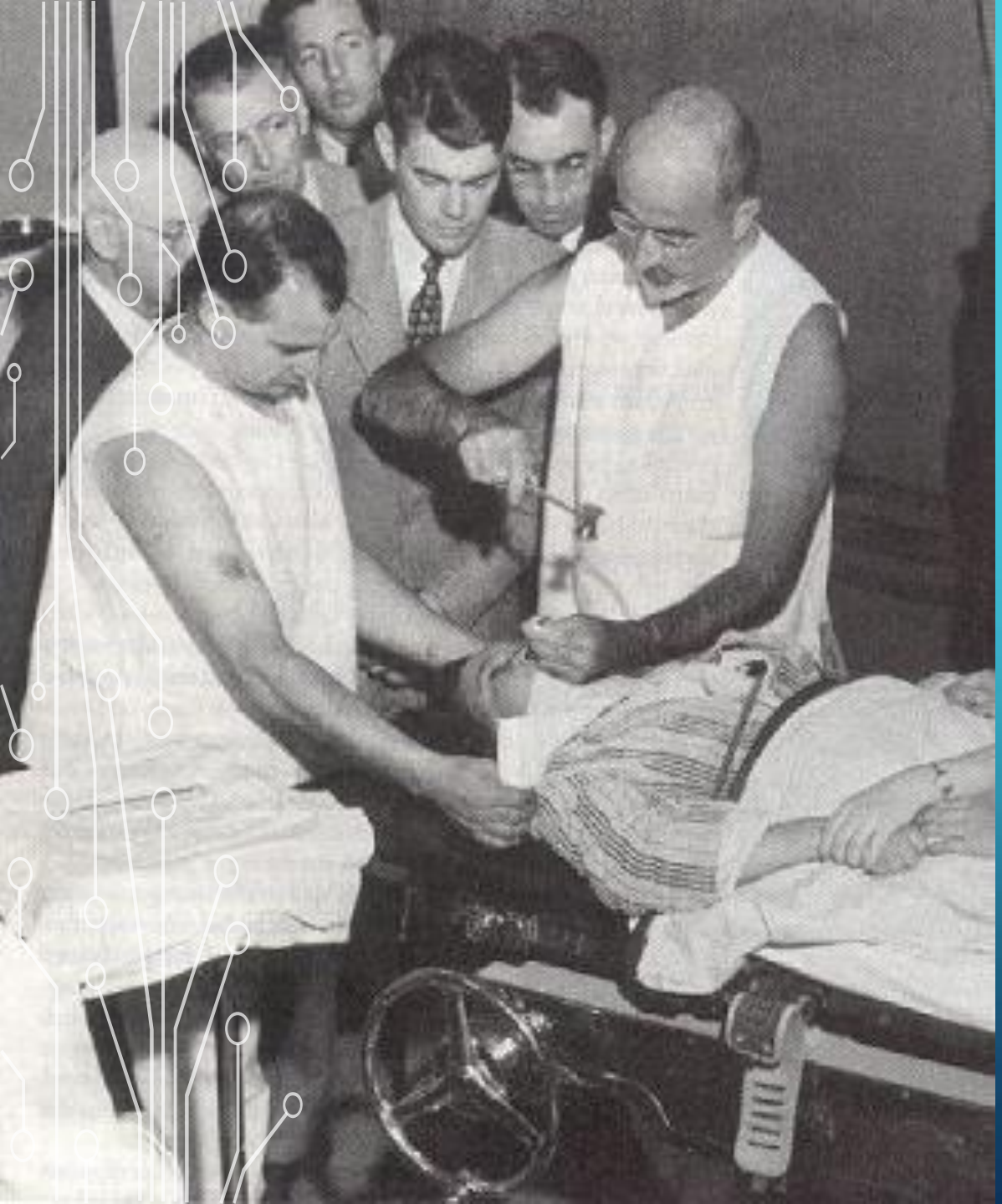
Typical of the 19th- and early 20-century treatments for insanity that now seem unscientific or even bizarre was the wrapping of patients in wet sheets. They were then laid out in neat rows.

# 1800'S

# 1878
# FRENCH PSYCHIATRIST PINEL -ABOLISHED CHAINS; INTRODUCED STRAIGHT JACKETS.

# 1890

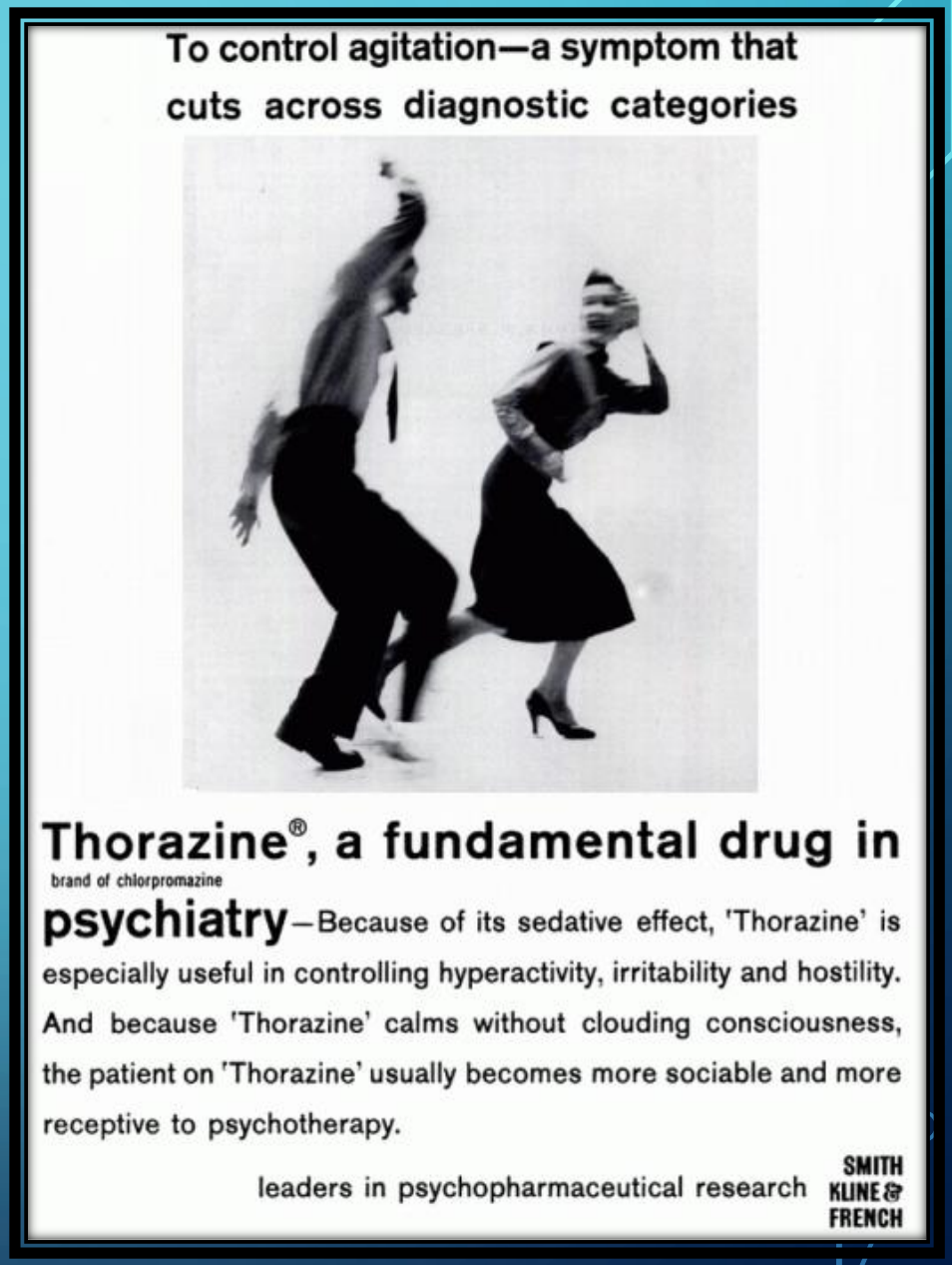
## RESTRAINT CHAIR



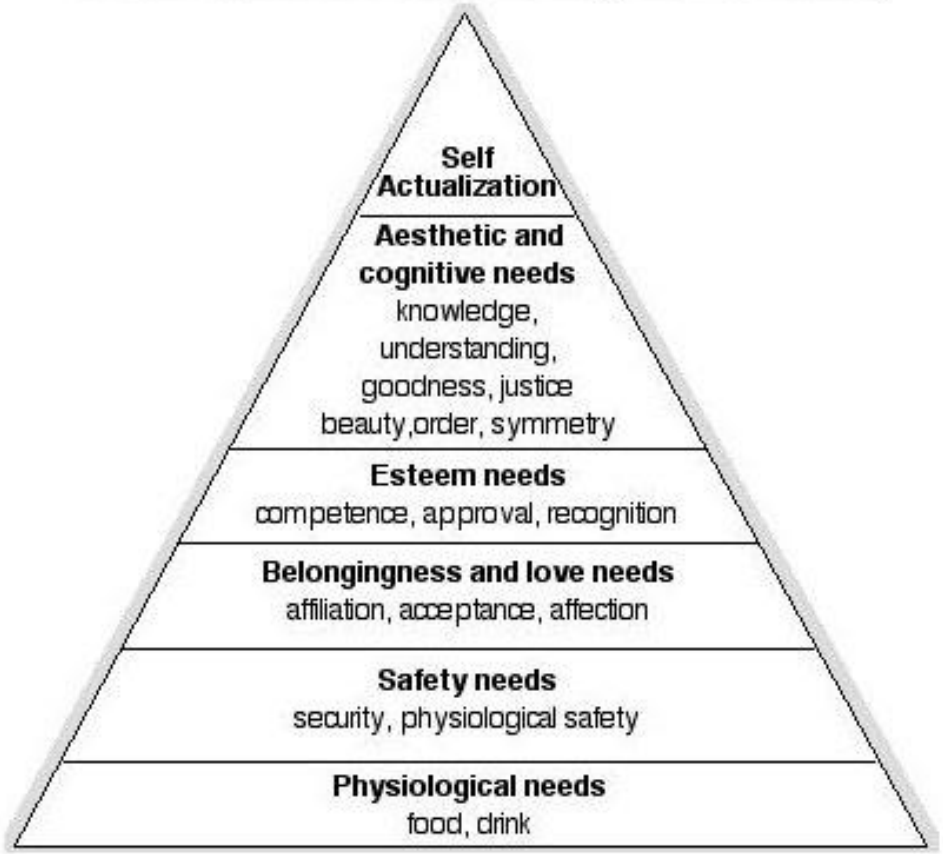
# 1935: LOBOTOMY

# 1950'S: CHEMICAL RESTRAINTS

## ADVERTISEMENT FROM 1955



# POSITIVE DEVELOPMENTS BY 1960



# 1970-2000: BEHAVIOR MODIFICATION

- Structured Schedules
- Rewards
- Active Lifestyle

# BEHAVIOR MODIFICATION

- Compliance
- Conforming
- Restrictions more permissive

# 2008 – OHIO'S POSITIVE CULTURE INITIATIVE

- Banned prone restraints 11/2005
- Restrictive Measures Rule Change - 2015

*2007 - NORTHERN OHIO FOSTER HOME FOR CHILDREN WITH I/DD.*

*12/2011 FACEBOOK POST – DAUGHTER WITH ADHD*

# STILL—WE FIND ISOLATED INCIDENTS OF COERCIVE CONTROL

# NEW RULE – 5123-2-06

***Effective 10/1/2022***

***What's new?***

# RENEWED EMPHASIS ON POSITIVE MEASURES

- (D)(1) Focus shall be on the proactive creation of supportive environments:
  - Enhance quality of life
  - Understanding and respecting needs
  - Expanding opportunities for communication and choice

# RENEWED EMPHASIS ON POSITIVE MEASURES DEMONSTRATED BY:

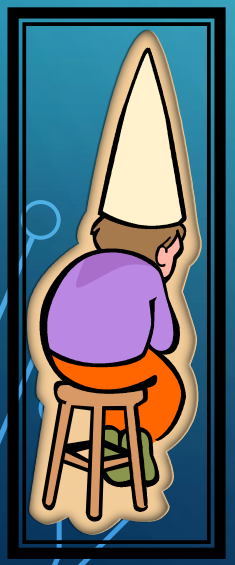
- (D)(1) Finding alternate ways to communicate
- Adjusting physical or social environment
- Addressing sensory stimuli
- Adjusting schedules
- Establishing trusting relationships

# *EXAMINE SYSTEMS IN PLACE

- Support vs. Behavior Management
  - Punishment, coercion, expulsion

    ("He needs to learn a lesson")

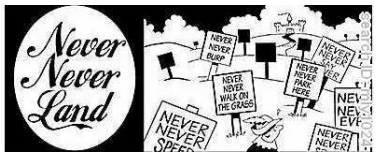
    ***OR***



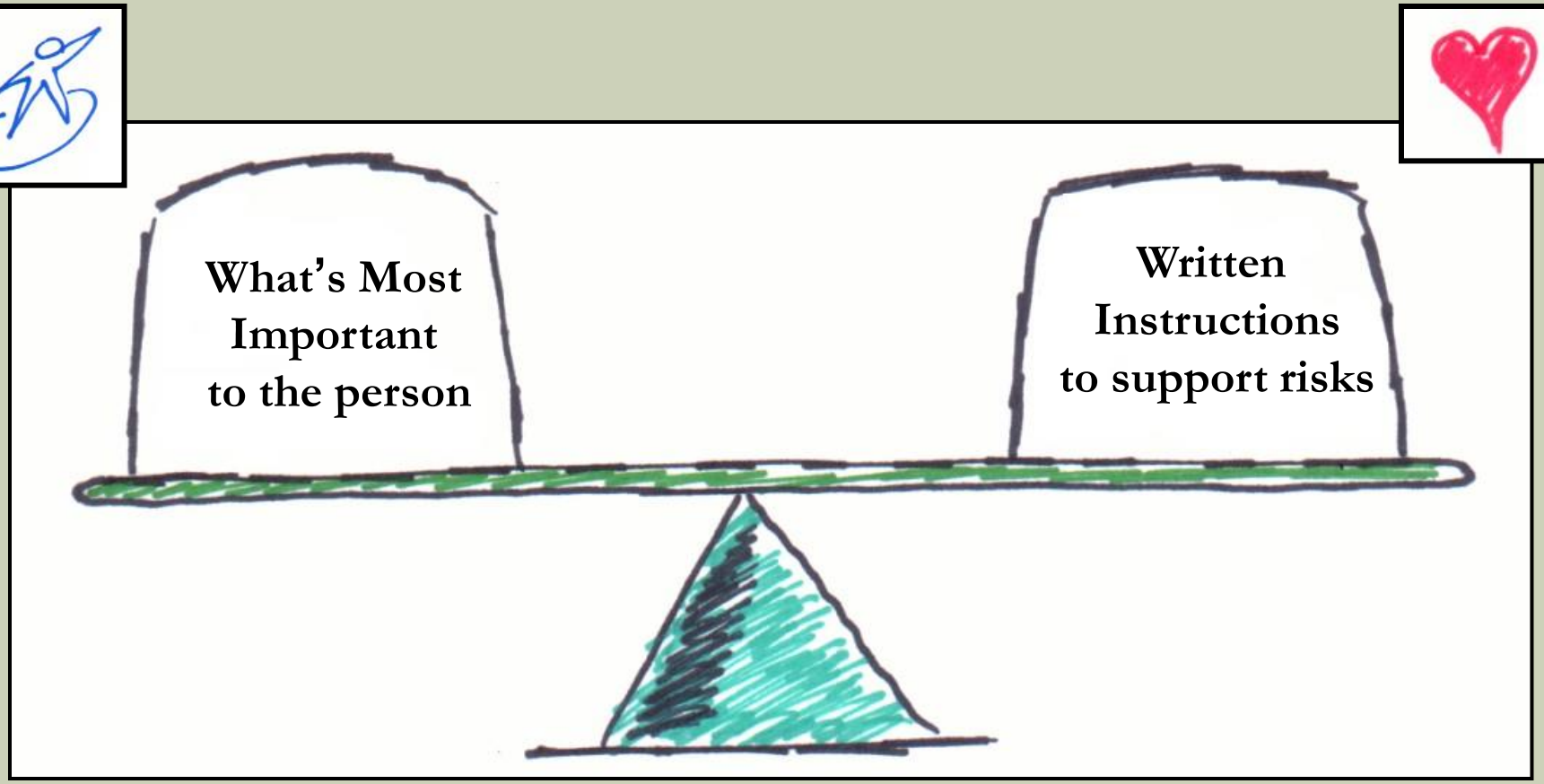
- Investment in proactive strategies including:
  - clearly defined expectations
  - focus on positive outcomes
  - addressing the cause/function of the behavior

# *EXAMINE THE BALANCE OF POWER

- Who sets the rules?
- Who enforces the rules?
- Who controls where people go?
- Who has the decision-making authority?
- Who controls the money?

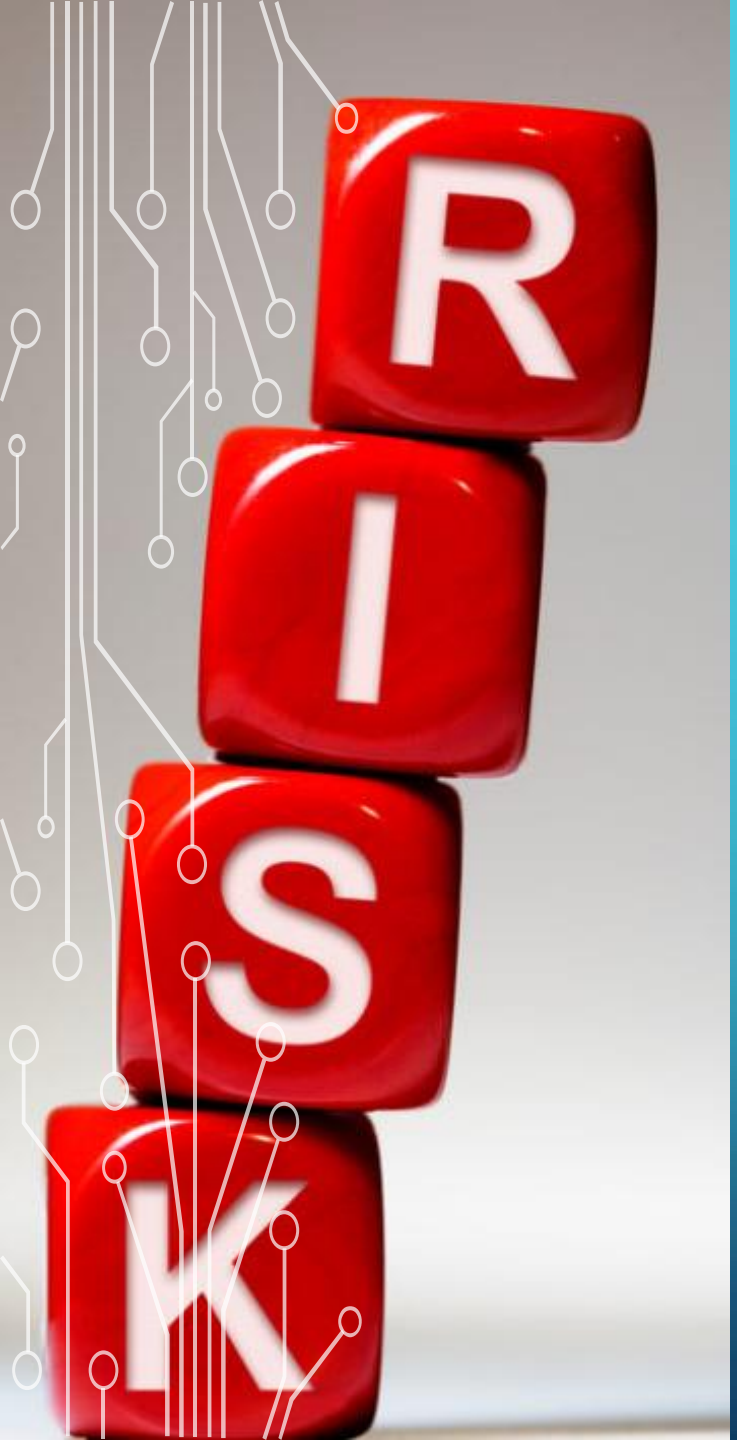



# IMPORTANT TO AND IMPORTANT FOR
## THE RISK BALANCING ACT



# POSITIVE STRATEGIES FIRST!

- (D)(2)(a): Strategy requires
  - Documentation that demonstrates that positive measure have been employed and have been determined ineffective or infeasible.
- (H)(1)(a)(iii): Emergency approval
  - Request includes description of positive measures that have been implemented and proved ineffective or infeasible.




# RISK OF HARM

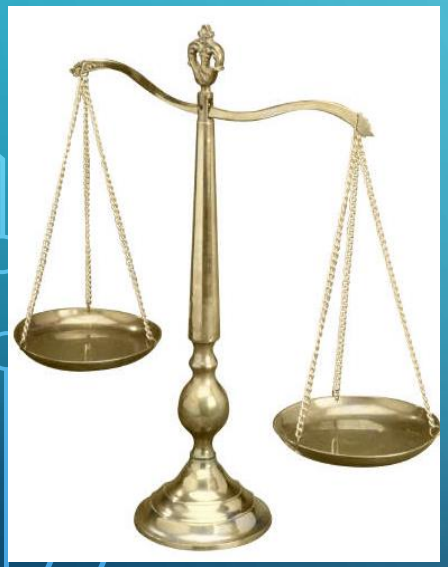
- (C)(20): There exists a direct and serious risk of harm to an individual or another person
  - Individual must be capable of causing physical harm to self or others.
  - Individual must be causing physical harm to self or others or very likely to begin doing so.

# PROHIBITED STRATEGIES – *NEW LANGUAGE*

- **Denial of Snacks and Beverages:**
  - ***Permitted for an individual with primary polydipsia or a compulsive eating disorder attributed to a diagnosed condition such as Prader-Willi Syndrome when denial is based on specific medical treatment of the diagnosed condition and approved by the HRC.***
  - ***Electroconvulsive therapy prescribed by a physician to treat a diagnosed medical condition and administered by a physician, or a credentialed advanced practice registered nurse is permissible.***

# RIGHTS RESTRICTIONS (C)(19)

- **Rights Restriction:** Restriction of an individual's rights (ORC 5123.62)
  - ONLY WHEN ACTIONS POSE A RISK OF HARM OR ARE VERY LIKELY TO RESULT IN LEGAL SANCTION SUCH AS EVICTION, ARREST, OR INCARCERATION
- Otherwise, no restrictions like arbitrary schedules or limitations on consumption of tobacco products



# MANUAL RESTRAINT(C)(11)

- **Hands on method to control an action by restricting movement or function of head, neck, torso, one or more limbs, or entire body using sufficient force to cause the possibility of injury.**
  - ONLY WHEN ACTIONS POSE A RISK OF HARM
  - NEVER a prone (face down) restraint
  - Includes disabling wheelchairs

- Must be under constant visual supervision
- Must cease immediately once ris of harm has passed

# MANUAL RESTRAINT(C)(11)

- (F)(4) Documentation must include duration
- Does not include routine method for medical procedure

- (F)(3) After each incidence of manual restraint, a provider shall take any measures necessary to ensure the safety and wellbeing of the individual who was restrained, individuals who witnessed the manual restraint, and staff and minimize traumas for all involved.

# MECHANICAL RESTRAINT(C)(12)

- **Device used to control an identified action by restricting movement or function.**
  - ONLY WHEN ACTIONS POSE A RISK OF HARM
  - NEVER in a prone restraint
  - Must cease immediately once risk of harm has passed
  - (F)(4) Documentation must include duration
  - Does not include:
    - Vehicle seatbelt/child seat
    - Medically necessary device for support or positioning
    - Device routinely used during a medical procedure

# TIME OUT (C)(24)

- **Confining in a room or area and preventing the person from leaving by applying physical force or closing a door or other barrier including placement in a room when staff person remains.**
  - ONLY WHEN ACTIONS POSE A RISK OF HARM.
  - Time out shall not exceed 30 minutes for any one incident or 1 hour in any 24-hour period.
  - Must not be key-locked but may be held shut by person or mechanism that requires constant pressure.
  - Adequate lighting and ventilation.

# TIME OUT (C)(24)

- **Continued**
  - Provide protection from hazardous conditions (unprotected outlets, sharp corners, uncovered light fixtures). Must be safe.
  - Must be under constant visual supervision by staff.
  - Must cease immediately once risk of harm has passed.
  - Must cease if person engages in self–abuse, becomes incontinent or shows other signs of illness.
  - Does not include time for self-regulation.

# CHEMICAL RESTRAINT (C)(1)

- **Use of a medication (scheduled or PRN dosing) for the purpose of:**
  - **Causing a general or non-specific blunt suppression of behavior (discernible difference in the person's ability to complete activities of daily living)**
  - **Treatment of sexual offending behavior**

- ONLY WHEN ACTIONS POSE A RIKS OF HARM OR IF PERSON ENGAGES IN PRECISELY-DEFINED PATTERN OF BEHAVIOR THAT IS VERY LIKELY TO RESULT IN ROH.
- Medications for psychiatric or physical conditions and not for causing a non-specific blunt suppression is NOT a chemical restraint.
- Does not include meds routinely prescribed for routine medical procedures

# CHEMICAL RESTRAINT (E)(1)

- If medication presumed not to be a chemical restraint ends up causing a non-specific blunt suppression of behavior:
  - Provider alerts SSA.
  - SSA ensures notification of prescriber and team.
  - Prescriber may adjust medication .
  - When medication is not adjusted, the team will meet to discuss options (possibly seek new provider or introduce activities that may mitigate ethe impact of the medication).
  - If medication continues to cause a general or non-specific blunt suppression of behavior beyond 30 days, the medication is to be regarded as a chemical restraint and submitted to HRC for approval.

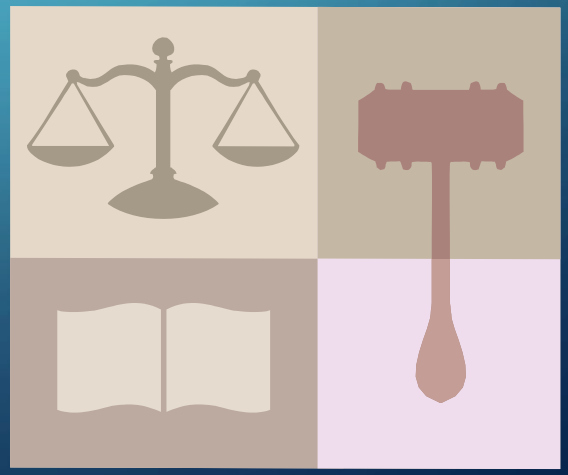
# CONDUCTING ASSESSMENT/ DEVELOPMENT OF STRATEGIES (D)(4)

- Qualifications for Medical Board license specifies physician
- Specifies to seek specialized expertise when needed (H)(2)(c)(iii).

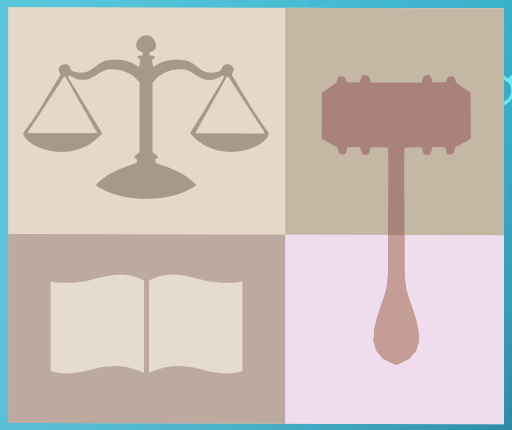
# HUMAN RIGHTS COMMITTEE

Purpose: Review, approve in whole or in part, reject in whole or in part, monitor, and reauthorize strategies that include restrictive measures.

(H)(2)(c)(vii)



# ROLE OF THE HRC



- (H)(2)(c): Ensure planning process of rule was followed and ensure informed consent.
- Ensure measures are necessary to reduce risk of harm or legal sanction.
- When indicated, seek input from persons with specialized expertise
- Ensure strategy addresses physical, emotional, and psychological wellbeing.
- Ensure strategy incorporates positive measures – feeling safe, respected & valued.
- Determine period of time for which the measure is appropriate and may approve for any # of days not to exceed 365.
- HRC must provide written explanation of determination/rejection to SSA.

# GUARDIAN INVOLVEMENT

- (D)(6): Chemical, manual or time out must identify how and when the guardian wishes to be notified.
- (F)(4): Provider will maintain record of uses of the restrictions and share with guardian whenever the strategy is being reviewed.
- (H)(2)(b): Individual or guardian is notified 72 hours in advance of the HRC meeting and has the right to present info to the HRC.

# GUARDIAN INVOLVEMENT

- ***Continued:***
- (H)(2)(e): Individual or guardian may seek reconsideration of HRC rejection by submitting additional info within 14 days. SSA forwards within 72 hrs/HRC responds within 14 days.
- May use County Board administrative resolution process.

# GUARDIANS VS. HRC

- Many examples of Guardians vs.  The Human Rights Committee.
- Some guardians have gone to Probate Court to get clarification.
- Conflict ended up with Probate Judges Association vs. Department of DODD.
  - Judges say that guardian can make decision for their ward.
  - When they are being served through HPC services, they must adhere to the rule.

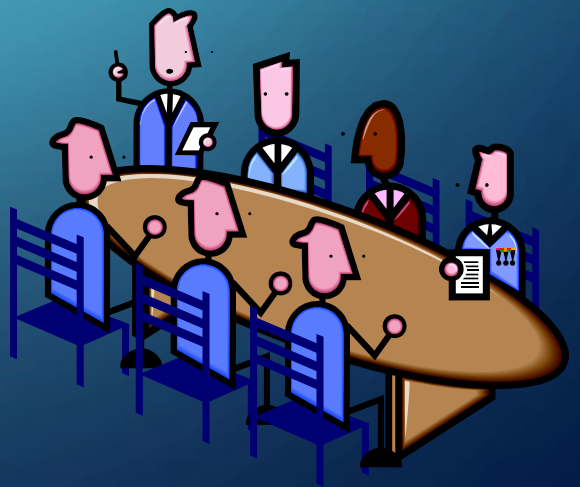
# HRC REVIEW PROCESS - EMERGENCY

- Emergency Request
  - Description of restrictive measures
  - Documented risk of harm or risk of legal sanction which demonstrates emergency
  - Positive measures that have been implemented and proved ineffective or infeasible
  - Medical contraindications
  - Informed consent

- Approval
  - Superintendent or designee (non-ICF/DD)
  - Quorum of HRC members (ICF/DD), or
  - Policy can dictate further
- Not to be used for missed timelines.
- Limited to a 45-day approval.

# HRC REVIEW PROCESS - ROUTINE

- Routine Request – Submit:
  - Assessment/Plan Info:
    - Description of restrictive measures/strategies
    - Documented risk of harm or risk of legal sanction
    - Positive measures that have been implemented and proved ineffective or infeasible
    - Medical contraindications
    - Baseline data
  - Informed consent
- Guardian and/or person is to be invited 72 hours ahead.



# WHAT ABOUT KIDS?

- Guidance from DODD is dated, still in effect.
- Specify how strategies (typical parenting) are to be addressed in County Board policy.
- Guidance currently says to specify restrictions and specific situations where they may be used.
- Caution re: “he’s a kid”.

# 90-DAY REVIEWS


(D)(7)(f):

- Reviews may be more frequent if instructed by HRC
- Reviews include:
  - Numeric changes in severity or frequency of behavior
  - New skills developed by the person
- Person's self-report of overall satisfaction
- Reports from natural supports and staff re: person's well-being
- Consider including participating parties (rule says "strategy reviewed by person and their team").

# 90-DAY REVIEWS

(D)(7)(f):

- Manual restraints: if used, seek perspective of ind and at least 1 DSP involved (what could be done differently to avoid use of manual rest).


- A decision to continue the strategy shall be based upon review of up-to-date info justifying the continuation
  - Word "fade" is not mentioned in rule
  - Measure of fade does not have to be in specific terms

# DISCUSSION…

Presented by:

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