



Restrictions, Behavioral Treatment Plans, & Restraints

Office of Human Rights Training Series

Purpose

- To ensure licensed providers are fully knowledgeable of regulatory requirements concerning the implementation of restrictions, behavioral treatment plans, and restraints, including:
 - a clear interpretation of key terms; and,
 - understanding of internal human rights processes aligned with the Regulations.



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12VAC35-115-30. Definitions

What is a restriction?

Anything that **limits** or **prevents** an individual from **freely exercising his rights and privileges**.



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Restrictions & Dignity

12VAC35-115-50

- Implementation of a restriction concerning the dignity of an individual must be assessed and the need for the restriction determined by a **licensed professional** and **reviewed every month** and **documented in the services record, PRIOR to implementation**:
 - licensed physician
 - licensed clinical psychologist
 - licensed professional counselor
 - licensed clinical social worker
 - licensed or certified substance abuse treatment practitioner
 - licensed psychiatric nurse practitioner



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Restrictions & Dignity

- Use of preferred or legal name
 - demonstrable harm?
 - significant negative impact on program or other individuals?
- Specific to residential and inpatient providers:
 - Religious practices/services
 - dangerous?
 - interference with others freedoms?
 - Mail
 - demonstrable, harmful communication?
 - Telephone use
 - demonstrable, harmful communication?
 - Visitation
 - demonstrable harm?
 - interference with treatment?
 - source of contraband



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Restrictions & Freedoms

12VAC35-115-100

- Individuals are entitled to freedoms consistent with needs for:
 - services
 - protection of self
 - protection of others
 - uninterrupted services
- Services must be delivered in the least restrictive setting.



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Restrictions & Freedoms

- Freedoms of everyday life include the freedom to:
 - Move within the service setting, its grounds, and community
 - Communicate, associate, privately meet with anyone
 - Have and spend personal money
 - See, hear, or receive TV, radio, books, newspapers
 - Keep and use personal clothing, personal items
 - Use recreational facilities, enjoy the outdoors
 - Make purchases in canteens, vending machines, stores selling a basic selection of food and clothing

Restrictions & Freedoms

- Restrictions must be justified and meet the following conditions:
 - pre-assessment, documentation by a qualified professional
 - possible alternatives
 - restriction necessary
 - reason for the restriction
 - restriction explained
 - written notice provided
 - reason
 - criteria for removal
 - right to fair review
- Restrictions which are court ordered, or required by law, must be documented in the services record.

Implementing Restrictions

- Restrictions are context-dependent.
- A restriction for one person, may be support for another.
- Conversations about restrictions should be person-centered and take place with individuals, AR's, support coordinators, other treatment team members and the Advocate.
- Can a legal guardian override a provider and implement a restriction?

12VAC35-115-30. Definitions

What are program rules?

Operational rules and expectations that providers establish to promote the general safety and well-being of all individuals in the program and to set standards for how individuals will interact with one another in the program.

Program rules

- include expectations that produce consequences
- may be included in a handbook, policies
- must be provided to all individuals



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Program Rules

- DO's
 - Develop for safety and order
 - Get suggestions from individuals
 - Apply the rules the same for each individual
 - Give and review rules with individuals and AR
 - Post rules in all regularly accessed areas
 - Submit for LHRC review, if requested
 - Prohibit individuals from disciplining each other
- DON'T's
 - Contradict the Regulations
 - Conflict with any individual's ISP



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Knowledge Check

1. A restriction concerning dignity can be implemented prior to the need for the restriction being assessed by a licensed professional.
 - a. True
 - b. False
2. The need for restrictions concerning freedoms of everyday life must be determined by a licensed professional.
 - a. True
 - b. False
3. Restrictions occurring 3 or more times within a 30 day period, or lasting longer than 7 days must be reviewed by the LHRC.
 - a. True
 - b. False



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12VAC35-115-30. Definitions

What is a behavioral treatment plan (BTP)?

Any set of **documented procedures** that are an **integral** part of the individualized services plan and are **developed on the basis of a systematic data collection**, such as a functional assessment, for the purpose of assisting an individual to achieve:

1. Improved behavioral functioning and effectiveness;
2. Alleviation of symptoms of psychopathology; or,
3. Reduction of challenging behaviors.

Behavioral Treatment Plans (BTP)

12VAC35-115-105

- Regarding the use of restrictions or time out in a BTP, the plan must:
 - Be individualized.
 - Address maladaptive behaviors that pose immediate danger.
 - Have been developed after a systematic assessment by a **licensed professional or licensed behavior analyst**.
 - Be reviewed by an **independent review committee** before implementing.
- Be mindful to consider the behavior management program/protocol (e.g., TOVA, MANDT, etc.).

Behavioral Treatment Plans (BTP)

- BTP's that involve the use of restraint or time out have additional review requirements:
 - Intermediate care facilities (ICF) for ID individuals require specially constituted committee (SCC) approval prior to implementation.
 - The independent review committee approval must be submitted to the SCC.
 - All other providers serving ID individuals must submit the BTP and independent review committee approval to the LHRC, prior to implementation.
 - Plans must be reviewed quarterly by the independent review committee, and the LHRC or SCC.
- The use of seclusion is not permitted in a BTP.

Knowledge Check

1. The key to a well developed BTP is in conducting a detailed and systematic assessment of behaviors and the situations in which they occur.
 - a. True
 - b. False

2. BTPs that include restraint and/or time out must be reviewed monthly by the independent review committee and LHRC or SCC.
 - a. True
 - b. False

3. BTPs containing restraint and/or time out must be reviewed by the independent review committee prior to implementation.
 - a. True
 - b. False

12VAC35-115-30. Definitions

What is seclusion?

The involuntary placement of an individual **alone** in an area **secured by a door** that is **locked** or **held shut** by a staff person, by physically blocking the door, or by any **other physical or verbal means**, so that the individual **cannot leave**.

Community providers may not use seclusion, unless they are licensed as a children's residential facility or inpatient hospital, and only then, if they have approved polices.

12VAC35-115-30. Definitions

What is time out?

The involuntary **removal** of an individual by a staff person **from a source of reinforcement** to a **different, open location** for a **specified period of time** or until the problem behavior has subsided to discontinue or reduce the frequency of problematic behavior.

12VAC35-115-30. Definitions

What is restraint?

The use of a mechanical device, medication, physical intervention, or hands-on hold to prevent an individual from moving his body to engage in a behavior that places him or others at **imminent risk**.

- There are three types of restraint:
 - Mechanical restraint
 - Pharmacological restraint
 - Physical restraint

Restraints

12VAC35-115-110

- The voluntary use of supports for body positioning and/or greater freedom of movement, or voluntary use of protective equipment **ARE NOT** restraints.
- Providers must discuss with the individual and AR the preferred intervention(s) at the time of admission.
- Contraindications must be documented in the services record.
- Use of restraint is not to be used as punishment.
- Restraints cannot place the individual in a prone (face down) position.

Restraints

12VAC35-115-110

- Restraints for behavioral, medical, or protective purposes are not allowed until less restrictive measures have been explored and documented in the services record.
- The provider must have internal policies/procedures for the use of restraints, i.e., behavior management.
 - Staff must be trained to engage in use of restraint.
- The restraint must be reviewed and results documented in the services record as soon after the restraint as possible.
- Standing orders may not be issued for the use of restraints.

Mechanical Restraint

The use of a mechanical device, that **cannot be removed** by the individual, to **restrict the freedom** of movement or functioning of a limb or a portion of an individual's body when that behavior places him or others at **imminent risk**.

- Examples: Seat belt, helmet, arm splints



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Pharmacological Restraint

The use of a medication that is administered **involuntarily** for the **emergency control** of an individual's behavior when that individual's behavior places him or others at **imminent risk** and the administered medication is **not a standard treatment** for the individual's medical or psychiatric condition.



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Physical Restraint

The use of a **physical intervention** or hands-on hold (manual hold) to **prevent** an individual from **moving his body** when that individual's behavior places him or others at **imminent risk**.

- ❖ Refer to your agency's Behavior Management protocol, policy, and training.



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Restraint for Behavioral Purposes

Using a physical hold, medication, or a mechanical device to **control behavior or involuntarily restrict freedom of movement** of an individual in an instance when all of the following conditions are met:

- There is an emergency.
- Nonphysical interventions are not viable.
- Safety issues require an immediate response.

Restraint for Medical Purposes

Using a physical hold, medication, or mechanical device to **limit mobility** of an individual **for medical, diagnostic, or surgical purposes**, such as routine dental care or radiological procedures and related post-procedure care processes, when use of the restraint is not the accepted clinical practice for treating the individual's condition.

Restraint for Protective Purposes

Use of a mechanical device to compensate for a physical or cognitive deficit when the **individual does not have the option to remove the device**. Additionally:

- The device may limit an individual's movement, such as:
 - bed rails
 - a geri-chair
- The device may prevent possible harm or create a passive barrier, such as:
 - a helmet

Additional Information on Restraints

Not all restraints require LHRC approval; and, not all restraints require a report in CHRIS.

- Only restraints that are included in a BTP require IRC and (SCC or) LHRC approval.
- Providers should only report improper uses of restraint and those restraints resulting in an allegation of abuse or neglect in CHRIS.



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Knowledge Check

1. When an individual voluntarily chooses to use a support, the support is still considered a restraint.
 - a. True
 - b. False
2. Any instance of restraint and seclusion must be reported to the OHR by January 15th, annually.
 - a. True
 - b. False
3. Restraints for behavioral purposes can only be implemented when verbal de-escalation does not work.
 - a. True
 - b. False



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Resources

DBHDS website
www.dbhds.virginia.gov

- To access OHR, select
 - **Offices**
 - **Human Rights**
- The *Regulations* can be accessed through Virginia's Legislative Information System (LIS) at <https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/>
- Join the DBHDS Provider Network Listserv by selecting the Licensing check box at <https://bit.ly/2ZpumCx>.
- DD listserv



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