

Restrictions, Behavioral Treatment Plans, & Restraints

Office of Human Rights (OHR) 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.

12VAC35-115-30. Definitions

What is a restriction?

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

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

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

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.

Restrictions & Freedoms

12VAC35-115-100 subsection A.1.a-g.

- 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.

Implementing Restrictions

- Use of restrictions must be **reviewed and approved** by the LHRC when:
 - the restriction lasts **longer than 7 days**
 - the restriction is imposed **three or more times during a 30-day time period**
- The *Restrictions to Dignity and Freedoms of Everyday Life Request for LHRC Review* form must be completed.
- The LHRC will provide recommendations for appropriate implementation of restrictions, according to the Regulations.

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

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

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., Therapeutic Options, 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.

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**.

12VAC35-115-110(C)(3)

Seclusion may be used only in an emergency and only in facilities operated by the department: residential facilities for children that are licensed under Regulations for Children's Residential Facilities (12VAC35-46); inpatient hospitals; and crisis receiving center or crisis stabilization units that are licensed under Part VIII (12VAC35-105-1830 et seq.) of 12VAC35-105

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

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.

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.**

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:

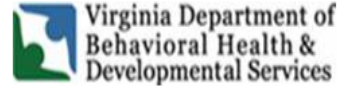
- The device may limit an individual's movement, such as:
 - bed rails
 - a geri-chair
- The device may prevent possible harm or create a passive barrier, such as:
 - a helmet

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.

LHRC Review Forms



Restrictions to Dignity/Freedoms of Everyday Life for LHRC Review

Section 1 – To be completed by the Provider

Individual Identifier (*First and Last Initials only*): Type here

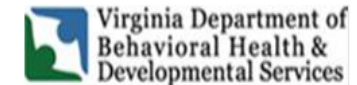
Provider Name & Contact Information (*email or phone*): Type here

Service(s): Type here

Date of Admission: Click here to select date

Date of Discharge (if applicable): Click here to select date

Type of Review: Initial Revised



Behavioral Treatment Plan (BTP) with Restraint or Time-Out for LHRC Review

Section 1 – To be completed by the Provider

Individual's Identifier (*First and Last initials only*): Type here

Provider Name & Contact Information (*email or phone*): Type here

Date Assessment Completed by Licensed Professional or Licensed Behavioral Analyst: Click here to select date

Name and credentials of person completing assessment: Type here

Date of Behavior Treatment Plan: Click here to select date

Type of Plan: New BTP Quarterly Review Revision

<https://dbhds.virginia.gov/clinical-and-quality-management/human-rights/lhrc-shrc/>

Regional Advocate Manager Contacts

Key

- | | |
|-----------------------|-------------------|
| 1 Alexandria | 21 Lynchburg |
| 2 Bristol | 22 Manassass |
| 3 Buena Vista | 23 Manassass Park |
| 4 Charles City County | 24 Martinsville |
| 5 Charlottesville | 25 Newport News |
| 6 Chesapeake | 26 Norfolk |
| 7 Colonial Heights | 27 Norton |
| 8 Covington | 28 Petersburg |
| 9 Danville | 29 Poquoson |
| 10 Emporia | 30 Portsmouth |
| 11 Fairfax City | 31 Radford |
| 12 Falls Church | 32 Richmond |
| 13 Franklin | 33 Roanoke |
| 14 Fredericksburg | 34 Salem |
| 15 Galax | 35 Staunton |
| 16 Hampton | 36 Suffolk |
| 17 Harrisonburg | 37 Virginia Beach |
| 18 Hopewell | 38 Waynesboro |
| 19 James City County | 39 Williamsburg |
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OHR Regional Manager Contact Information

Virginia Department of Behavioral Health & Developmental Services

Office of Data Quality and Visualization

Additional Contact Information

Please refer to the Human Rights Staff Contacts list and the Regional Map in the Contact Information section of the OHR web page for up-to-date contact information.

<https://dbhds.virginia.gov/clinical-and-quality-management/human-rights/ohr-contact-information/>