

Definitions for use in the Residential Service Provider Request on the Usage of Restrictive Aversive and Deprivation Procedures

Electro-Convulsive Therapy (ECT) means a court-ordered invasive neurological treatment whereby a medically controlled seizure is produced by passing an electrical current across part of the brain.

Emergency/Crisis Use means using restrictive aversive/deprivation procedures that are not a part of a formal individualized behavior management program plan as a necessary intervention to protect a person or other individuals from physical injury or to prevent severe property damage that poses an immediate threat to the physical safety of the person or others.

Mechanical Restraint means the use of containment devices such as mittens, handcuffs, shackles, ties, straps, helmets, restraint chairs or papoose boards to limit a person's movement or hold a person immobile as a contingent consequence for a person's undesirable behavior. The term does not apply to mechanical restraint used to treat a person's medical needs, to protect a person known to be at risk of injury resulting from lack of coordination or frequent loss of consciousness, or to position a person with physical disabilities in a manner specified in the person's individual program plan.

Partial Sensory Restrictions means partially restricting a person's senses at a level of intrusiveness that does not exceed placing a hand in front of a person's eyes as a visual screen or playing music through earphones worn by the person at a level of sound that does not cause discomfort.

Physical (or manual) Restraint means physical intervention intended to hold a person immobile or limit a person's movement by using body contact as the only source of physical restraint. The term does not mean physical contact used to: (1) facilitate a person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; (2) escort or carry a person to safety when the person is in danger; or (3) conduct necessary medical examinations or treatments.

Positive Practice Overcorrection means a procedure that requires a person to demonstrate or practice a behavior at an inordinate rate for a length of time that exceeds the typical frequency or duration of that behavior. The behaviors identified for positive practice are typically appropriate adaptive behaviors that are incompatible with an undesirable behavior identified for reduction or elimination. An example would be requiring a person to properly close a door 50 times after slamming a door shut.

Restitution Overcorrection means a procedure that requires a person to clean, repair, or correct an area or situation damaged or disrupted as a result of the person's undesirable behavior to a point where the area or situation is not only restored, but exceeds its original condition.

Response-Cost Deprivation procedure means the removal of a positive reinforcer following an undesired response, resulting in or intended to result in a decrease in the frequency, duration or intensity of that undesired response. Often times the positive reinforcer is goods, services, activities, privileges or people to which the person is normally entitled to access.

Time Out or Time Out from Positive Reinforcement means removing a person from the opportunity to receive positive reinforcement when the person engages in undesirable behavior. The person returns from the time out situation or condition to the opportunity to receive positive reinforcement when the person emits more desirable behavior. Time out procedures are:

A.) **Exclusionary Time Out** means removing a person from an ongoing activity and setting to a nearby location still within the area where the person cannot receive positive reinforcement or observe the ongoing activity; and

B.) **Room Time Out** means removing a person from an ongoing activity and setting, and placing them into an unlocked room. The person is prevented from leaving this time out room by staff members, but not by mechanical restraints or the use of containment devices or objects positioned to hold the door closed.

Summary of the Residential Service Provider Request on the Usage of Restrictive Aversive and Deprivation Procedures

Section #1 - Residential Service Provider Information

Question # 1 is asking about pertinent provider information.

Question # 2 is asking about the number of residences that you serve and that you are reporting on for this survey.

Question # 3 is asking about the total number of people living in the residence(s) that you are referring to and reporting on for this survey.

Section #2 - Written Behavior Management Program Plans Using Restrictive Aversive/Deprivation Procedures

Chart # 1 is asking about the number of people you serve with these various disability conditions and impairments who are receiving these types of restrictive aversive deprivation procedures as a part of a written behavior management program plan.

Question # 14 is asking about the people you reported on in **Chart # 1**, and is asking about the number of males and the number of females.

Question # 15 is also asking about the people you reported on in **Chart # 1**, and is asking about the number of people in each age group.

Question # 16 is also referring to the people that you reported on in **Chart # 1**. **Question # 16** is asking about the number of people in each length of time category, who are still experiencing restrictive aversive/deprivation procedures as a part of a written behavior management program plan.

Question # 17 is asking about the number of people you serve who experience written behavior management program plans that have restrictive aversive/deprivation procedures at these listed day service sites.

Question # 18 wants to obtain a count on the number of people you serve who receive programmatic use of restrictive aversive/deprivation procedures due to maladaptive target behaviors of physical aggression, self-injury and/or endangering property damage. If a person does all 3 types of behaviors, and each type of behavior that the person does results in the person receiving a planned restrictive aversive/deprivation procedure, then this one person should be counted 3 times.

Question # 19 is asking about the number of people you serve, who have had their restrictive aversive/deprivation procedures discontinued or terminated due to behavioral improvements.

Questions # 20 - # 22 want to know if all staff providing supervision, direct care and service interventions to people at the residence(s) have received formal in-service training on positive behavioral approaches, positive behavioral program development, behavioral de-escalation, counseling techniques, restraint methods and other forms of restrictive aversive/deprivation procedures at least annually.

Section #3 - Emergency/Crisis Usage ONLY of Restrictive Aversive/Deprivation Procedures

Chart # 2 is asking about the number of people you serve with these various disability conditions and impairments who are receiving these types of restrictive aversive deprivation procedures used on an emergency/crisis basis approximately once per month or more.

Question # 33 is asking about the people you reported on in **Chart # 2**, and is asking about the number of males and the number of females.

Question # 34 is also asking about the people you reported on in **Chart # 2**, and is asking about the number of people in each age group.

Question # 35 is also referring to the people that you reported on in **Chart # 2**. Question # 35 is asking about the number of people in each length of time category, who are still experiencing the use of restrictive aversive/deprivation procedures on an emergency/crisis basis approximately once per month or more.

Question # 36 is asking about the number of people you serve who experience emergency/crisis usage of restrictive aversive/deprivation procedures approximately once per month or more at these listed day service sites.

Question # 37 wants to obtain a count on the number of people you serve who receive an emergency/crisis usage of restrictive aversive/deprivation procedures due to maladaptive target behaviors of physical aggression, self-injury and/or endangering property damage. If a person does all 3 types of behaviors, and each type of behavior that the person does results in the person receiving an emergency/crisis usage of a restrictive aversive/deprivation procedure, then this one person should be counted 3 times.

Section #4 - Psychoactive Medications {i.e., psychotropic, neuroleptic, anti-epileptic seizure drugs (e.g., Depakote) used for behavior control, etc.}

Question # 38 is asking about the number of people you serve, who are on a prescription for psychoactive medication {i.e., psychotropic, neuroleptic, anti-epileptic seizure drugs (e.g., Depakote) used for behavior control, etc.}.

Question # 39 is asking about the people you serve who have a prescription for psychoactive medications {i.e., psychotropic, neuroleptic, anti-epileptic seizure drugs (e.g., Depakote) used for behavior control, etc.}, and wants to know the number of people in each age group.

Question # 40 is asking about the number of people you are serving, who are on multiple prescriptions (more than just one) for psychoactive medication {i.e., psychotropic, neuroleptic, anti-epileptic seizure drugs (e.g., Depakote) used for behavior control, etc.}.

Question # 41 is asking about the number of people you are serving, who have a standing prescription order for emergency/crisis PRN administration use of psychoactive medication {i.e., psychotropic, neuroleptic, anti-epileptic seizure drugs (e.g., Depakote) used for behavior control, etc.}.

Question # 42 is asking about the people you serve who have a prescription for psychoactive medications {i.e., psychotropic, neuroleptic, anti-epileptic seizure drugs (e.g., Depakote) used for behavior control, etc.}, and wants to know the number of people who are taking these prescription psychoactive medications for either one of the following reasons:

A. short-term behavioral stabilization, where it is anticipated that the prescribed medication(s) will be discontinued in a year or less.

versus

B. long-term behavioral management with no discontinuation of the prescribed medication(s) planned in the immediate, foreseeable future.

Question # 43 is asking whether or not your staff receive formal in-service training in proper medication administration.

Question # 44 is asking whether or not your staff receive formal in-service training in the detection and identification of medication complications and side effects.

Section #5 - Electro-Convulsive Therapy (ECT)

Question # 45 is asking about the number of people you are serve, who are receiving court-ordered Electro-Convulsive Therapy (ECT) treatments.

Question # 46 is also asking about the people you just reported on in question # 45. Question # 47 is asking about the number of people in each age group.

Question # 47 is asking about the people you just reported on in question # 45. **Question # 46** is asking what is the highest number of prescribed ECT sessions per year that one or more of these people might experience during the course of their court-ordered ECT treatments.

Section #6 - Additional Intensive Behavioral Services and Law Enforcement Intervention

Question # 48 is asking about the number of people you serve, who required specialized and intensive, in-home, behavioral consultation and support services from outside professionals.

Question # 49 is asking about the number of people you serve, who had to be removed from the residence due to behavior, and placed into a specialized residential setting (e.g., crisis respite, psychiatric hospitalization, etc.) for behavior management.

Question # 50 is asking about the number of people you serve, who required law enforcement intervention due to their behavior.

Question # 51 is asking about how many times law enforcement had to be called to intervene due to behavioral incidents.