

Franklin County Board of Developmental Disabilities



Behavior Support Procedures Manual

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TABLE OF CONTENTS

	Page #
SECTION 1 FCBDD BEHAVIOR SUPPORT POLICY	2
SECTION 2 CLIMATE FOR BEHAVIOR SUPPORT/POSITIVE CULTURE INITIATIVE	3
SECTION 3 INTERVENTION HIERARCHY	4
AGENCY BEHAVIOR SUPPORT COMMITTEE	5
HUMAN RIGHTS COMMITTEE	5
SECTION 4 CONSENT	6
SECTION 5 GENERAL INTERVENTIONS	7
SECTION 6 AVERSIVE INTERVENTIONS	11
SECTION 7 PROHIBITED ACTIONS	17
SECTION 8 CRISIS INTERVENTION	18
SECTION 9 QUALIFICATIONS OF STAFF	19
 APPENDIXES:	
FORMS:	
#472 Behavior Support Plan	20
#473 Consent to Behavior Support Plan Form	24
#474 Agency Behavior Support Committee (ABSC) Meeting Minutes.....	25
#475 Human Rights Committee (HRC) Meeting Minutes	26
#476 Behavior Support Summary Data Form	27
#477 Behavior Support Plan Review Form	28
#484 Notice of Emergency Removal	30
#485 Notice of Intention to Suspend	31
#486 Notice of Suspension	32
#486A Restraint/Time-Out Log Form	33
#487 Licensed Health Care Professional’s Statement Regarding Use of Aversive Procedures	34
#488 Time Out Room Inspection Form	35
Behavior Support Self-Review Form (’03)	36
DODD Behavior Support Plan Using Restraint Or Time-Out Notification Form	41

SECTION 1: FCBDD BEHAVIOR SUPPORT POLICY *(BOARD MANUAL POLICY 11.7)*

1. The purpose of behavior support is to promote the growth, development and independence of individuals and promote individual choice in daily decision making, emphasizing self-management and individual responsibility for behavior. Staff and providers shall use teaching and therapeutic approaches which focus on increasing appropriate adaptive behaviors and which are consistent with accepted standards of care in the treatment of individuals with mental retardation and developmental disabilities. Interventions which use the most common everyday consequences applied in the most normal, integrated community settings are preferred.
2. Aversive or restrictive procedures to reduce undesirable behaviors may be used only when they have been determined to be the least restrictive, least intrusive, and most effective strategies. Medical, psychological, and environmental conditions, as well as the results of a behavioral assessment shall be reviewed before restrictive behavioral procedures are implemented. These interventions shall focus on enabling individuals to learn desirable replacement behaviors rather than just the elimination or suppression of undesirable behaviors. Behavior support methods shall be employed with sufficient safeguards and supervision to ensure the safety, welfare, due process and human rights of individuals receiving county board services are adequately protected.
3. The FCBDD Behavior Support Policy and Procedures shall apply to all enrollees or eligible individuals, staff employed by FCBDD, as well as any contract provider who is receiving Board funds or any providers who are receiving Board funds or any providers who are receiving Board funds through shared funding agreements for services to an enrollee residing in Franklin County. It must be available to all staff, consumers, parents of minor children, legal guardians, and non-agency support providers to review. Behavior Support plans must be incorporated into an individual's plan and should be designed to provide a systematic approach to assisting an individual to learn new, positive behaviors while reducing undesirable ones.

SECTION 2: CLIMATE FOR BEHAVIOR SUPPORT

1. Using interactions and speech that reflect respect, dignity, and a positive regard for the individual.
2. The absence of demeaning, belittling or degrading speech or punishment.
3. Staff speech that is even-toned made in positive and personal terms without threatening overtones or coercion.
4. Conversations with the individual rather than about the individual while in the individual's presence.
5. Respect for the individual's privacy by not discussing the individual with someone who has no right to the information.
6. The use of people-first language instead of referring to the individual by trait, behavior, or disability.
7. Knowing the individual's likes and dislikes, strengths and needs, personal goals. Using a person-centered planning approach for helping an individual achieve his or her desired future based on the person's strengths. This focuses on a person's choices, interests, desires, and preferences. The planning process results in framework for helping a person move towards his or her desired future. Person-centered planning can both prevent and reduce challenging behaviors.
8. Being aware of medical conditions that might account for inappropriate behaviors.
9. *Ensuring that an individual never disciplines another individual, except as part of an organized system of self-government.*

POSITIVE CULTURE INITIATIVE

The Franklin County Board of Developmental Disabilities supports the philosophy of the Ohio Department of Developmental Disabilities ensuring compliance with the behavior support policy Ohio Administrative Code 5123:2-1-02(J) rooted in a positive culture. A positive culture is an intentional way of supporting people that focuses on:

- Truly knowing and valuing the person
- Creating healthy relationships
- Acknowledging the difficulties they face
- Offering encouragement and support
- Providing safe interactions during times of crisis

Core concepts of a positive culture include:

- If we change the way we see people who are affected by disabilities, then we will change our approach to supporting them
- Difficult behaviors are messages about the kind of life the person is living
- If we focus on helping the person engage in the life they want – other issues become unimportant
- The change we seek is within ourselves, as caregivers, rather than the person supported.

SECTION 3: INTERVENTION HIERARCHY/AGENCY BEHAVIOR SUPPORT COMMITTEE/HUMAN RIGHTS COMMITTEE

1. **INTERVENTION HIERARCHY:** Interventions range from those which entail little or no risk or intrusiveness and are best practice to those interventions which are not allowed (prohibited actions) due to a high or unacceptable level of risk/aversiveness/restrictiveness.

As the interventions become more intrusive they require more oversight and monitoring. Prior approval for aversive procedures must be obtained from the Agency Behavior Support Committee (ABSC) and Human Rights Committee (HRC).

Planned behavior support interventions that are positive, promote self-management, and use common or natural every day consequences applied in the most normal settings are the preferred choice to assist the person in gaining the skills and confidence to live, learn, and work in the community. Expectations and strategies should be appropriate for the situation and for the age and developmental status of the person.

Aversive procedures should only be used when these have been determined to be the least restrictive and least intrusive choices to effectively achieve the behavioral goal. Aversive procedures should always be used in conjunction with positive strategies and appropriate replacement behavior(s) to increase.

Procedures were placed in the hierarchy according to the degree of monitoring deemed necessary to help ensure their appropriate application and implementation. Among the many factors considered when assigning an intervention to a level in the hierarchy, were the following:

- Adverse side effects on the person, family, or residence;
- Likelihood of injury to the person and program implementer;
- Amount of time the person is removed from ongoing programs;
- Public offensiveness;
- Preferences of the person (e.g., aversiveness of procedure as *perceived* by the person;)
- Likelihood of procedural errors and/or need for specialized training.

Individual differences (for example, cognitive level; chronological age), preferences, and situations (for example, frequency and/or duration of procedure; medical problem) may determine that the level of risk/restrictiveness/aversiveness for a procedure necessitates a higher level of review than that listed.

The hierarchy or intervention procedures in this manual are categorized as follows:

- a. **GENERAL INTERVENTIONS:** These are practices which set the climate for positive behavior and/or are generally viewed as good instructional, replacement behavior development and preventive strategies. They may result in individualized

written systematic behavior support plans which are approved by the individual's team and consented to in the IP.

- b. **AVERSIVE PROCEDURES:** Used only after a positive general intervention behavior support plan has been tried. These procedures are considered very intrusive or carry certain risks that are thought indicated due to the dangerousness of the behavior to the person, to others, or to property. Use of aversive procedures requires written informed consent and approval from the Team, Agency Behavior Support Committee, and Human Rights Committee. Some aversive procedures require additional reporting to the Ohio Department of Developmental Disabilities (DODD) (timeout, restraint, emerging methods).
- c. **PROHIBITED ACTIONS:** (See Section 7)

2. **AGENCY BEHAVIOR SUPPORT COMMITTEE (ABSC)**

- a. Reviews and approves or rejects all plans that incorporate aversive procedures, including restraint and timeout.
- b. Reviews ongoing plans that incorporate aversive procedures.
- c. The Committee shall include persons knowledgeable in behavior support procedures, including administrators and persons employed by a provider who are responsible for implementing behavior support plans, but not those directly involved with the plan being reviewed.
- d. The authors of the behavior support plan may attend meetings to provide information and to facilitate incorporation of changes.
- e. Meeting minutes recorded on Form #474 (See Appendix).

3. **HUMAN RIGHTS COMMITTEE (HRC)**

- a. Reviews and approves or rejects all behavior support plans using aversive procedures, and those which involve potential risks to the individual's rights and protections.
- b. Shall ensure that the rights of individuals are protected.
- c. The Committee shall include, at least, one parent of a minor or guardian of an individual eligible to receive FCBDD services, at least one FCBDD staff member, an individual receiving services from the FCBDD, qualified persons who have either experience or training in contemporary practices to support behaviors of individuals with developmental disabilities, and at least one member with no direct involvement in the FCBDD programs.
- d. The authors of the behavior support plan may attend meetings to provide information and to facilitate incorporation of changes.
- e. Meeting minutes recorded on Form #475 (See Appendix).

SECTION 4: INFORMED CONSENT

1. Means an agreement to allow a proposed action, treatment, or service to happen after a full disclosure of the relevant facts. The facts necessary to make the decision include:
 - a. Information about the risks and benefits of the action, treatment, or service;
 - b. Acceptable alternatives to such action, treatment or service;
 - c. The consequences of not receiving such action, treatment or service; and
 - d. The right to refuse such action, treatment, or service.
2. Behavior Support plans shall be presented in a manner that can be understood by the individual or parent of a minor or guardian.
3. Any revisions to a Behavior Support plan requiring ABSC approval shall require written informed consent from the individual receiving services from FCBDD, or guardian if the individual is eighteen years old, or from the parent or guardian if the individual is under eighteen years old.
4. Resolution Of Complaints—Complaint procedures are outlined in the FCBDD Board Policy Manual Section 11.11 and are available to all staff, individuals receiving services from the Board, parents of minor children, legal guardians, and providers.

SECTION 5: GENERAL INTERVENTIONS

General intervention procedures are instructional or preventative strategies, which may be used to prevent, increase, decrease, generalize and/or maintain behavior. They are approved and reviewed periodically by the team and consented to on the IP as needed, but do not require behavior support review committee (ABSC) or Human Rights Committee (HRC) approvals unless requested.

PROCEDURES:

1. Conduct behavior assessment and rule out medical/environmental issues that could be contributing to behaviors which are dangerous to self, others, or property.
2. Write behavioral plan as determined by team.
3. Consent obtained as part of IP as needed.
4. ABSC/HRC review is not required unless the IP Team recommends or requests a review.
5. Implementers are trained.
6. Data collected as needed.
7. The IP Team reviews strategies or behavior plans in conjunction with individual plan updates, and at least every 90 days if the strategy is being used to decrease behaviors which are dangerous to self, others, or property.

STRATEGIES/INTERVENTIONS:

1. **BEHAVIOR CHAINING (FORWARD/BACKWARD)** - A procedure in which reinforcement is initially given following the first step in the chain and is subsequently shifted to follow the first step plus successively longer portions of the chain (forward), or a procedure in which reinforcement is initially given following the final step in the chain and is subsequently shifted to follow the last two steps, the last three steps, and so on until the entire chain is required for reinforcement (backward).
2. **BRIEF CONTINGENT REMOVAL OF MATERIALS** - (For up to 5 minutes).
3. **CONTINGENT OBSERVATION** - A procedure wherein the individual is allowed to remain in the instructional/reinforcing environment, but is not allowed to engage in activities that would earn him/her reinforcers for up to five minutes. Exit is not physically prevented and the individual is seated comfortably in the same room, facing the “action” (not a corner). If the person is more than minimally resistive, then a restraint plan is needed.

4. **CUEING PROBABILITY OF REINFORCEMENT AND RULE REMINDERS/PROMPTING** - The individual is reminded under what circumstances reinforcement is to occur.
5. **DIFFERENTIAL REINFORCEMENT OF BEHAVIOR ACCORDING TO CIRCUMSTANCES** - A procedure which involves positive reinforcement of the absence of a target misbehavior.
 - a. Differential Reinforcement of Incompatible Behavior (DRI) - A procedure in which reinforcement is carefully arranged so it only follows one or more behaviors chosen because they are fully or partially incompatible with engaging in a behavior judged to be inappropriate and, therefore, targeted for reduction.
 - b. Differential Reinforcement of Other Behaviors (DRO) - Delivering reinforcement when the target behavior is not emitted for a specified period of time. Reinforcement is contingent upon the nonoccurrence of a behavior. Behaviors other than the target behaviors are specifically reinforced.
6. **ERRORLESS LEARNING** - Setting up the situation so that no incorrect responses can occur.
7. **EXTINCTION** - A procedure in which the reinforcer that has been sustaining or increasing an undesirable behavior is withheld. *When applied to behaviors injurious to self or others there must be a plan and team approval.*
8. **FADING CUES OR REINFORCEMENT** - The gradual removal of prompts, reinforcement. The goal is to have the individual do the task independently.
9. **GENERALIZATION TRAINING** - Training a newly learned behavior in additional contexts.
10. **GRADUATED GUIDANCE, INCLUDING PHYSICAL PROMPTING** - Physically guiding a nonresistant individual through the behaviors being learned.
11. **MODELING, IMITATION, ROLE PLAYING, AND REHEARSAL TECHNIQUES** - A procedure where the individual observes a demonstration of a desired behavior and then matches the behavior.
12. **NEGATIVE REINFORCEMENT** - This procedure is also referred to as escape conditioning. In negative reinforcement, the removal of an aversive stimulus as a consequence of a response results in the maintenance or an increased rate of the behavior. A behavior has been negatively reinforced if it increases or is maintained due to the contingent removal or reduction of a stimulus.
13. **POSITIVE BEHAVIORAL CONTRACT** - A program in which an agreement or contract is made between the person who wishes change and the person whose behavior is to be changed. The contract specifies the relationship between behavior and the consequences and includes specified goals and rewards for appropriate behavior.

14. **POSITIVE REINFORCEMENT** - Using a positive consequence to increase a behavior (edible, activity/privilege, sensory, social, tangible). It is not positive reinforcement when something an individual enjoys is taken away or made contingent to earn.
15. **PRN MEDICATION WITH DSM DIAGNOSIS** - Antipsychotic medication used for the purpose of modifying, diminishing, or altering a specific behavior when prescribed for a DSM diagnosed disorder during initial and titration treatment periods.
16. **PROXIMITY CONTROL** - A process in which a staff member moves closer to an individual whose behavior is problematic or becoming so. Proximity can also be achieved by having the individual bring something to the instructor.
17. **REDIRECTION** - A procedure which the individual is directed to a more appropriate task or area using prompts.
18. **REINFORCEMENT OF OTHERS** - In this strategy an individual who is behaving as desired is reinforced with materials, tokens, points, or verbal praise.
19. **RELAXATION TRAINING OR CALMING TECHNIQUES** - Such as taking an individual who is agitated for a walk.
20. **RESPONSE INTERRUPTION, INCLUDING BLOCKING, BRIEF HANDS DOWN, BRIEF MANUAL HOLD/ESCORT (NO RISK OF PHYSICAL INJURY)** - The strategy refers to physically stopping an individual from performing an incorrect or undesired behavior for a brief period of time. This does not include a baskethold restraint or any procedure that uses sufficient force to cause the possibility of injury.
21. **RESTITUTION/SIMPLE SELF-CORRECTION** - In this procedure, an individual is required to repair any damage that they did to their environment. This should not require the repair or cleaning of anything that the individual did not disrupt (i.e., no overcorrection is involved with simple self-correction). Also physical prompts should only be to assist with the task if necessary, not to overcome resistance. This does not include financial restitution.
22. **SATIATION (NOT FOOD OR DRINKS)** - The condition that exists when an overabundance of a reinforcer has been provided with a corresponding decrease in the future occurrence of the behavior.
23. **SELF-MANAGEMENT TECHNIQUES** - Self-management includes any of a variety of activities designed to encourage the individual to participate in reflecting upon, monitoring, regulating, and providing feedback on their own behavior.
24. **SHAPING BEHAVIOR** - In this procedure a new behavior is developed by immediately reinforcing successive approximations to the desired behavior in a systematic way. Successive approximations are responses that increasingly resemble the desired behavior.

25. **SYSTEMATIC DESENSITIZATION** - In this procedure an emotional response is decreased by gradually exposing the individual to stimulus situations that trigger it in such a way that the response is not triggered or not fully expressed.
26. **TOKEN ECONOMY** - A system in which token reinforcers (symbolic objects exchangeable for a reinforcer of value to the individual) are earned.

SECTION 6: AVERSIVE INTERVENTIONS

These procedures must receive **prior approval** by the Agency Behavior Support Committee (ABSC) and the Human Rights Committee (HRC) before implementation. These interventions are to be used only in those situations in which withholding them would be contrary to the best interests of the individual and when the individual's failure to respond to less restrictive procedures has been documented. *Aversive interventions are never to be used for retaliation, staff convenience, or as a substitute for an active treatment program.* Restraints or timeout may only be used for target behaviors that are destructive to self or others. In addition, target behaviors as defined in plans need to have clear titles and definitions in order to reasonably describe how the behaviors which precipitate restraint and timeout are destructive to self and others.

PROCEDURES:

1. Rule out medical/environmental issues that are contributing or causing the inappropriate behavior.
2. A behavior assessment is completed including baseline data (behavior frequency before intervention begins) for each target behavior to increase or decrease. Results of assessments are discussed with team. Program author gets input from team (including consumer whenever possible) and writes the plan on Form #472.
3. IP Team approves/disapproves the behavior plan (Form #472), determines frequency of team review, level of restricted procedure and appropriateness, and ensures that positive behavioral interventions are also being used appropriately. If the plan is approved, it is included in the individual's plan (IP). The behavior plan (Form #472) must be revised as needed **but at least annually**.
4. Informed Consent Form #473 is signed (or signed within 3 days of verbal consent) and **updated at least annually**. Guardian obtained if needed.
5. Licensed Health Care Professional Statement Regarding Use of Aversive Procedures (Form #487) is signed (if the plan involves restraint, overcorrection, satiation involving food or beverage, or meal substitution). This statement should be updated as needed **but at least annually**.
6. Interim or initial ABSC and HRC approval (Forms #474 and #475) is required **before** implementation. If plan receives conditional approval or is disapproved the team must meet as soon as possible and submit a written course of action. In addition, the Ohio Department of Developmental Disabilities Director must approve, prior to implementation plans proposing to use emerging methods and technology.
7. Implementer(s) are qualified and trained on the plan with documentation maintained.
8. Implementer(s) collect(s) data and faxes/delivers to author/monitor of the plan in a timely manner.

9. Program reviews must occur at least every 30 days using Forms #477 and #476 with status reports provided to the individual receiving services or his/her guardian if the person is under 18 years of age or has a guardian. If the person receives paid residential supports, status reports shall also be provided to the residential provider.
 10. ABSC re-reviews programs periodically and HRC re-reviews as requested.
 11. If plan revisions include new types of aversive procedures then the ABSC and HRC must conduct reviews and approvals of the revised plan.
 12. Author/monitor sends the Behavior Support Plan Review (Form #477) and the Behavior Support Summary Data Form (Form #476) to the Psychology Department monthly.
 13. Approved timeout or restraint plans must be reported to DODD. This will be done by the HRC Chair/designee within 5 working days following ABSC and HRC approvals. Upon request by DODD, the county or provider shall submit additional information regarding the use of restraint or time out.
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INTERVENTIONS:

1. **BEHAVIOR SUSPENSION** - The removal of an individual from the program location, shall only be used when a person poses a continuing danger to self, others, or property except in the community employment program from which an employee may be suspended in accordance with the Code of Conduct of the Employment Services Department. When an enrollee is suspended, the building authority/designee must complete Behavior Suspension Forms #485 (only required if the individual is in a children's program) and #486.

All instances of suspension of an individual placed in a children's program by the LEA must be reported to the LEA for action. The superintendent or designee shall forward copies of all pertinent records. County board personnel shall be released from duties in order to participate in any hearings or review conferences at the invitation of the school district. A student cannot be suspended for more than 10 days per year.

2. **CHEMICAL RESTRAINT:**

- a. The use of a prescribed medication for the purpose of modifying, diminishing, controlling, or altering a specific behavior. Chemical restraint does not include the following:
 - 1) Medications prescribed for the treatment of a diagnosed disorder for which medication is indicated as found in the current version of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM).
 - 2) Medications prescribed for the treatment of a seizure disorder.
- b. Chemical restraints must be:

- 1) Used as part of an individual's plan that is specifically directed towards the reduction and eventual elimination of the behaviors for which the drugs are employed.
 - 2) Monitored closely in conjunction with the physician with staff input as to desired responses and adverse consequences.
 - 3) Gradually withdrawn at least annually unless clinical evidence justifies that this is contraindicated.
- c. Medication changes within the same therapeutic class do not require a new consent or review by team/ABSC/HRC until the next regularly scheduled review.

NOTE:

- 1) Medications for behavior control include, but are not limited to, psychotropic medication. They may be taken at home or at the program unit.
 - 2) Referrals should be made to appropriate professionals for assessment of alternate behavior change strategies (social skill training, medical evaluation, functional communication, counseling, behavior support program, etc.)
 - 3) Based on the results of comprehensive assessments, the case manager/service coordinator/QMRP in collaboration with the IP team, will assign a team member with specialized expertise in medical and psychological behavior change alternatives, the responsibility of being the liaison and working with the prescribing physician to monitor and attempt to reduce at least annually the use of medication for behavior control, unless clinical evidence justifies that this is contraindicated.
 - 4) The nurse or designee is responsible for maintaining records on individuals receiving medication. When individuals are receiving or have changes in psychotropic medication or other medication for the purpose of behavior control this will be communicated to the individual's case manager/service coordinator/QMRP for discussion at the next review meeting.
3. **CONTINGENT EFFORT (CE)** - This strategy involves the assignment of a physical activity following a target behavior. In some cases, CE may be an assigned physical exercise that follows an inappropriate behavior. Though similar to an overcorrection positive practice intervention, when CE is chosen the activity is not a functional goal-oriented activity. CE requires that the individual be compliant to the required intervention and that the activity be brief and necessitate significant effort without undue physical strain. Increased effectiveness can be obtained by combining it with a DRO procedure.
4. **EMERGING METHODS AND TECHNOLOGY** - New methods of restraint or seclusion that create possible health and safety risks for the individual, including methods or technology that were not developed prior to the effective date of the current DODD rule or this manual.

Prior approval from the Director of the Ohio Department of Developmental Disabilities must be obtained before using the following methods of restraint:

- a. Any emerging methods and technology designated by the Director of DODD as requiring prior approval; or
 - b. Any other extraordinary measures designated by the Director of DODD as requiring prior approval, including brief application of electric shock to a part of the individual's body following an identified behavior.
5. **FINANCIAL RESTITUTION FOR DAMAGES TO PROPERTY** - In this technique, an individual may pay for damage they caused to property.
6. **MANUAL RESTRAINT** - A hands-on method that is used to control an identified behavior by restricting the movement or function of the individual's head, neck, torso, one or more limbs or entire body, using sufficient force to cause the possibility of injury. This includes the use of physical or manual escort. **The use of prone restraint was banned as of November 5, 2008 by the Ohio Department of Developmental Disabilities (Information Notice 08-11-03).**
- a. A written statement from a Licensed Health Care Provider (Form #487) is required.
 - b. Opportunity for motion and exercise must be provided for a period of not less than 10 minutes during each 2-hour period in which restraint is used.
 - c. A record of restraint activity must be kept using Form #486A and sent to the individual's home daily when used.
 - d. The individual must be released from the restraint as soon as there is no longer a danger to self or others.
7. **MECHANICAL RESTRAINT** - A device that restricts an individual's movement or function applied contingently or noncontingently for purposes of behavior support, including a device used in any vehicle, except a seat belt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat. Generally only used after other less restrictive procedures have been tried and manual restraint is not appropriate.
- a. A written statement from a Licensed Health Care Professional (Form #487) is required.
 - b. A record of contingent restraint activity must be kept using Form #486A and sent to home daily when used.
 - c. An individual placed in restraint must be checked at least every 30 minutes by staff trained in the use of restraints.
 - d. Opportunity for motion and exercise must be provided for a period of not less than 10 minutes during each 2-hour period in which restraint is used.
 - e. The individual must be released from the restraint as soon as there is no longer a danger to self or others.

8. **OVERCORRECTION** - A reductive procedure consisting of two basic components that is implemented following a behavior which disrupts the environment. The first requires the individual to restore the environment to a state vastly improved over the one which existed prior to the behavior which disrupted the environment. The second component is positive practice, i.e., requiring the individual to repeatedly perform an appropriate substitute behavior. Use of this procedure with resistive individuals is not recommended. If there are likely to be any strenuous physical activities, medical approval should be obtained.
9. **RESPONSE COST** - Response cost involves the loss of previously earned reinforcers following a target behavior. Points, tokens, activities, portions of free time and recess, and other privileges have been removed in many successful behavior suppression interventions. Response cost includes: Withholding of routinely given items, materials, and/or activities – in this strategy, an individual loses an item, material, and/or activity that constitutes a part of the individual’s normal school or workday for more than 5 minutes after the display of a target behavior.
10. **RESTRICTIVE PREVENTIVE MEASURES** - These are generally non-contingent measures that may potentially violate an individual’s rights and are minimally required to have prior Human Rights Committee approval.
11. **SATIATION INVOLVING FOOD OR BEVERAGES** - Medical approval required on Form #487.
12. **SUBSTITUTION FOR, OR THE DELAY OF, A REGULAR MEAL** - The substituted meal content to be approved by dietician or physician using Form #487.
13. **TIME-OUT** - Confining an individual in a room/area and preventing the individual from leaving the room/area by applying physical force or by closing a door or other barrier, including placement in such a room/area when a staff person remains in the room/area with the individual. Placement of an individual in time-out must not exceed fifty-nine minutes per use or 2 hours in a 24-hour period. A record of time out activities should be kept using Form #486A and sent to home/day program daily when used.

CAUTION: Placement of an individual in time-out may be dangerous if that enrollee is in an agitated state. If the enrollee presents a danger to himself, intervention may take place.

TIME-OUT ROOM REQUIREMENTS/SAFEGUARDS

- a. The door to the Time-Out room shall not be key-locked, but may be held shut by a staff member using a mechanism requiring constant physical pressure from a staff person to keep the mechanism engaged.
- b. The room must be adequately lighted and ventilated and provide a safe environment for the individual.

- c. An individual in a time-out room must be free from hazardous conditions including, but not limited to: presence of sharp corners and objects, uncovered light fixtures, or unprotected electrical outlets.
- d. The individual must be under constant visual supervision by staff at all times.
- e. Emergency placement (i.e., no prior approved written plan) of an individual in a time-out room is not allowable.
- f. No timeout rooms will be constructed without prior approval of the superintendent/designee.
- g. Time out rooms must be inspected at least monthly by the building authority (Form #488 in Appendix).

14. **OTHER REQUIREMENTS:**

- a. Restraint or time-out shall be discontinued if it results in harm or injury to the individual or does not achieve the desired results as defined in the behavior support plan.
- b. Any use of restraint or time-out in an unapproved manner or without obtaining required consent, approval, or oversight shall be reported as a major unusual incident pursuant to rule 5123:2-17-02 of the Administrative Code.
- c. Any use of restraint or time-out that results in an injury that meets the definition of a major unusual incident or an unusual incident shall be reported as such pursuant to Rule 5123:2-17-02 of the Administrative Code.

SECTION 7: PROHIBITED ACTIONS

The following actions are considered potentially damaging to an individual's health or safety, mental and emotional well-being, or personal dignity and are prohibited. **Prohibited actions should be reported as major unusual incidents in accordance with rule 5123:2-17-02 of the DODD Administrative Code. Prohibited actions shall include the following:**

1. Any physical abuse or other inappropriate physical actions including striking, shaking, shoving, spanking, paddling, pinching, squeezing, yanking, spitting on, or corporal punishment;
2. Any sexual abuse of an individual;
3. Any psychological or verbal abuse including threats of inappropriate consequences, ridiculing, insulting or coarse language or gestures, or any other demeaning communication which causes the individual to feel devalued;
4. Medically or psychologically contraindicated procedures;
5. Placing the individual in a room with no light;
6. Subjecting the individual to damaging or painful sound;
7. Denial of breakfast, lunch, or dinner;
8. Squirting an individual with any substance as a consequence for a behavior;
9. Standing or as needed programs for the control of behavior are prohibited. A "Standing or as needed program" refers to the use of a negative consequence or an emergency intervention as the standard response to an individual's behavior without developing a behavior support plan for the individual as required;
10. Time-out exceeding 59 minutes for any one incident and exceeding more than two hours in a 24-hour period;
11. Use of a time-out room as an emergency placement without a written approved plan;
12. Systematic, planned intervention using manual, mechanical, or chemical restraints except when necessary to protect health, safety, and property and only when all other conditions required are met;
13. Medication for behavior control unless it is prescribed by and under the supervision of a licensed physician who is involved in the interdisciplinary planning process;
14. Any use of prone restraint.

SECTION 8: CRISIS INTERVENTION

Crisis intervention is used on an occasional, emergency basis to deal with infrequent, unexpected, acute and dangerous behavior (Example: Physical aggression to self or others). Its major purpose is to immediately protect the individual and others from injury or further injury. Only procedures in which staff have been trained should be used. After the crisis situation has been resolved, staff must complete an incident report form. Staff will discuss and review the incident and develop a written plan of action. Staff who engage in crisis intervention should be properly trained and retrained according to the provider's crisis intervention training plan which should be reviewed annually.

CRISIS INTERVENTION STRATEGIES - In order to deal with crisis behavior in an effective and humane manner, a hierarchy of techniques from the least intrusive to the most intrusive should be considered:

1. **ALTERATION OF ENVIRONMENT** - This includes removing other individuals, objects, or materials to end the behavior.
2. **NONPHYSICAL INTERVENTION** - The least intrusive technique of interrupting crisis behavior is distraction. This could be accomplished by gestural redirection, a verbal prompt such as calling an individual's name. Other non-physical interventions include redirection, calming or relaxation procedures, problem solving, and establishing boundaries.
3. **REMOVAL TO AN ALTERNATE PROGRAM AREA** - An individual may be directed to an alternate location in order for the amount or types of stimuli to be controlled. If physical intervention is required, an individual should only be moved using an approved crisis escort procedure in which staff have been trained. **Use of a time-out room as an emergency placement without a written approved plan is prohibited.**
4. **MANUAL RESTRAINTS** - Manual restraint techniques may be needed if distraction methods fail. This would be particularly true if a life-threatening sequence of events is taking place, whether it is self-abuse or physical aggression towards others. **NOTE:** A prone floor restraint (individuals lying on their stomach) cannot be used in a crisis and is banned from any use.
5. **EMERGENCY REMOVAL FROM LOCATION** - In the event an individual's continued presence at the facility poses a continuing danger to persons or property, or an ongoing disruption of the habilitation process, the individual may be removed on an emergency basis for a period not to exceed two program days.

The parent, guardian, or custodian of the individual should be notified in writing (Form #484) within twenty-four (24) hours of the removal. This requirement is met if the notice is mailed to the address of the parent, guardian, or custodian on the day of the removal. Notification should also be made to the local education agency if the individual has been placed in the FCBDD program by the local education agency.

SECTION 9: QUALIFICATIONS OF STAFF PROVIDING BEHAVIOR SUPPORT

Staff (County Board or private provider) involved in behavior support plans shall be identified and properly trained for the level appropriate for their designated position. The superintendent or designee shall insure that staff members are properly designated and appropriately trained. There shall be three levels of qualification:

- LEVEL 1: Direct service staff who have received training specific to the individual and the recommended support procedures. Duties include: collecting data, participating in the development and implementation of programs. May not supervise behavior support programs.
- LEVEL 2: Certified or licensed staff who have both experience and broad based training (at a minimum at the bachelor level) specific to persons with mental retardation and developmental disabilities. Duties include: collecting data, behavior assessment, training staff, writing, implementing, and supervising the implementation of behavior programs.
- LEVEL 3: Supervisory, administrative, or professional certified/licensed staff who meet at least three of the following criteria, one of which must be in the educational area (a, b, c) and one in the experience area (d, e).
- a. Masters Degree in special education, psychology, school psychology, or related field that includes one course in behavior theory/management.
 - b. Minimum of five graduate courses in psychology, education, or a related field of which one course in behavior management and one in the psychology of learning.
 - c. Has taught behavior support at the graduate or undergraduate level as a primary instructor.
 - d. Two years experience as licensed/certified staff working with persons who have developmental disabilities.
 - e. Two years in a supervisory or direct care role with experience in behavior support procedures.

Duties include monitoring aversive programs for appropriateness and theoretical soundness and insuring that programs meet review requirements.

NOTE: Supervisors may submit to the Agency Behavior Support Committee (ABSC) the name of any Level II staff member who is believed qualified for Level III based on skills and experience but who lacks the formal education requirement. Forward to the ABSC samples of two behavior programs the staff member has developed and a list of all documentable training received (courses, seminars, etc.) in behavior related areas.

BEHAVIOR SUPPORT PLAN

Name: _____ Plan Author/Title/Phone: _____
 DOB/CA: _____
 SS#: _____
 Home/Provider: _____ Date of Plan Consent: _____
 Guardian: _____ Service Coordinator: _____
 Residence Type: ___ ICFMR Plan is: ___ New
 ___ LICENSED HOME ___ Revision **w/o** changes requiring Interim
 ___ SL HOME ___ Revision **w/**changes requiring Interim
 ___ OTHER

I. A. **NONAVERSIVE/GENERAL INTERVENTION PLAN:**

Intervention	Target Behavior	Provider/ Site Implemented

B. **AVERSIVE PLAN:**

Intervention	Target Behavior	Provider/Site Implemented
<input type="checkbox"/> CHEMICAL RESTRAINT**		
<input type="checkbox"/> MANUAL RESTRAINT**		
<input type="checkbox"/> MECHANICAL RESTRAINT**		
<input type="checkbox"/> TIME OUT**		
<input type="checkbox"/> Other:		

**These interventions require submission of an DODD notification form for new plans and when details on the top half (BSS section) of a previous DODD form change.

--LHC Form #487 is required for manual and mechanical restraints, overcorrection, meal substitution, and noxious substances.

II. A. **IDENTIFIED REPLACEMENT SKILLS:**

Replacement Behaviors For What Target Behavior

B. **REINFORCERS:**

Identified Reinforcers Scheduled Use

C. **PERSONAL INTERESTS/PREFERENCES:**

III. DESCRIPTION OF INDIVIDUAL (CASE HISTORY):

- A. Summary of enrollee strengths:
- B. Psychological/psychiatric information:
 - (1) Mental retardation level, date and evaluator:
 - (2) Mental health diagnoses:
 - (3) Describe current/past mental health treatment:
- C. Communication abilities/needs:
- D. Medical information/concerns:
 - (1) Fine/gross motor or sensory limitations:
 - (2) Date of last physical:
 - (3) Current medications:

Name/Dose	Dx. For Prescribing	Significant Side Effects

- (4) Prescribing physician(s) and specialty:
- (5) How is doctor involved in the planning process?
- (6) Has the doctor addressed how medications may behaviorally affect the individual?
- (7) Who on the team is the liaison with the physician?

IV. PREVIOUS POSITIVE/AVERSIVE PROGRAMS – SUMMARY

Dates	Target Behavior(s)	Treatment	Results

Is there sufficient data to indicate that positive and less aversive teaching and support strategies are demonstrated to be ineffective prior to the use of more intrusive procedures?

Yes No Explain:

V. TARGET BEHAVIOR DESCRIPTION/ASSESSMENT RESULTS:

A. Target Behaviors	Antecedents	Baseline (\bar{X} /Day/Wk/Mo)	Dangerous to Self or Others Y or N

B. BEHAVIORAL ASSESSMENT OF TARGET BEHAVIOR(S):

- (1) Assessment methods(s):
- (2) Behavioral hypothesis regarding purpose of target behavior(s):

VI. CURRENT PROGRAM:

A. PREVENTION PROCEDURES:

B. PROCEDURES FOR INCREASING APPROPRIATE BEHAVIORS:

- (1) Measurable replacement behaviors:
- (2) Methods to foster these:
- (3) Data Collection (on behaviors to increase):

Data to be Recorded	Method/Frequency	Person Responsible

C. PROCEDURES FOR DECREASING TARGET BEHAVIORS:

- (1) Target behavior(s) to be decreased (operationally defined):
- (2) Intervention procedures (maximum duration per use, if aversive):
- (3) Behavior intervention to be recorded:

Intervention	Method/Frequency	Person Responsible

D. ANTICIPATED FADING SEQUENCE FOR AVERSIVE INTERVENTION:

VII. PERSONS RESPONSIBLE FOR IMPLEMENTING/TRAINING PROGRAM:

Implementer's Name	Relationship to Individual	Trainer	How will required training be documented?

VIII. CONSENT:

- A. Y N Individual has a guardian?
- B. Y N N/A Individual needs a guardian?
- C. Y N N/A Guardianship in process?

IX. IP TEAM REVIEW/SIGNATURE SHEET:

The individuals below have had the opportunity to participate in the development and/or review of the attached Behavior Support Plan and agree to implement the plan as written:

Team Members	Date	Signature/Agency	AGREE	AGREE WITH CONDITIONS (COMMENTS BELOW)	DISAGREE (COMMENTS BELOW)
Primary Author/Monitor (Chair)					
Program Implementer(s)					
Implementer's Supervisor					
Individual (if appropriate)					
Parent/Guardian (if appropriate)					
Service Coordinator					
Advocate (state relationship)					

COMMENTS/CONDITIONS: _____

CONSENT TO BEHAVIOR SUPPORT PROGRAM

I _____ hereby authorize and direct the Franklin County Board of Developmental Disabilities, its employees, agents, or contractors to perform the following Behavior supports which involves the use of the following restricted or aversive procedures:

with _____ (name of enrollee) whose guardian is _____.

1) Goals/objectives of the program: _____

2) How Progress will be evaluated: _____

3) Benefits and Risks reasonably to be expected: _____

4) Alternatives to above program: _____

I understand that I have had a full opportunity to ask questions regarding the behavior support program described above and that questions have been answered by _____ to my fullest satisfaction. He/She has explained the risks described above and I understand them, and he/she has offered to explain possible risks or complications.

I understand that any further questions I have concerning the program described previously will be answered, and I understand that I am free to refuse consent, or withdraw my consent and participation in this program at any time after notifying the previously named staff member without prejudicing my future service. No guarantee has been given to me concerning this treatment program.

I fully understand the consent form. I have signed it freely and voluntarily and understand a copy is available upon request.

(Enrollee) (Date)

(Parent/Guardian) (Date)

(Witness) (Date)

I believe that the enrollee's participation in the described program will serve his/her best interests, and I have so advised the enrollee. I am aware of the general needs of this enrollee.

(Advocate, e.g., Case Manager, or APSI Rep., if no Parent or Guardian) (Date)

#474

AGENCY BEHAVIOR SUPPORT COMMITTEE (ABSC) MEETING MINUTES

Name_____ Location_____ Case#_____

Review Date_____ Next Review_____

Review Type: Interim Initial Revision Review Other

Aversive intervention

Specific Target Behavior(s)

COMMITTEE ACTION*: 1. Approval 2. Conditionally Approve* 3. Disapprove* 4. Other

(*WRITTEN RESPONSE REQUIRED FOR #2 AND #3 WITHIN 2 WEEKS)

MR Level:	MH Dx:	Medications:
Comments/Conditions:		

COMMITTEE SIGNATURES:_____

OTHERS IN ATTENDANCE:_____

cc: HRC Chair ABSC Chair Program Author Author's Supervisor Case Mgt.
Other_____

475

HUMAN RIGHTS COMMITTEE (HRC) MEETING MINUTES

Name _____ Location _____ Case # _____

Review Date _____ Next Review _____

Review Type: Interim Initial Revision Review Other

Aversive Interventions

Specific Target Behavior(s)

COMMITTEE ACTION*: 1. Approval 2. Conditionally Approve* 3. Disapprove*

(*WRITTEN RESPONSE REQUIRED FOR #2 AND #3 WITHIN 2 WEEKS)

Comments/Conditions:

COMMITTEE SIGNATURES: _____

OTHERS IN ATTENDANCE: _____

Cc: HRC Chair ABSC Chair Program Author Author's Supervisor Case Mgt.
Assistant Superintendent Other _____

(REV. 2/02)

BEHAVIOR SUPPORT PLAN REVIEW

Name: _____ Agency Case # _____

Primary Plan Author/Monitor: _____

Submitted by: _____ Location(s): _____

Reviewed for Month/Yr: _____ Plan Date (M/D/Yr): _____

1. Procedures/Target Behavior (attach copy of program only if changed)

GI: _____ Target behavior(s): _____

Aversive: _____ Target behavior(s): _____

2. Was data received in a timely manner? _____ Yes _____ No
Is data to review reliable/valid? _____ Yes _____ No

3. Data and interpretation relative to behaviors to increase:

a. Goal attainment re: replacement behavior/other behaviors to increase:

b. Is further behavioral assessment needed? _____ Yes _____ No

c. Attach graph to show progress (at least every 90 days). _____ Yes _____ No

4. Are reinforcers still effective? _____ Yes _____ No

5. Data and Interpretation of Target Behavior(s) to Decrease:

a. Summarize frequency, intensity, etc., of target behaviors over review period, % of days without target behavior, address issues of variability of data, and note any changes in comparison to last month's data, baseline date.

b. Summarize RP use (% change, etc.). Attach graph to show progress (90 days). Are the restricted procedures effective?

c. Has function of target behaviors changed?

6. Has fading criteria been met? _____ Yes _____ No
Do fading procedures need to be clarified? _____ Yes _____ No

7. Frequency/Description of other problem behaviors occurring:

8. Any significant events or changes in the individual's physical, environmental, or social status (e.g., illnesses, staff changes, loss or illness of significant others, etc.). Describe impact, if any, on behavior and modifications needed:
9. Problems which have risen regarding program implementation. Describe any injuries or incidents which have occurred from program implementation since the last review:
10. Have current implementers been trained? _____Yes _____No
11. Indicate need for further in-servicing of staff or others and who will provide/when:
12. Should the individual be referred to any specialists or other services providers? __Yes__No
13. List current psychotropic medications and the respective diagnosis (if changed):
- Any adverse side effects of psychiatric meds?
Is there adequate communication with prescribing physician?
14. What is the individual's overall response to the program? Has the individual had an opportunity to voice any concerns concerning program? _____Yes _____No
15. Are any changes proposed in type or level of procedure? _____Yes _____No
(If yes, explain and resubmit for HRC/ABSC approval before implementing if procedure is aversive.)

NEXT IP MEETING: _____

16.	Signatures/Persons Contacted	Position	Continue	Discontinue	Continue with Changes	Date

Comments:

cc: Service Coordinator, Psychology Dept., Day Program, Residential Provider, Parent/Guardian/Individual

**FRANKLIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
NOTICE OF EMERGENCY REMOVAL**

To: _____
Enrollee or Parent/Guardian

Date: _____

This is to notify you that _____ has been removed on an emergency basis for the following period of time: _____. The incident which caused this removal has been (will be) discussed at an informal hearing with _____ on _____.

This action was taken for the following reasons:

During this removal, the enrollee is not allowed to come to _____.

You have the right to appeal this decision to the Superintendent or his designee in order to challenge the emergency removal, to be represented in the proceeding by a representative of your choosing, and to request that the appeal hearing be held in executive session. Please contact me at your earliest convenience if you intend to pursue an appeal, so that a hearing time and place can be scheduled. You have seven calendar days from the receipt of this notice in which to file an appeal.

_____ will be expected to return on _____.

Should there be any further questions or concerns regarding this situation, please feel free to contact me.

Sincerely,

Building Authority/Designee

.....
I have received a copy of this notice.

Enrollee

cc: Assistant Superintendent
Transportation Director
School District

FRANKLIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

NOTICE OF INTENTION TO SUSPEND

Date: _____

Enrollee's name: _____

This notice will tell you that it is possible that you will be suspended for the following reasons:

Before any action is taken, you will be given an opportunity to meet with _____ on _____, at _____, to challenge the reasons for the possible suspension or to explain your actions. If you are suspended, during the suspension, you will not be permitted to _____.

Building Authority/Designee

I have received a copy of this notice.

Enrollee

cc: Assistant Superintendent

FRANKLIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

NOTICE OF SUSPENSION

To: _____ Date: _____
Enrollee or Parent/Guardian

This is to notify you that _____ has been suspended for _____ days. The incident which caused this suspension has been discussed at an informal hearing with _____.

This action was taken for the following reasons:

During this suspension, the suspended enrollee is not allowed to come to:

_____.

You have the right to appeal this decision to the Superintendent or his designee in order to challenge the suspension, to be represented in the appeal proceeding by a representative of your choosing, and to request that the appeal hearing be held in executive session. Please contact me at your earliest convenience if you intend to pursue an appeal, so that a hearing time and place can be scheduled. You have seven calendar days from the receipt of this notice in which to file an appeal.

_____ will be expected to return on _____.

Should there be any further questions or concerns regarding this situation, please feel free to contact me.

Sincerely,

Building Authority/Designee

cc: Assistant Superintendent
Transportation Director
School District

FCBDD TIMEOUT/RESTRAINT DOCUMENTATION LOG

Form # 486A 1/02

NAME: _____	TO EXIT AND/OR RESTRAINT RELEASE CRITERIA (ready behavior):
MONTH/YEAR: _____	_____
TARGET BEHAVIOR(S): _____	_____
_____	_____
_____	_____

MONTH/DAY YEAR	TIME START AM/PM	TIME STOP AM/PM	ANTECEDENTS What Happened Before Behavior	BEHAVIOR Observed in TO/Restraint Type of TO/Restraint	CONSEQUENCES What Happened After TO/Restraint	DURATION OF TO/ RESTRAINT	INITIALS

Signatures: (Full name/title to correspond w/initials above)

LICENSED HEALTH CARE PROFESSIONAL'S STATEMENT REGARDING USE OF AVERSIVE PROCEDURES

INDIVIDUAL'S NAME: _____

The attached behavior management program has been developed for _____.

The program will entail the use of the following physical health related aversive procedure(s) (explain in understandable language the specific aversive procedure[s]):

Prior to implementation of this program, our service team needs your statement that no medical issues appear to preclude the use of this intervention with _____. Please phone questions to _____ at _____. Please fax questions to _____ at _____.

Sincerely,

Name/Title: _____

Return Address: _____

PLEASE CHECK ONE:

I am not aware of any medical contraindications for use of the above procedures(s).

I am aware of medical contraindications, or I have reservations/concerns about the use of the above procedure(s) which are more fully described below.

Additional comments: _____

Printed Name of Licensed Health Care Professional: _____

Title: _____

Signature: _____

Date: _____

Note: Unless otherwise noted, this statement will be deemed effective for a period of one year from the date of signature.

*This statement required with: Manual restraints, mechanical restraints, overcorrection, and meal substitution. Consult the FCBD Behavior Management Procedures Manual for specific requirements.

FCBDD
MONTHLY TIME OUT ROOM INSPECTION FORM

DATE: _____ COMPLETED BY: _____

ROOM#/LOCATION: _____

	Yes	No	Followup/Concerns
1. Clean/Sanitary	___	___	_____
2. Proper Door Closure	___	___	_____
3. Functional Spring Latch	___	___	_____
4. Sufficient Lighting	___	___	_____
5. Covered Light Fixtures	___	___	_____
6. Covered Outlets	___	___	_____
7. Secured Sprinklers	___	___	_____
8. Functional Visibility: Camera & TV Monitor, Peephole, Window	___	___	_____
9. Absence of Sharp Corners and Objects	___	___	_____
10. Adequate Ventilation	___	___	_____
11. Timer/Clock Operational	___	___	_____
12. Time Out Log Forms Available	___	___	_____
13. Any injuries within this review period in this room (specify name)	___	___	_____
14. Any Use of Room By Persons Without a Plan (Specify Name)	___	___	_____
15. Describe any concerns not listed above from inspections and external surveys and what has been done to address them?			
16. Are there outstanding work orders and if so who is addressing follow up?			

Cc: _____

**BEHAVIOR SUPPORT SELF-REVIEW FORM ('03)
AUTHORS: PLEASE SUBMIT WITH NEW PLANS**

This is the 1/03 version of a self-review tool developed by the ODMRDD Behavior Advisory Committee. It can be used by program developers to ensure that they have addressed what this committee feels are the critical points in a good behavior support plan. The last section addresses implementation issues that arise in monitoring and reviewing. It addresses rule and best practice issues.

INDIVIDUAL: _____ DATE: _____

1. 3* Are the target behaviors clearly identified	Yes	No	Partly/ (Specify)
2. 4* Are they defined in observable, measurable terms? (5123:2-1-02 J 2 1)	Yes	No	
3. 2* Is there current and meaningful baseline data	Yes	No	
4. Does it support the need for an individual behavior program? (5123:2-1-02 J 2ml)	Yes	No	
5. 16*Does the behavior assessment identify the full range of antecedents and consequences of the behavior (including environmental, social, medical factors etc.) to the extent that positive and proactive strategies can be developed using the information (5123:2-1-02 J 2 b)	Yes	No	Partly/ (Specify)
6. 6* Are there professional evaluations (including psychology, occupational therapy, speech and language, others, depending on the diagnosis, specific problems, disabilities) as part of the assessment that reflect the current situation and that address the individuals needs in relation to the behavior problems.	Yes	No	
7. 7* Were the professional recommendations made addressed?	Yes	No	Partly/ (Specify)
8. 16*Have a sufficient number of positive reinforcers been identified, and is the reinforcement schedule adequate and individualized so as to meet the needs of this individual?	Yes	No	Partly/ (Specify)

9.			
10. 11*	Are there preventive/proactive strategies addressing the behavior's identified antecedents, and do the procedures outlined coincide with the information in the behavior assessment? (5123:2-1-02 J 2 b)	Yes	No
11. 11*	Do the procedures for target behaviors really address the issues/dynamics surrounding the target behaviors, and do the procedures outlined coincide with the information contained in the behavior assessment? (5123:2-1-02 J 2 b)	Yes	No
12. 1*	Is the data collection method sound, and will it generate the amount and type of information needed to adequately assess the effectiveness of this individual behavior program?	Yes	No
13. 14*	Have specific, realistic replacement behaviors (adaptive behaviors that will serve the same function as the maladaptive target behaviors) been identified which will teach this individual appropriate ways to access reinforcers, choices, preferences, etc. (i.e. communication, leisure, social skills)? (5123:2-1-02 J 2 c)	Yes	No
14. 12*	Are there strategies in place to teach the replacement behaviors? (5123:2-1-02 J 2 c)	Yes	No
15. 13*	Are the program procedures/methodology written with enough detail and clarity that they can be followed without ambiguity?	Yes	No
16.	Do the restraint and/or time procedures described fit the definitions given in 5123:2-1-02 J 3 a.	Yes	No
17. 15*	Are any prohibited actions included in or implied in the program. (5123:2-1-02 J 2 q, et. al.)	Yes	No
18.	Are the procedures (i.e. reinforcers, schedule intervention for replacement and target behaviors) structurally sound and supported by current research and/or accepted practices?	Yes	No
19.	Is adequate methodology for risk mitigation included where needed to minimize potential harm from restraint and time-out? ((5123:2-1-02 J 2 f)	Yes	No

20. 18*Is adequate methodology for risk mitigation included where needed to minimize potential harm from the maladaptive behavior ((5123:2-1-02 J 2 f)	Yes	No	
21. 17*Are the person(s) responsible for implementation identified? (5123:2-1-02 J 2 m)	Yes	No	
22. 20*Is the process for reviewing the behavior support plan identified?	Yes	No	
23. Does the process meet the rule specifications? (5123:2-1-02 J 2 j, p)	Yes	No	
24. Are signature/data blocks present, including space for dissenting opinions? (5123:2-1-02 J 2 m)	Yes	No	
25. Is the target behavior for restraint or time-out dangerous to the individual or others? If not obvious, does the team address how it presents a danger and therefore is the intervention warranted by rule? (5123:2-1-02 J 2 d)	Yes	No	
26. 21*Is the Behavior Support Plan consistent with and integrated into the individual's IP? (5123:2-1- 02 J 2 c)	Yes	No	
<u>HUMAN RIGHTS REVIEW:</u>			
1. 22*Has individual and/or guardian consent been obtained for this behavior support plan? (5123:2-1-02 J 2 o)	Yes	No	
2. 25*Does the informed consent document include a realistic assessment of the risks and benefits of the procedures, of the alternatives to the procedure, of the right to refuse and the consequences of refusing? (5123:2-1-02 J 2 o)	Yes	No	
3. Has the individual and/or his/her family, guardian, or advocate been involved in the development of this behavior program? (assessment, procedures, reinforcers, schedule of reinforcers, etc.)	Yes	No	
4. 26*Have all the medical factors that could influence the behavior been addressed as possible? (5123:2-1-02 J 2 a f and q iii)	Yes	No	

5. 26*Have other factors, such as environmental, human, etc. been considered and/or addressed in an attempt to deal with the target behaviors in question? (5123:2-1-02 J 2 b)	Yes	No	
6. 10*Have all medical contraindications for the procedures contained in this individual behavior program been ruled out? (5123:2-1-02 J 2 f and q iii)	Yes	No	
7. Is the aversive intervention or procedure clearly identified, and does it represent the least restrictive alternative in the hierarchy of possible interventions? (5123:2-1-02 J 1 d (i) and ii)	Yes	No	
8. 8* Does the record reflect that positive and/or less aversive teaching and support strategies had been tried and found to be ineffective before this intervention as implemented? (5123:2-1-02 J 2 h)	Yes	No	
9. 6* Is the aversive intervention balanced with sufficient positive and proactive strategies to minimize the need to apply the programmatic aversive? (5123:2-1-02 J 1 d (i))	Yes	No	
10. If the individual is presently receiving psychotropic medication does the use of the medication meet the definition of chemical restraint? (5123:2-1-02 J 3 a (i) a)	Yes	No	
11. 26*If the individual is presently receiving medication for behavior control (whether it is chemical restraint or not), is it prescribed by a licensed physician and is there evidence of the physician's involvement in the interdisciplinary team process? 5123:2-1-02 J 2	Yes	No	
12. 24*Does the physician receive objective and subjective data about the behavior on a regular basis?	Yes	No	
13. 26*Are there any obvious civil/human rights violations? (5123:2-1-02 J 2 f)	Yes	No	
IMPLEMENTATION AND OUTCOME			
1. Is there documentation that staff who implement the plan were trained in the plan methodology prior to its implementation?	Yes	No	

<p>2. 28*Are there status reports that reflect the objective and subjective measures of the programs success or problems with implementation? (5123:2-1-02 J 2 p)</p>	<p>Yes</p>	<p>No</p>	
<p>3. 29*If problems are noted with implementation, has something been done to address these?</p>	<p>Yes</p>	<p>No</p>	
<p>4. 30*Is there any indication of injury to the individual during the implementation of the program?</p>	<p>Yes</p>	<p>No</p>	
<p>5. 31*Is current data indicating the program has been effective in decreasing the maladaptive target behavior?</p>	<p>Yes</p>	<p>No</p>	
<p>6. 32*Has the program been reviewed by team, BSC according to the schedule indicated in the program? (5123:2-1-02 J 2 j and p)</p>	<p>Yes</p>	<p>No</p>	

OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
BEHAVIOR SUPPORT PLAN USING RESTRAINT OR TIME-OUT
NOTIFICATION FORM

Individual's Name: _____ Date of Birth: _____ County: Franklin

	Time-Out	Mechanical	Manual	Chemical
Type of Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Target Behavior for the intervention (describe briefly)				
Baseline Frequency of Target Behavior (specify time and interval)				
Maximum duration for one episode				

Was informed consent obtained from the individual or guardian? YES NO

Date of Behavior Support Committee approval: _____ Date of Human Rights Committee approval: _____

Effective Date of Plan: _____ Author of Plan: _____ Position: _____

Notification submitted by: _____ 614-342-5952
Name Agency & Title Phone

Date Notification submitted: _____ Means of submission: Fax: X Electronic Means: