



# Ohio Department of Mental Retardation and Developmental Disabilities

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Ted Strickland, Governor

John Martin, Director

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Information Notice 08-09-02

**From:** Michael J Rench, Deputy Director  
Division of Community Services

**Date:** September 19, 2008

**Re:** Positive Intervention Culture

## **PURPOSE:**

The purpose of this Information Notice is to recommend best practices regarding behavior supports with the goal of reducing and eventually eliminating aversive interventions, especially timeout and restraint, except where there is imminent risk to health and safety.

## **SCOPE:**

This Information Notice applies to all providers of services to individuals with disabilities who receive funds directly or indirectly from the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) to provide a service or support to an individual eligible for County Board of Mental Retardation and Developmental Disabilities (CBMRDD) services.

## **INTRODUCTION:**

The ODMRDD, in conjunction with the Statewide Behavior Support Advisory Committee, challenges those within the scope of this Information Notice to reduce and eventually eliminate aversive interventions. This Information Notice has been developed to provide guidance to individuals and organizations as they strive to meet this challenge, which will move Ohio toward creation of the Positive Intervention Culture. The Positive Intervention Culture is an ODMRDD initiative with an initial goal of eliminating timeouts and restraints, and an ultimate goal of an aversive-free approach to behavior supports. The Positive Intervention Culture is essential for building an environment that enhances the quality of life for the individuals we support and is supported by existing rules and regulations.

This Information Notice outlines the core strategies essential in successfully implementing the Positive Intervention Culture initiative and to provide guidance to individuals with disabilities, families, providers, advocates and CBMRDDs. This Information Notice does not eliminate the use of restraints as an emergency safety intervention.

The ODMRDD will provide awareness, education and support in the creation of the Positive Intervention Culture in all 88 Counties of Ohio. The Department will also continue to provide technical assistance and support through the Regional Behavior Support Committees, the Statewide Behavior Support Advisory Committee, the ODMRDD Behavior Support Consultants and any other means available. The recommendations in this Information Notice are considered by the ODMRDD to be best practices that will assist in the reduction of and eventual elimination of aversive interventions.

### **BACKGROUND:**

The elimination of aversive interventions is a key factor in ensuring that individuals experience a quality of life that is in line with the Positive Intervention Culture. The Positive Intervention Culture centers on respect, trust and building relationships that are safe and healthy. The use of aversive techniques as behavioral interventions continues to be a concern in Ohio and nationally due to the risk of serious injury and death, emotional harm and trauma and the disruption of relationships with family members, peers and direct support professionals. The ODMRDD is dedicated to the reduction and eventual elimination of aversive interventions, again with the exception of extreme crisis where there is imminent risk to health and safety.

The ODMRDD supports statewide and national efforts to eliminate the use of aversive procedures. Alternatives that will eliminate the use of aversive interventions are needed to support and improve the quality of life for each person. Behavior supports are unique to each individual and will continue to be a chief component of each person's Individual Service Plan (ISP).

The ODMRDD encourages all providers of services and supports, on an individual and organizational level, to carefully examine the rationale for their use of restraint and timeout, along with their general approaches to positively support individuals with challenging behaviors.

### **PHILOSOPHY OF CARE AND SUPPORT:**

Tenets of the ODMRDD's Positive Intervention Culture include:

- Supporting individuals
- Striving to meet the needs of individuals
- Working to understand individuals, regardless of their means of communication
- Empowering choice-making
- Assisting individuals to feel and be safe

Essential to this approach is the understanding that behavior is a form of communication. Facilitating the understanding of negative behaviors as communication and the use of alternate modes and methods of communication is an integral part of the Positive Intervention Culture.

The following value statements emphasize the importance of the Positive Intervention Culture and the need for it to spread through all levels of the MRDD service system:

- The individual is the central focus of the planning team.
- Create a safe and supportive person-centered environment where the individual has choices in matters affecting his/her everyday life.
- Staff understanding and incorporating the Positive Intervention Culture philosophies are critical at every level, from Direct Support Professionals to Administrators, in order to

create a culture that supports positive approaches. All staff members should be knowledgeable in positive practices and in the use of any aversive procedure.

- Use positive practices that are known to be effective in helping the individual. There are various positive practice techniques that may negate the use of restraint or timeout. Promotion of positive practices should be integral in an organization's overall operations and training, as well as being explicitly evident in each ISP.
- Ensure that prevention and intervention as early as possible are critical parts of any plan to support the individual when reducing and eliminating restraints, timeouts and other aversive procedures.
- All staff members should be knowledgeable about the use of positive practices specific to the individual they support and be able to demonstrate them where needed. This includes the integration of behavioral and environmental supports that have proven effective for each person.
- Teach skills of self-monitoring and self-control to individuals receiving services, as well as to staff providing services.
- Create a culture of respect and ensuring ongoing training for staff that focuses on all forms of positive practices.

### **QUALITY EFFORTS:**

The ODMRDD recommends that great effort be put forth by all persons involved in the MRDD service system to reduce and eventually eliminate aversive interventions. Each provider should review, assess and analyze the specifics of all aversive techniques in an effort to better understand the behavior and reduce the need for the aversive intervention in the future. Areas that public and private providers may consider in their quality efforts to safely reduce and eventually eliminate aversive techniques may include:

- Training
  - Acknowledging that there are providers that continue to serve and support individuals in a restraint-free environment and provide extensive training for their staff, these guidelines are viewed as minimal expectations to help support the individual and create a structure that prevents restraint and timeout.
  - Training should be ongoing for all staff and focus on overall supports for improving an individual's quality of life while maintaining his or her health and safety.
  - All staff should have documented, initial training specific to each individual prior to working directly with that individual. Training is expected to occur within every 12-month period.
  - Training in the application of restraints for those providers who utilize restraint as part of their operating procedures. The ODMRDD does not endorse any one curriculum; however below is a list of recommended curricula content for review and/or development of crisis programs and/or behavior support procedures:
    - Prevention strategies that include instruction on Person-Centered Philosophy (i.e., elaborate staff purpose and principles to guide practical affairs, knowing the person, knowing oneself in the role of staff, relationship skills and avoidance strategies in order to decrease the probability of problem behaviors arising).
    - Instruction on de-escalation strategies.
    - Instruction regarding intervention strategies that include judgment of when to use physical intervention, the safety issues involved and the possible risks

when using physical restraints. This includes the proper application of restraints appropriate to the age, weight and diagnosis of the individual and possible negative psychological effects of restraint and how to monitor an individual's physical condition for signs of distress or trauma.

- Definitions of restraint, policies on the use of restraints, the risks associated with the use of restraints and staff experiencing the use of physical restraint applied to themselves. This includes debriefing techniques with the individuals as well as the staff members.
- Policies and Procedures
  - Policies and procedures in place that address how people are supported in emergency situations where an individual's health and safety are at imminent risk, as well as outlining positive strategies.
- Risk Assessment
  - Each organization should have a Risk Assessment Policy and Procedure that includes:
    - Emphasis on the ongoing quality improvement efforts directed at the reduction and eventual elimination of the use of aversive interventions, especially timeout and restraint. The use of risk assessment processes to review and analyze aversive intervention use on an ongoing basis. A provider-specific plan to proactively address the prevention, detection, evaluation and correction of any environmental factors and/or triggers that may lead to the use of aversive interventions should also exist.
    - Use of debriefing procedures that address the needs of individuals and staff directly following a restraint, as well as a more formal debriefing session where events and strategies are discussed in greater depth and detail. The debriefing sessions should work to address trauma and minimize the negative effects of the use of restraint while addressing the following components:
      - Thorough analysis of the events that occurred before, during and after each incident.
      - Strategies to prevent or decrease the time of future restraints.
      - Skills or methods to prevent a future crisis.
      - Appropriate revisions to an individual's ISP.
      - An internal review committee responsible for the review of post-emergency restraint and the outcomes of that follow-up.
      - An internal method for the collection of aversive interventions data required to be reported to the CBMRDD and/or the ODMRDD.
- Administrative Review
  - Each public and private agency provider should appoint a committee to analyze the organization's aversive intervention policies and procedures at least annually. This review will assure that they continue to meet the best practice standards established in this Information Notice and in the applicable rules and regulations established by ODMRDD in the area of Behavior Supports.
  - The ODMRDD Office of Provider Standards and Review will review each CBMRDD, licensed provider and certified provider's policies and procedures on behavioral supports, aversive procedures and restraint use in order to ensure that they comply with current ODMRDD rules and regulations.

## **REDUCING RESTRAINT AND AVERSIVE PROCEDURES:**

As a way to reduce and eventually eliminate aversive techniques, it is recommended that providers consider the following standards are met before they use any restraint:

- Providers train their staff in appropriate positive intervention techniques, safety, de-escalation and crisis intervention techniques.
- Staff use only the restraint(s) for which they were trained.
- An internal method for data collection and monthly analysis of the use of aversive interventions is in place.
- Timeout and restraint are only used with behaviors that are destructive to self or others, and only when all conditions required by Administrative Rule 5123:2-1-02 (J) are met. Property destruction, where there is no imminent threat to any person's health and safety, is not considered to be destructive to self or others.
- Timeout and restraint are always last resort, emergency responses to protect an individual's health and safety.
- Individual and team involvement in a post-restraint debriefing should occur. It is critical to determine how future situations can be prevented. It is important, as part of the ongoing planning process, to review each occurrence of restraint. Information from the debriefing sessions should, at minimum, be included in the 30-day reviews. These discussions can be separate and distinct with the intended purpose of determining what could have been done differently to avoid the restraint. Any changes determined by the team as a result of these discussions will be documented in the ISP and/or Behavior Support Plan (BSP).
- Consideration should be given to the potential for trauma-related issues. A trauma assessment and training in trauma-informed care would be of great benefit in addressing future incidents.

It is recommended that all providers develop agency-wide policies and procedures for the reduction and eventual elimination of restraints and timeout. These policies and procedures should outline specific steps to be taken for the elimination of restraint components in any individual plan as well as general policies and procedures promoting the Positive Intervention Culture.

It is also recommended that within one year from the date of this Information Notice, person-centered strategies containing the following positive components be incorporated into all individuals' ISPs/BSPs. People that have experienced restraint in the past year should also have these positive components in their plans:

- The ISP should reflect an overall strategy to support and provide services for the individual without the need for restraint. If it is felt the individual exhibits behavior that may put them at risk of injury to themselves or others, the ISP should reflect strategies that will reduce the likelihood of aversive interventions and protect the individual.
- Information about undesirable behavior and what specific positive practices can be used to prevent future occurrences. This includes several suggested teaching strategies and intervention techniques that de-escalate or redirect the individual's behavior, as well as information regarding what positive components are currently effective.
- Justification that the proposed plan contains the most effective methods of helping the person deal with the negative behavior, while promoting the safety of the individual and others.

- Information regarding what procedures were unsuccessful in the past and what other positive alternatives might be incorporated in the future if the current alternatives are proven ineffective.
- A review of situations that could have potentially resulted in restraint but did not due to positive support strategies. These situations should be viewed as learning tools and communicated among the team.
- The types of procedures to be used in any situation where an aversive intervention may still be necessary.

Please contact Ginger Curtiss or Heidi Taylor, ODMRDD Behavioral Support Consultants, via email at [behavior.support@odmrdd.state.oh.us](mailto:behavior.support@odmrdd.state.oh.us) for information on joining your local Regional Behavioral Support Committee or for further information on additional support in your area.

- c:
- Ted Strickland, Governor
  - Sandra Stephenson, Director, Department of Mental Health
  - Helen Jones-Kelley, Director, Department of Job and Family Services
  - John Corlett, Deputy Director of Medicaid, Department of Job and Family Services
  - Angela Cornelius-Dawson, Director, Department of Alcohol and Drug Addiction Services
  - Alvin Jackson, Director, Department of Health
  - Barbara Riley, Director, Department of Aging
  - Thomas Stickrath, Director, Department of Youth Services
  - Susan Zelman, Director, Department of Education
  - John Martin, Director, Department of MR/DD
  - Dan Ohler, Executive Director, OACBMR/DD
  - Mary Ann Chamberlin, President, OSCBMR/DD
  - Michael Kirkman, Executive Director, OLRS
  - Carolyn Knight, Interim Executive Director, ODDC
  - Mark Davis, Executive Director, OPRA
  - Susan Dlouhy, Administrator, OAAS
  - Gary Tonks, Executive Director, The Arc of Ohio
  - Ron Kozlowski, Executive Director, APSI
  - Mary Vaughan, Executive Director, ADA-Ohio
  - Shawn Henry, Executive Director, OCALI
  - Tanya Marie Fernandez-Mote, Chairperson, Governor's Council
  - Sadie Hunter, Executive Director, People First
  - CBMR/DD Superintendents
  - ODMR/DD DC Superintendents
  - ODMR/DD Deputy Directors
  - ODMR/DD Central Office
  - COG Directors
  - SSA Directors
  - Providers

Resources:

Ohio Administrative Code 5123:2-1-02 (County Board Administration)

Commonwealth of Pennsylvania, Department of Public Welfare, Office of Mental Retardation  
MR Bulletin 00-06-09 Elimination of Restraint Through Positive Practices

Relevant Websites:

<http://www.gentleteaching.com/> - Gentle Teaching International - John McGee

<http://www.thenadd.org/> - The National Association for the Dually Diagnosed

<http://www.dimage.com/> - Imagine - David Pitonyak