Adults with developmental disabilities: the series

Human rights and restrictions: clarifying the confusion

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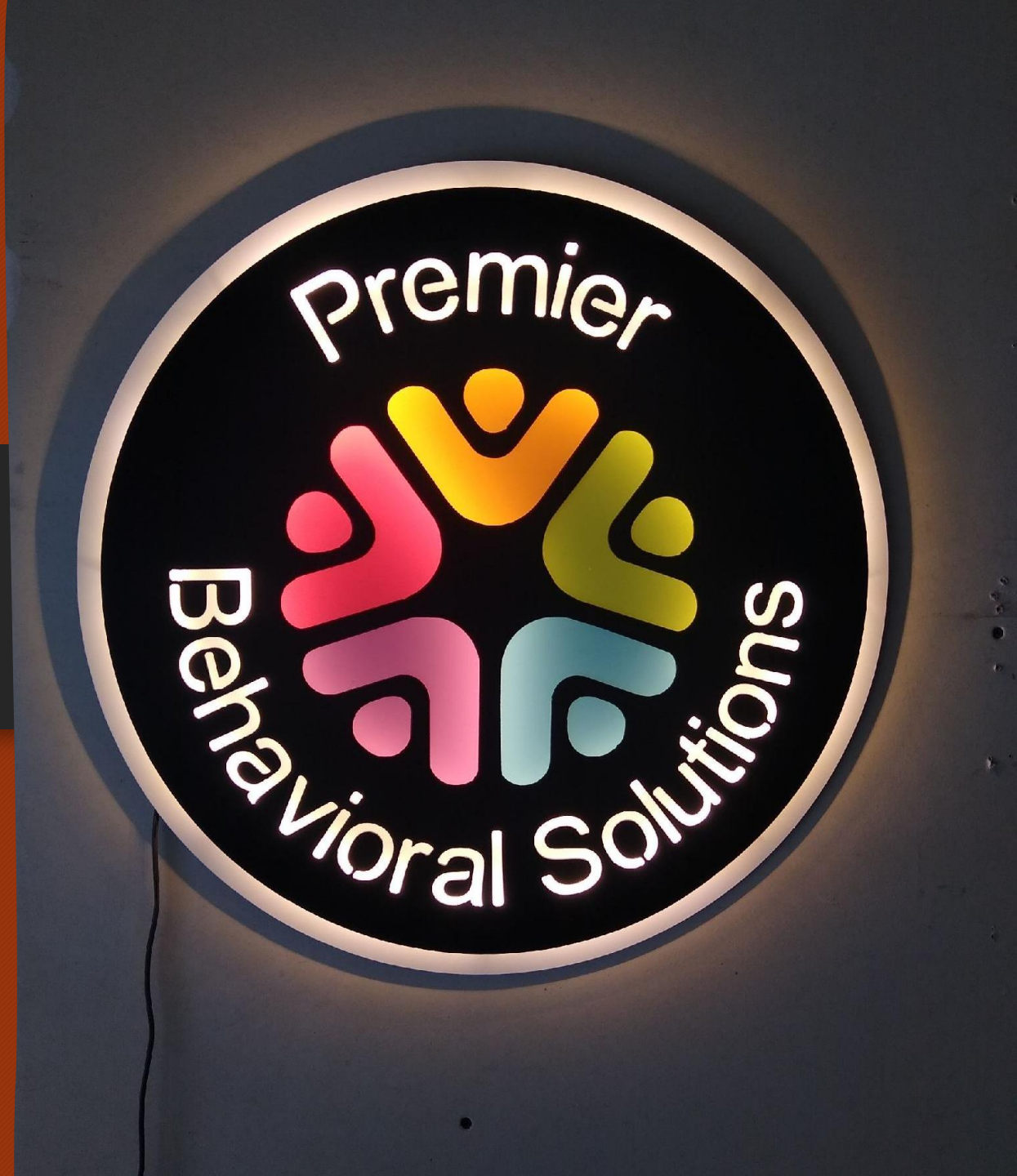

Human Rights Committee

- The review of procedures and interventions that may be perceived as any type of violation of a person's "rights", by a duly constituted Human Rights Committee that is objective and unbiased, and free from any potential "conflicts of interest", is essential
- Many private provider agencies are mandated to form their own HRC, in some states, there is a statewide or regional HRC which is typically comprised of members "hand picked" by the state's Department of Developmental Disabilities
- Generally, for private provider agencies, constitution of an HRC, at a minimum, includes one or two people receiving services, a nurse, a clinician (not employed by the agency), a lawyer or paralegal, one or two parents or guardians of persons with developmental disabilities
- Maintaining a full composition of committed, interested HRC members can be very challenging!
- There is usually some type of "exception" allowed, so that if an agency needs to put some type of procedure/intervention in place **immediately**, they may be given a "grace period" prior to the requirement to obtain HRC review/approval (i.e. Executive Director sign-off for 30 days).

“Charge” of the Committee

- Generally speaking, the HRC should review any procedures or interventions that in any way, shape, or form may be considered as **restrictive, invasive, aversive, or intrusive**
- Typically, examples of the types of interventions that the HRC might be requested to review include alarms or alerting mechanisms placed on doors and/or windows; restricted access to food; restricted access to media/internet/phone; financial restitution; limitations on right to privacy (including unusually high levels of supervision/monitoring); room searches; removal of specific items/objects; buckles and/or locks placed upon a person’s vehicle or wheelchair seatbelt; restrictions on access to toxic cleaning supplies/chemicals; alarms or alerting devices placed on bed mattresses and/or chair cushions
- Previously, most plans reviewed by HRC’s included some type of “planned” use of physical restraint/holding, though, thankfully, physical restraint is now typically only justified under a “true” emergency situation/condition, and would therefore be exempt from HRC “approval”
- Some HRC’s believe that they should be reviewing/approving the use of psychotropic medications, but I believe this is way beyond the scope/purview/expertise of a Human Rights Committee; some HRC’s believe they can/should still review and authorize emergency restraints, “after the fact”
- Please note that this list is in no way meant to be all-encompassing!
- **Poll Question #1**

Definitions and Distinctions

- Restrictive: A limiting condition or measure; deprive someone or something, such as freedom of movement or action; a locked door that a person is incapable of opening is restrictive.
- Invasive: Someone or something that intrudes, oftentimes on a person's right to privacy ; doing a room search to look for inappropriately acquired items is invasive.
- Intrusive: Coming without invitation or welcome; speaking literally inches away from another person's face is intrusive. The concepts of invasiveness and intrusiveness are **very similar!**
- Aversive: Causing strong dislike or disinclination; any introduction of an unwanted or unpleasant stimulus is aversive (i.e. electric shock, mechanical restraint)

What Constitutes a “Restriction”?

- Restrictions imply or involve two major concepts; the restriction of **movement** or the restriction of **access**
- Many interventions are categorized or conceptualized as being “restrictive” though they don’t meet the criteria, stated above; this leads to confusion and inconsistency as to what constitutes a restrictive intervention/procedure, and oftentimes results in every proposed intervention or procedure being lumped together as being “restrictive”
- One has to make the distinction as to whether or not some type of proposed restrictive intervention is being implemented for “health and safety” purposes, or whether the primary intent is to modify/suppress/eliminate some type of aberrant, challenging, maladaptive behavior
- Alarms placed on strategic locations, in this clinician’s opinion, do **not** constitute a restrictive intervention as they don’t meet the established criteria for a restriction; they do not **prevent** a person’s movement, nor do they **prevent** a person’s access to a specific location/place, they simply **alert** the staff or other personnel that a person is in the process of engaging in movement
- Ironically, there are times when restrictions can actually provide **more** opportunities for freedom/independence!
- **Poll Question #2**

Concepts for Consideration

- The word **responsibility** should almost always be intertwined when considering the need and/or justification when advocating for **restrictive practices**
- You can't "teach" when individuals don't have access; people can't "learn" when they don't have some control; this is one of the inherent problems when the opportunity to access a specific location and/or item is removed
- Restrictions should almost always be **time-limited!** (there are a few exceptions)
- Remember that restrictions in place for a specific individual can frequently impact/effect other individuals with whom they may live; guardian consents should also be obtained from those effected individuals
- It can be exceptionally challenging to determine a "fading procedure" for some imposed restriction, because if a person has no opportunity to demonstrate the behavior due to the restrictive practice, how does one determine when it is no longer necessary/needed/appropriate?

Less Restrictive, Intrusive, Aversive, Invasive Interventions

- The HRC should always be asking the question of what intervention(s) have been attempted, and presumably failed, before the request is made for the proposed restrictive, intrusive, aversive, invasive intervention/procedure?
- We must have hard **data** so that the HRC can determine the absolute necessity for the proposed intervention. How many times is the individual engaging in the behavior? Under what circumstances? How dangerous/problematic is it?
- Are we confident that we have accurately and confidently identified the underlying function of the behavior? It has been my experience when a clinician has an inaccurate hypothesis of behavioral function, and a BSP is "not working", oftentimes they then tend to rely on more restrictive, intrusive, aversive, or invasive interventions
- What is the criteria for reduction and/or elimination of the procedure/intervention? We must continue to take data on the "attempts" of the person to engage in the behavior, even though this may be compromised or skewed, based upon the intervention, itself. Restrictive procedures/interventions should **rarely** remain in place in perpetuity!
- **Poll Question #3**

Thank You!

- If you would like additional information regarding anything discussed today, please feel free to contact me via my website: premierbehavioralsolutions.com
- Please don’t forget to sign up for the additional webinars that are part of Adults with Developmental Disabilities: The Series

- Questions & Answers!