

## **200 PROHIBITIONS**

REVISION DATE: 1/16/2019, 1/31/2014

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REFERENCES: A.R.S. § 36-551(A), 36-561, 36-561(B), 36-569(A); A.A.C. R6-6-9, R6-6-902, R6-6-903(A).

State statute prohibits abusive treatment or neglect of any individual with a developmental disability.

### **Abuse**

Prohibited abusive treatment, as it relates to managing inappropriate behavior, includes programmatic abuse, which uses an aversive stimulus technique that has not been approved as part of a member's Individual Service Plan (ISP), and which is not contained in the rules and regulations. This includes individual isolation.

### **Neglect**

Neglect of an individual with a disability is prohibited. Neglectful treatment means any intentional failure to carry out a behavior treatment plan developed for an individual by the Planning Team.

### **Behavioral Intervention Techniques**

Identified below are those techniques which are prohibited under the provisions of Article 9:

- A. Use of locked time-out rooms.
- B. Use of over-correction. This means a group of procedures designed to reduce inappropriate behavior, consisting of:
  - 1. Requiring an individual to restore the environment to a state vastly improved from that which existed prior to the inappropriate behavior; or,
  - 2. Requiring an individual to repeatedly practice a behavior.
- C. Application of noxious stimuli such as ammonia sprays, or Tabasco sauce to the tongue;
- D. Physical restraints, including mechanical restraints, when used as a negative consequence to a behavior; and,
- E. Any other technique determined by the Program Review Committee (PRC) to cause pain, severe discomfort, or severe emotional distress to the individual.
- F. Techniques addressed in A.R.S. § 36-561(A):
  - 1. Psychosurgery;
  - 2. Insulin shock;
  - 3. Electroshock; and,

4. Experimental drugs.

**Behavior Modifying Medications**

Except as indicated and specified in statute and rule, behavior modifying medications are prohibited if any one of the following criteria are met:

- A. They are administered on an as-needed or PRN basis;
- B. The Planning Team determines that the dosage interferes with the individual's daily living activities; and,
- C. They are used in the absence of a behavior treatment plan.

See additional chapters in this Policy Manual for broader information regarding Behavior Modifying Medications.

**Behavior Treatment Plan Implementation**

No one shall implement a behavior treatment plan that:

- A. Is not included as part of the ISP; and,
- B. Contains aversive behavior intervention techniques which do not have approval of the (PRC) and review by the Independent Oversight Committee (IOC).