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200 PROHIBITIONS AND RESTRICTED TECHNIQUES

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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).

PURPOSE

This policy outlines Prohibited Techniques as specified in Article 9.

POLICY

State statute prohibits ~~abusive treatment or~~ Abuse and neglect ~~Neglect~~ of any individual with a developmental disability. The Division prohibits the use of any intervention for Unsafe Behavior and Inappropriate Behavior that may harm or jeopardize the health and safety of a Division Member.

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

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

33 **A. Behavioral Intervention Techniques Prohibited Techniques**

34 ~~Identified below are those~~ The following techniques ~~which are~~
35 ~~prohibited under the provisions~~ as specified in ~~of Article 9:~~

36 A1. ~~Use of locked time-out rooms or~~ Seclusion ~~;~~

37
38 B2. ~~Use of over-correction~~ Overcorrection ~~;~~ ~~This means a group of~~
39 ~~procedures designed to reduce inappropriate behavior, consisting~~
40 ~~of:~~

41 1. ~~Requiring an individual to restore the environment to a~~
42 ~~state vastly improved from that which existed prior to the~~
43 ~~inappropriate behavior; or,~~

44 2. ~~Requiring an individual to repeatedly practice a behavior.~~

45
46 C3. ~~Application~~ Aversive Intervention, including application of
47 ~~noxious stimuli such as ammonia sprays, or Tabasco~~ hot sauce ~~to~~
48 ~~the tongue;~~

- 49
- 50 ~~D4. Physical restraints, including mechanical restraints, when used~~
- 51 ~~as a negative consequence to a behavior; and, Prone restraint~~
- 52 ~~(lying on stomach);~~
- 53 5. Use of metal handcuffs or leg hobbles;
- 54
- 55 6. Seated restraint where the Member is placed on the floor or
- 56 ground, arms crossed in front, and pressure is applied to press
- 57 their body forward”;
- 58 ~~E7. Any other technique determined by the Program Review~~
- 59 ~~Committee (PRC) to cause pain, severe discomfort, or severe~~
- 60 ~~emotional distress to the individual Member;~~
- 61 ~~F8. Techniques addressed in A.R.S. § 36-561(A):~~ Use of electric
- 62 shock, insulin shock, or other techniques specified in A.R.S. §
- 63 36-561(A);
- 64 ~~1. Psychosurgery;~~
- 65
- 66 ~~2. Insulin shock;~~
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- 68 ~~3. Electroshock; and,~~
- 69
- 70 ~~4. Experimental drugs.~~

- 71
- 72 9. Speaking in a manner that ridicules, demeans, threatens, or is
- 73 abusive;
- 74 10. Use of physical intimidation or a show of force;
- 75
- 76 11. Denying or restricting a Member's access to equipment and
- 77 devices such as walkers, wheelchairs, hearing aids, and
- 78 communication systems that facilitate the Member's functioning
- 79 and independence;
- 80 12. Denying or restricting a Member's access to personal items;
- 81
- 82 13. Using a head hold where the head is used as a lever to control
- 83 movement of other body parts;
- 84 14. Use of any maneuver that forces the Member to the floor on
- 85 their knees or hands and knees;
- 86 15. Use of any technique that keeps the Member off balance, such as
- 87 shoving, tripping, pushing on the backs of the knees, pulling on
- 88 the Member's legs or arms;
- 89 16. Any technique that restricts a Member face-first against a wall or
- 90 post;
- 91 17. Any action or procedure that might restrict or obstruct a
- 92 Member's airway or impair breathing, including placing pressure
- 93 on a Member's head, neck, back, chest, abdomen or joints;

- 94
95 18. Use of Physical Intervention, including Mechanical Restraints,
96 when used as a negative consequence or as punishment for a
97 behavior;
- 98 19. Use of any technique as a means of coercion, discipline,
99 convenience of staff or retaliation; and.
- 100 20. Use of Psychotropic Medication, except as specified in statute
101 and rule, is prohibited if used as a Chemical Restraint, given on a
102 PRN basis, the dosage interferes with the Member’s daily living
103 activities, or used in the absence of a Behavior Plan.

104 ~~**Behavior Modifying Medications**~~

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

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

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

115 ~~**Behavior Treatment Plan Implementation**~~

116 ~~No one shall implement a behavior treatment plan that:~~

- 117 ~~A.——Is not included as part of the ISP; and,~~

118
119 ~~B. Contains aversive behavior intervention techniques which do~~
120 ~~not have approval of the (PRC) and review by the~~
121 ~~Independent Oversight Committee (IOC).~~

122 **B. Restricted Techniques**

123 The Division and the Division's Service Providers shall use the following
124 Restricted Techniques, or Yellow Light Techniques, only when they are
125 a part of a PRC approved Behavior Plan and only in the manner
126 approved within the PRC approved Behavior Plan:

- 127 1. Forced Compliance when used as a procedure or technique in
128 which a Member is physically forced to follow a direction or a
129 command.
- 130 2. Response Cost, sometimes associated with token economies,
131 designed to decrease Inappropriate Behaviors in which
132 reinforcers, items, or activities that a Member has already
133 earned are removed as a part of a Behavior Plan strategy.
- 134 3. Restitution as an act of paying or compensating for property loss
135 or damage in order to learn alternative behaviors.
- 136 a. Restitution does not include voluntary compensation by the
137 Responsible Person.
- 138 b. Restitution shall not infringe on a Member's rights

- 139
- 140 protected by A.R.S. § 36-551.
- 141
- 142 c. Service Providers cannot make Restitution a condition for
- 143 provision of services or supports.
- 144 d. The Planning Team shall determine if Restitution for
- 145 behaviors that result in property damage or property loss
- 146 need to be included in a Behavior Plan.
- 147 e. If the Planning Team determines Restitution should be part
- 148 of a Behavior Plan, the Planning Team shall submit a
- 149 completed DDD 506 form to the PRC for review and
- 150 approval.
- 151 f. Behavior Plans may include some level of Restitution if the
- 152 following criteria are met:
- 153 i. The Member's Behavior Plan includes the use of
- 154 Restitution, and has been approved by the Planning
- 155 Team, including the Responsible Person and treating
- 156 Behavioral Health Professional, if applicable;
- 157 ii. The Restitution furthers a goal identified and is
- 158 individualized in a Member's Behavior Plan;
- 159 iii. The Member has an understanding of the Restitution

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- 161 plan and purpose of the Restitution plan so that the
- 162 Member can accept their responsibility and learn;
- 163 iv. The Restitution is implemented as written in the
- 164 approved Behavior Plan;
- 165 v. The Planning Team establishes the Restitution
- 166 amount only after consideration of the Member's
- 167 resources and determination that the Member's
- 168 needs will not be adversely impacted by the payment
- 169 amount, including that the amount will not adversely
- 170 impact the Member's ability to pay for other items or
- 171 activities that are necessary to further other goals
- 172 from the Member's Planning Document; and
- 173 vi. An invoice and explanation of the cost for each
- 174 Restitution payment is reviewed and approved by the
- 175 Planning Team before each Restitution payment is
- 176 made.
- 177 4. Psychotropic Medications used for the purpose of modifying
- 178 behavior.
- 179 5. Restricting a Member's rights as specified in A.R.S. 36-551.01

- 180
181 and other applicable Rules and Regulations.
182
183 a. Individuals with developmental disabilities have the same
184 rights and privileges guaranteed to all citizens by the
185 Constitution and laws of the United States and the
186 Constitution and the laws of the State of Arizona.
187 b. Arizona Revised Statute A.R.S. 36-551.01 set forth
188 additional rights of those with developmental disabilities,
189 including, but not limited to:
190 i. Protection from physical, psychological, verbal or
191 sexual abuse
192 ii. Publicly supported educational services
193 iii. Equal employment opportunities
194 iv. Fair compensation for labor
195 v. Right to own, sell or lease property
196 vi. Right to choose where to live and with whom
197 vii. Presumption of legal competency
198 viii. Right to marry
199 ix. Right to petition
200 x. Right to have placement evaluations
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- 208 xi. Right to a written plan of services and supports
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- 210 xii. Right to notes documenting progress on the plan
- 211
- 212 xiii. Right to participate in the planning process and
- 213 placement decisions
- 214 xiv. Right to be free from unnecessary and excessive
- 215 medications
- 216 xv. Individuals in residential programs have the right to
- 217 a humane and clean physical environment, the right
- 218 to communication and visits, and the right to
- 219 personal property
- 220 xvi. Right to privacy when using the phone or talking
- 221 with visitors
- 222 xvii. Individuals in residential programs have the right to
- 223 live in the least restrictive setting
- 224 xix. Right to freely make requests for changes in staff
- 225 and the way their services and support are delivered
- 226 xx. Right to withdraw from services
- 227
- 228 xxi. Right to be informed of their rights upon admission
- 229 to services in plain language and in their primary

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231 language or language of choice
232
233 xxii. Right to know who to contact with complaints or
234 concerns
- 235 c. The Division is committed to:
236
237 i. Ensuring that Members understand their rights;
238
239 ii. To respect the rights, lifestyle, and personal beliefs
240 of Members; and
- 241 iii. Being supportive of Member’s choices.
242
243 d. Examples of Rights Restrictions, but not an exhaustive list,
244 include limitations to privacy (door alarms, electronic
245 tracking), limitations to movement (Protective Devices
246 designed to reduce the likelihood of injury from
247 self-injurious behavior, or limitations to access (residence,
248 mail, personal possessions, food/drink, activities, family,
249 friends, and children).
- 250 e. When a Rights Restriction is used, the Planning Team shall
251 take steps to reduce the need for the Rights Restriction
252 over time. It is not permitted to use a Rights Restriction to
253 address a risk without helping the Member gain skills

- 254
255 needed to reduce or eliminate the Rights Restriction.
256
257 f. Rights Restrictions require PRC approval and IOC review
258 prior to implementation.
259 g. Planning Teams shall ensure that the Rights Restriction is
260 based on the following limitations:
261 i. A Rights Restriction can only be used to address a
262 real and immediate risk to the health and safety of
263 the Member or others, or a risk of the Member
264 committing a crime.
265 ii. A Rights Restriction cannot be used to prevent or
266 reduce unwanted or socially Inappropriate Behavior
267 which does not pose a real and immediate safety
268 risk.
269 iii. A Rights Restriction cannot be used to impose the
270 preferences, opinions, or values of the Planning
271 Team or Service Provider when there is no real and
272 immediate safety risk to self or others.
273 iv. A Rights Restriction used for a Member cannot effect
274 another Member in the same setting, to the greatest

- 275
276 extent possible.
277
278 v. Service Providers must make a reasonable effort to
279 decrease the impact of the Rights Restriction on the
280 other Members in the same setting.
- 281 h. A Rights Restriction cannot be used:
282
283 i. As a form of punishment, or discipline, or as a
284 consequence to a behavior;
285 ii. For the convenience of a provider;
286
287 iii. In absence of an approved Behavior Plan; and
288
289 iv. When there is a less restrictive option available to
290 address the risk.
- 291 i. For Rights Restrictions, the Planning Document or the
292 Behavior Plan must include:
- 293 i. A description of the Rights Restriction, including
294 when and how it is used.
295 ii. The reason for the Rights Restriction.
296
297 iii. The risk addressed by the Rights Restriction.
298
299 iv. How is the risk addressed by the Rights Restriction.
300
301 v. A description of previous interventions and less

- 302
303 restrictive supports which were tried but did not
304 reduce the risk.
- 305 vi. A description of goals or other supports (habilitation,
306 skills training, therapies, or medical/behavioral
307 supports) to help the Member gain replacement skills
308 to reduce the identified risk and need for the Rights
309 Restriction.
- 310 vii. A description of the specific criteria to reduce the
311 Rights Restriction.
- 312 viii. A description of the benefits and potential negative
313 effects of the Rights Restriction.
- 314 ix. The risk addressed by the Rights Restriction must
315 outweigh the risk of the Rights Restriction.
- 316 x. A description of goals or other supports (habilitation,
317 skills training, therapies, or medical/behavioral
318 supports) to help the Member gain replacement skills
319 to reduce the identified risk and need for the Rights
320 Restriction.
- 321 xi. A description of when the Rights Restriction will be

- 322
- 323 lifted.
- 324
- 325 xii. A Rights Restriction may be needed long term, such
- 326 as a Rights Restriction in place due to a medical
- 327 reason. Criteria for reducing a Rights Restriction is
- 328 always required, even when it is unlikely that the
- 329 Member will meet criteria to reduce the Rights
- 330 Restriction.
- 331 6. Protective Device designed to reduce the likelihood of injury from
- 332 self-injurious behavior (e.g., helmets, gloves, arm pads).
- 333 a. A Protective Device may be necessary for Members who
- 334 exhibit self-injurious behavior.
- 335 b. Behavior Plans that include the use of a Protective Device
- 336 for self- injurious behaviors shall include a current
- 337 prescription from a Qualified Health Care Professional or
- 338 qualified Behavioral Health Provider and includes the
- 339 following:
- 340 i. Indications/Rationale
- 341
- 342 ii. Risks/Benefits
- 343
- 344 iii. A description of less intrusive interventions that were

- 345
346 tried but were not successful.
347
348 iv. Parameters for use, including:
349
350 1) Baseline data on Target Behavior.
351
352 2) Clear description of measurable criteria when
353 to utilize the Protective Device.
354 3) Clear description of measurable criteria for
355 duration for use.
356 4) Clear description/measurable criteria for when
357 to remove the Protective Device.
358 5) Clear description of data collection that will be
359 utilized (frequency of incidents, duration of
360 use).
361 6) Fading procedure for the use of the Protective
362 Device, based on clear data collection, which
363 guides a gradual reduction in frequency or
364 duration of the Protective Device.
365 c. Medical protective equipment, including physical
366 equipment or orthopedic appliances, supportive body
367 bands, devices used to support body position or proper

- 368
369 balance to transport safely or to prevent a person from
370 falling out of bed or a wheelchair, or other types of
371 Mechanical Restraint necessary for routine medical
372 treatment, are considered health care related protective
373 equipment, prescribed by a Qualified Health Care
374 Professional, and are not considered Protective Devices as
375 defined by this policy.
- 376 d. The Planning Team shall ensure that health care
377 protective equipment is clearly documented in the
378 Member’s Planning Document and include:
- 379 i. A current prescription for the medical protective
380 equipment which is dated within one year; and
- 381 ii. A description of the conditions to use the medical
382 protective equipment, application, and removal.
- 383 7. Global Positioning System or other Electronic Tracking Devices
384 used as a safety device to locate a Member with a documented
385 history of elopement, disorientation, or being lost in the
386 community.
- 387 a. Behavior Plans that include the use of an Electronic

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414 which guides a gradual reduction in frequency or
415 duration of use.

Draft Policy for Public Comment