

**LEAST RESTRICTIVE MOST EFFECT
WHAT DOES IT MEAN TO BEHAVIORAL
SERVICES/BEHAVIOR ANALYSTS**

For June 2019 Regional Behavior Support Review Committee
New Member Training

FOR CONTINUING EDUCATION CREDIT
FOR BACB YOU MUST

- Send in the comment box your name, BACB #, and email address
- Answer all polling questions and provide comments when requested during the session
- Sign out in comment box at the end of the sessions

OBJECTIVES

1. Described the history of the concept of least restrictive.
2. Apply the concept of least restrictive as an ethical/legal issue and most effective as a behavioral concept and describe the relevance to behavioral services.
3. Describe the variables that might affect the restrictive aspect of an intervention.
4. Demonstrate evaluation of the variables to determine the relative restrictive level of an intervention.
5. Members of the Regional Behavior Support Review Committee and practitioners of ABA will review the related legal authority for oversight of behavioral practice
6. Members of the Regional Behavior Support Review Committee and practitioners of ABA will review the practice guidelines and parameters established in professional organization position statements, federal and state rule including provider contracts and Medicaid waiver service definitions

POLLING QUESTION

- How often do you think about the restrictiveness of the strategies when creating interventions?
- A. Each time I develop interventions.
- B. When I think I might have to use some aversive contingencies.
- C. Whenever someone requires it.
- D. I don't usually

POLLING QUESTION

- If you evaluate restrictiveness of the strategies you develop, are you considering short term and long term effects of those strategies for the individual?
- A. When it is obvious there will be negative effects
- B. Not usually
- C. Always

PQ

- Do you believe that peer review is a worthwhile process to evaluate restrictiveness of interventions?
- A. yes
- B. no
- C. maybe

HISTORY OF CONCEPT OF LEAST RESTRICTIVE

- **Legal concept** – originated in education Shelton v. Tucker (1960) teacher required to file list of organizations he belonged to. Court held that even though state had legitimate reasons for asking for information couldn't stifle personal liberties.
- **Mental health law- Lessard v. Schmidt (1972)** on behalf of civilly committed individuals, court suggested possible alternatives like day treatment, ruled no one could be committed unless the alternatives had been deemed unsuitable.
- **Romeo v. Youngberg (1980)** -Safeguard against unnecessary infringement of individual rights by the state
- PL 94-142-Education- schools considering where to educate children with disabilities and behavior problems.
- **DD –Turnbull (1981)** placement and treatment settings.

HOW IS A LEGAL CONCEPT APPLIED TO SOCIAL SERVICE CONTEXT?

- LRA in behavior analysis came from Florida Blue Ribbon Panel in 1976. Outlined three levels of behavioral procedures requiring different levels of oversight and expertise to use.
- Public perception and understanding of behavior analysis (aka behavior modification)-skewed and make use of aversives, punishment have a more “restrictive” value
- Johnston and Sherman (1993) - implementation of a hierarchy of restrictiveness is problematic and rather should be evaluated based on significant variables/issues for the particular case
 - Requiring use of a taxonomy of less restrictive strategies could be more restrictive for the person because of things such as these are less powerful, behavior continues longer, don't apply the same to all individuals

JOHNSTON AND SHERMAN

Looking at cultural values for the “restrictiveness” of programmatic use of strategies collectively, even among professionals, will certainly ensure protracted debates with emotional overtones.

Involving the complete range of interested parties in this venture will hardly aid in resolving differences.

Nevertheless, failure to conduct such an analysis will only guarantee that we will continue to confuse cultural values with scientific and technical judgments, leave staff to make these judgements they are not prepared to do, and result in inconsistent, possibly deleterious effects on clients

BASIC CONSIDERATIONS FOR A MODEL TO EVALUATE STRATEGIES (JOHNSTON & SHERMAN)

- Generality of a hierarchy or decision tool might overlook idiosyncratic factors
- Individualization of considerations
- Functional approach to consequences and stimuli, not based on physical characteristics
- Separate procedures from consequences- distinguish between procedures and the environmental events used as discriminative stimuli and reinforcing or punishing consequences
- Inappropriate Considerations- dangers of and ease of use/misuse

EIKESETH , S. , LOVAAS, O.I. & HOLDEN, B. (2006). USE OF AVERSIVE AND RESTRICTIVE INTERVENTIONS IN BEHAVIORAL TREATMENT, RELATERTE SAKER ABSTRACT TIDSSKRIFT FOR NORSK PSYKOLOGFORENING, 43 (6), 582-587.

- **Discussed the educational, therapeutic, and scientific context within which aversive and restricted procedures should be used and evaluated if they are employed**
- **Described causes of aberrant behavior – as understood in ABA**
- **Discussed existing alternative to aversive and restrictive interventions**
- **Norwegian legislation on aversive and restrictive interventions presented**
- **Proposed guidelines for practice**

NORWEGIAN LAW 4A

- Inacted in 2004-delivery of care in residential homes and institutions not family homes or schools
- Restrictive procedures must be ethically acceptable
- Generally accepted by the professional community
- Other solutions must have been attempted before they can be implemented
- Caretakers and guardian must participate in the decision making process
- And must be informed about legal rights to appeal decisions
- Gov entity must assist in the development, execution, evaluation of the procedures and attempts to find other solutions and can overrule the decision

PROPOSED BEHAVIOR ANALYTIC GUIDELINES FROM NORWAY

- Non restrictive interventions have been attempted and documented ineffective
 - Quantitative description of behavior-reliability of data assessed, also assess desirable behaviors
 - Provided with evaluation of treatment fidelity
- Inform the clients', parents and relatives, & the community of the intent to use aversive or restrictive interventions
- Scientifically validated procedures
- Must teach alternative behaviors-effective teaching
- Medical assistance on call
- Emphasize the importance of providing staff training in how to apply nonrestrictive interventions, as in teaching appropriate communication and other social skills,
- Need supervision by qualified colleagues as in peer-review
- Need to take objective data to evaluate the positive and negative effects of aversive interventions
- Must do long term follow ups to assess treatment benefit and social development

LET'S TRY TO APPLY THESE
GUIDELINES TO SOME EXAMPLES

CASE EXAMPLE I

- Young man in his 20s slips in a crib, no other supports have been tried.

ONLINE DISCUSSION FOR CASE EXAMPLE I

- What issues might affect the restrictiveness of continuing to use the crib?
- Is continuing the crib as an intervention appropriate?
- If not, what else might need to be done to keep him safe and be more appropriate?

CASE EXAMPLE 2

- Program with all individuals with time out room in plan, 15 second compliance or time out is one of the contingencies.

ONLINE DISCUSSION FOR CASE EXAMPLE 2

- What issues need to be considered to determine if time out is appropriate and how restrictive it is?
- If not, what else might need to be done to keep him safe and be more appropriate?

WEISS, N.R. AND KNOSTER, T. (2008) IT MAY
BE NONAVERSIVE, BUT IS IT A POSITIVE
APPROACH?

- Does the person have opportunities to express opinions and to control his or her life through meaningful choices?
- What needs does the person address through his or her problem behavior?
- How will our actions positively influence the person's quality of life?
- How have the people who know and care about the person participated in the process ?
- How will the approach that is used affect the people implementing the procedures and others?
- If the tables were turned, would you use the interventions selected with a family member or friend?
- How will the behavioral interventions minimize the likelihood of crisis?

RESOLUTION BY APA DIVISION 33

Must be:

- responsive to the needs of the persons and of the settings served
- Give needs of the person precedence over the organizational needs or ideological position of the settings in which services are delivered
- protective of legal and civil rights of persons served, as determined in prevailing statutes, standards, and policies applicable in the particular service setting, shall be of primary concern
- employed for the purposes of increasing the self-control of persons, and for the purpose of assisting them in achieving enhanced participation in life activities and their fullest human potential

APA CONTINUED

- Highly restrictive procedures (which may entail interventions often referred to as aversive) shall not be instituted without:
 - the combined use of procedures that reinforce incompatible, alternate, or other behavior
 - sufficient determination that the use of less restrictive procedures was or would be ineffective or harm would come to the client because of gradual change in the client's particular problematic behavior
 - an immediate physical danger to self or others, or there may be permanent sensory or other physical impairment,
 - Evidence the client may be prevented from receiving necessary medical, surgical, or emergency medical services,
 - evidence the frequency or intensity of the problematic behavior prevents adequate participation in normal activities appropriate for the individual's circumstances and personal goals.
- + more

POLLING QUESTION

- Do the APA guidelines allow, (give permission) or recommend caution regarding the use of punishment?
 - A. Give permission
 - B. Allow it if it is the best procedure to treat a problem
 - C. Recommend caution when ever you are considering use of punishment

HOW DO THE DIMENSIONS OF ABA RELATE TO THE CONCEPT OF LEAST RESTRICTIVE?

Baer, Wolf and Risley (1968, 1987)

- **Applied**-addressing socially significant behavior for the person
- **Analytic**-apply principles of ABA in a way that evaluates affect in improving behavior
- **Behavioral**-target behavior in a precise way with measurement
- **Conceptually** systematic-techniques relevant to principles of ABA
- **Technological**- the techniques making up a particular behavioral application are completely identified and described
- **Generality**-behavior change is proves durable over time, if it appears in a wide variety of possible environments, or if it spreads to a wide variety of related behaviors.
- **Effective**-large enough effects for practical value

PQ

- How would a “quick effect” aversive like electric shock device meet the obligation of generality?
- A. It could not as the presence of the mechanism would necessarily limit the transfer of stimulus control to other environments.
- B. The procedure would need to be run 24/7 where ever the person went.
- C. That is an issue to be considered when the behavior reduces to 0.

QUESTIONS FOR DISCUSSION

What are the variables to be considered when determining restrictiveness of an intervention plan or a strategy with in a service plan?

- Quality of the person's life
- Are all basic needs, healthy & enriched lifestyle elements in place?
- Frequency/amount of reinforcement available regularly for desired behaviors
- Likelihood that any procedures will be used as designed and discontinued as specified
- Likelihood and design to generalize effects of the strategies proposed (if they work)?
- Effect of the procedures on the implementers, reputation of the person, side effects of the procedures
- Skill deficits of the person, what is being done so the person learns and uses more functional skills
- Co – morbid conditions that might contribute to the problem situation
- Effectiveness of the strategies as designed and as likely to be implemented
- Culture of the individual's family, community and acceptability of the strategies, and behaviors for which the strategies are being considered-do the proposed strategies have social validity?

What else could be tried that might make the strategies in question less necessary or more likely to be effective?

PQ

- Rate the restrictiveness of each of the following:
- A Differential reinforcement procedure to shape behavior, when the “not earned” situation results in extreme emotional responding.
- For the person implementing the procedure this is
 - A. highly restrictive
 - B. moderately restrictive
 - C. not restrictive at all

PQ

- For the child who experiences the DRO and not earning contingency the procedure is
- A. highly restrictive
- B. moderately restrictive
- C. not restrictive at all

PQ

- Situation- Large gentleman who is frequently punching people in the face, the intervention proposed is a brief manual hold.
- How aversive/restrictive is this to the implementer?
 - A. highly restrictive
 - B. moderately restrictive
 - C. not restrictive at all

QUESTIONS CONTINUED

What safeguards can be put in place so that any strategy is used as designed and discontinued when appropriate?

- **Training**
- **Frequent review**
- **Contract explaining expectations**
- **Oversight systems in setting services used**
- **Oversight system for system (larger – state/DD services)**

QUESTIONS CONTINUED

What are the legal guidelines, practice guidelines for the behavior analyst?

- **Federal laws and rules**
- **State Laws and rules including licensure**
- **Funding source rules (Medicaid Waiver/CMS)**
- **ABAI Ethical practice guidelines**
- **APBS guidelines**
- **Best practice literature**

QUESTIONS CONTINUED

Does the intervention plan/strategies align with the 7 dimensions of applied behavior analysis?

QUESTIONS CONTINUED

What is the fall out if the strategies being considered are not used, or if nothing is done to address the problem?

- **How to determine this**
- **Where to document this consideration**
- **Whose responsibility is this consideration process?**

QUESTIONS

- **How much “responsibility” does the person’s environment/history have for the current problems and what is being done to the person vs. with the environment to ameliorate the problem?**
- **What effect does this intervention plan have on the field of behavior analysis and the understanding of what it should be and how the principles should be used?**
- **Would we use these strategies on ourselves?**
- **What does the literature tell us?**

THE PUBLIC HEALTH PREVENTION MODEL AND HOW IT CAN BE USED TO MAKE SOME LEAST RESTRICTIVE DECISIONS.

Primary Prevention (equal to Universal Precautions) – Interventions that create environments that avoid conflict by anticipating risk factors	Secondary Prevention – (equal to First Aide) Interventions designed to immediately respond to and resolve conflicts when they occur	Tertiary Preventions – (equal to Surgery and Rehabilitation) Interventions used post S/R designed to mitigate effects, analyze the event and take corrective action
<p>Caregiver Tasks</p> <ul style="list-style-type: none"> • High rates of positive interactions • Arrange engaging environments • Avoid Coercion, catch ‘em being good • Collect data 	<ul style="list-style-type: none"> • Use De-escalation & Crisis management techniques • Stay calm and cool • Implement BSP • Problem solve and collect data 	<ul style="list-style-type: none"> • Critical debriefing and crisis event analysis • Develop future plans • Data review and analysis • Learn from events and data • Change the environment and collect data
<p>Related to the Consumer’s Life</p> <ul style="list-style-type: none"> • Person Centered Planning • SAFE-coercive free • Enriched with high rates of reinforcement and positive events • Meaningful life with meaningful relationships and activities 	<ul style="list-style-type: none"> • Crisis management with De-escalation emphasis • Functional Behavior Assessment • Behavior Support Plan developed and implement with involvement by family and consumer • Learning skills to be more independent and successful in life, learning skills to replace problem behaviors, developing new interests and reinforcing events 	<ul style="list-style-type: none"> • Debriefing with consumer- possible revision of crisis plan • FBA reviewed and revised • BSP reviewed and revised • Learning skills that will prevent future crises

PQ

- Do you think the typical FBA process and resulting interventions take into account all three levels of prevention?
- A. Yes
- B. No

CONTEXT IN DD

- Services are funded through federal monies and perhaps some local tax dollars
- Funding sources have rules regarding services, documentation, billing and strategies
- Services in Missouri are in the community, residential services are not done in 'treatment' settings with professionals on site
- Home and Community Based Services Rule has tighter stipulation and reporting requirements for state Medicaid funding

PQ
GIVEN THE CURRENT CONTEXT IN DD
SERVICES

- Are strategies that include aversive consequences necessarily more restrictive considering the current context of DD services?

A. No, the restrictive value of a strategy still depends on the severity of the behavior being addressed.

B. No, aversive consequences that are not extreme are well accepted in the Missouri DD culture.

C. Yes, the philosophy of the field of DD services and the funding entities have heightened the restrictive value of aversive consequences.

- Does restrictive mean unethical?

• A. No

B. It depends on how restrictive a strategy is and the support for its' use.

C. Yes

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- Does determining a strategy is restrictive mean that it is prohibited, or can not be used?

A. No

B. Yes

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