



Prohibited Practices

What they are and what to do about them when they have happened

1.18.2024





Housekeeping



- Webinar will be posted on the DMH site under previous Webinars
 - https://dmh.mo.gov/devdisabilities/webinar/previous
- Participants and those who registered will receive the PowerPoint and the recording
- Put all questions/comments in the chat box and we will acknowledge and address them throughout the presentation



Module Outline

Module 1: Prohibited Practices Refresher

- Module 2: Considerations When Seeking Help
- Module 3: Increasing Rudimentary Communication

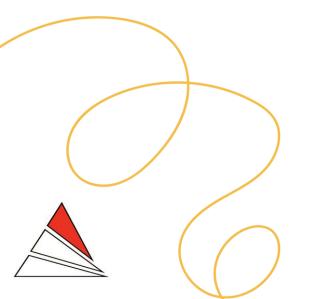
Module 4: General Approach to Fading Prohibited

Practices



MODULE 4

General Approach to Fading Prohibited Practices





General Approach to Fading Prohibited Practices Module 4

- Why fade and not just stop cold turkey?
- Caveats about the need for effective treatment
- Steps to fade





Fading VS JUST STOPPING

- For the Individual, Staff and the Community
 - Determine the risk of continuing the prohibited practice
 for the..
 - Determine the risk of immediately ceasing the prohibited practice for the ...
 - We slowly fade out prohibited practices when immediately removing it would create significantly more risk to the ..

All prohibited practices must be discontinued

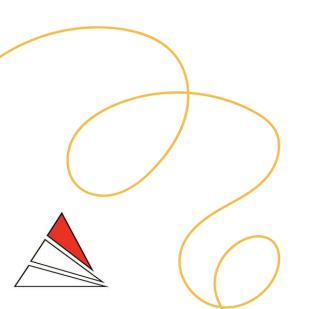
- Define the current situation
- Define the end goal
- Plan small steps that everyone can agree on to go from current situation to goal situation
- Define objective criteria on when steps will happen and follow
- Take data (and review)

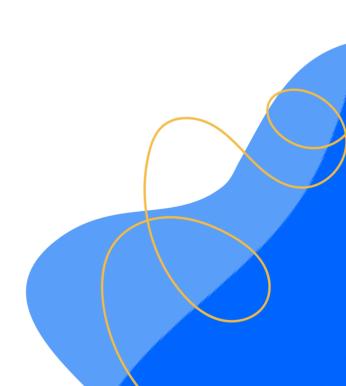


- Define the current situation
 - What is the problem behavior that the prohibited practice being used to address?
 - How often is the problem behavior happening?
 - Are there times of day or specific situations that make problem behaviors more likely?
 - Is the prohibited practice in place constantly (i.e., 24/7) or only under certain conditions (what are those conditions?)



- Define the current situation
 - What are skills the person needs to develop/demonstrate in order to be safe?
 - Does the person already know the skill?
 - If not, who will teach the skill?
 - \circ $\,$ This is where clinical services come in







- Define the End Goal
 - What does success look like for the individual?
 - Generally
 - Prohibited Practices should be discontinued
 - Problem behavior shouldn't worsen and ideally remain at a low level
 - Skill behavior should increase or remain at a high level



- Agree to Small Steps
 - What is an increment of change that the planning team can agree on?
 - Should be large enough change to demonstrate meaningful progress toward discontinuing prohibited practice but small enough increment to maintain safety
 - Current Situation data should drive the decision of the increment

- Agree to Small Steps
 - Examples
 - Reduction of hours prohibited practice is in place by 1 hour
 - Reduction of harness point by 1 point
 - Introduction of prevention step and waiting 2 minutes before turning off power wheelchair
 - Leaving lock mechanism disengaged from timeout room

How do We Get From Current Situation to the Goal

CURRENT SITUATION GOAL LOCKS REMOVED/FADED LOCKS ENABLED 24 HOURS PER DAY Home/ISL • Home/ISL • Elopement Elopement • Occurs 5/7 evenings a week Occurs 1 or less evenings a week • Length of Time ranges from 15 minutes Length of Time is less than 30 minutes to 2 hours What She says when she needs to have • What Happens space Informs staff that she needs to take a • Gets to leave the situation Goes to the hospital walk 3 hours to 3 days • She is a volunteer with the Local FD Auxiliary • Gets attention The Support Coordinator does a check in by Emergency service personnel phone on random 30 minutes to 2 hours Mom calls on random days Mom Support Coordinator

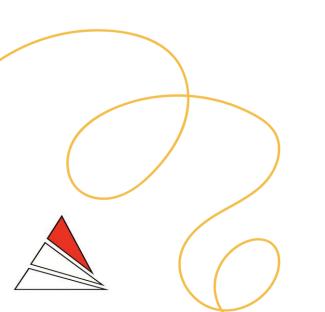
- How do We Get From Current Situation to Goal
 - Where do we start the fading?
 - Certain locations? Times? With certain staff/family?
 - Location- (at home, in kitchen, in room, in community)
 - By targeted need-prioritize which prohibited practice first
 - By specific support (start with clinician, SC, lead worker teaching skill during baseline, paraprofessionals)
 - By shifts, By time

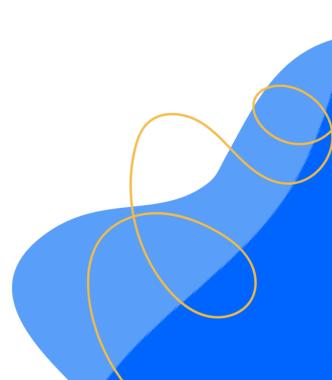


- How do We Get From Current Situation to Goal
 - Where do we start the fading?
 - Key points:
 - What is the smallest possible step?
 - Start with the step that would require the less effort of client and is highly reinforcing
 - Identify the one specific activity/location where the individual has demonstrated consistent, safe success.



- How do We Get From Current Situation to Goal
 - Where do we start the fading?
 - Key points:
 - Over what period of time?
 - So slow the person may not notice the change?







- How do We Get From Current Situation to Goal
 - Mary's Fading Plan:
 - Key Places to Start:
 - Time/Shift: During the day remove the locks-According to data she is eloping in the evenings. (5/7 days)
 - During the day Staff should work on the Goal of Mary informing staff when she'd like to take a walk.



- Define Objective Criteria
 - Decide under what conditions you will advance the fade step
 - Should be objective i.e., you know it when you see it and doesn't require a meeting to discuss whether people feel like the step should be taken
 - Should include a period of stability to maintain safety
 - Should include plan for if things become unstable

- Define Objective Criteria
 - Examples:
 - Door Locks will be decrease 1 hour following 3 days in which elopement attempts remained at or below current levels.
 - If elopement attempts increase, the team will return to the previous door lock duration,
 - Meet as a team to problem-solve barriers and make adjustments,
 - Resume fade plan (potentially moving in smaller increments if necessary)

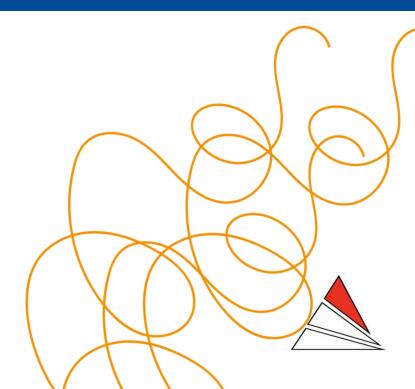




- Take Data and Review It
 - Data should be collected on (at minimum)
 - Use of prohibited practice
 - Occurrences of problem behavior
 - Occurrences of skill behavior
 - Whether the fade step was executed as designed
 - This provides a way to track progress and demonstrate success
 - Data should be used during team meetings to evaluate
 progress and problem solve barriers



QUESTIONS & ANSWERS









Tier III Prohibited Practice Workshops

For the Prohibited Practice Modules

Modules 1 & 2 2.5.2024 Module 3 2.14.2024 Module 4 2.27.2024

Action Plan 🔄 BSRC 🔄 Prohibited Practices 🔄 ADT 🔄 ITRH 🔄 Other Specify:						
Organization: Individual: DMH ID:						
AGENCY TEAM:	ABA/ISC:	ABA/ISC:			Dates recommendations and action planning sent to team:	
					Date of Plan	and Revision Dates:
Notes:						
IMPLEMENTATION				EVALUATION		
What Needs to be Done?	Person Responsible	By When?	Status/Date Completed	What Evidence Indicates this Progress		How and When Will Evidence Be Gathered?
Action Steps for recommendation 1:						

Example of an Action Plan Template

Thank you for joining us today!



Website https://dmh.mo.gov/dev-disabilities/tiered-supports/tier-3



