

# USE OF RESTRICTIVE INTERVENTIONS

Division of Developmental Disabilities  
New Provider Presentation  
January 28, 2015

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Jayma Bernhard Page, Quality Review Section Manager  
Division of Developmental Disabilities  
Bureau of Quality Management  
319 E Madison, Suite 4J  
Springfield, IL 62701  
217-785-6172 (office)  
217-782-9444 (fax)  
[Jayma.Bernhard@illinois.gov](mailto:Jayma.Bernhard@illinois.gov)

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## What is "Restrictive"?

- Restrictive Interventions -- an intervention that is used to restrict the rights or freedom of movement of a person with a disability including chemical restraint, mechanical restraint, and seclusion. (According to The Disability Act of 2006)
- Rights Restrictions include all steps that that limit or control a person's human or civil rights.
  - Some rights restrictions are in place because a person lacks the skills to safely exercise those rights.
  - Restrictions for the safety of the individual are still restrictions.

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## Rights

- Training available through Division of Developmental Disabilities. See Training Events Calendar at <http://www.dhs.state.il.us/page.aspx?item=45347>
- Look for Human Rights Committee Chairperson course

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## References for Restrictive Interventions

- Adults with Developmental Disabilities Waiver (Appendix G-2 and G-3)
  - Rule 115 (Section 115.320, c.3.)
  - Rule 119 (Section 119.240, 119.245, 119.260g)
  - Rule 120 (Section 120.160, b.7.)
- Although Rule 119 is specific to Developmental Training programs, the guidelines for use of restrictive interventions include details about committee responsibilities. These guidelines are generally considered to be the best description of expectations for all programs.

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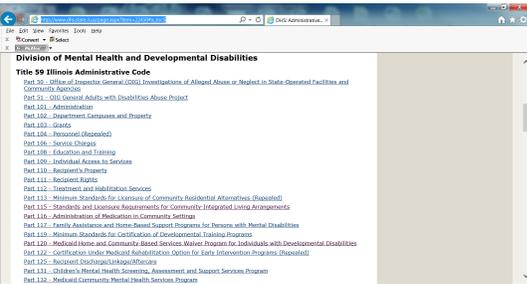
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[http://www.dhs.state.il.us/page.aspx?item=22450#a\\_toc5](http://www.dhs.state.il.us/page.aspx?item=22450#a_toc5)




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### Psychotropic Medications

- Based on Adults with Developmental Disabilities waiver, ALL psychotropic medications are considered to be a restrictive intervention.
- This includes psychotropic medications that are used to address maladaptive behavior as well as medications used to treat mental illness.
- A common error is to believe that psychotropics used to treat mental illness are exempt from the expectations regarding restrictive interventions.

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### Psychotropic Medication

#### 5/1-121.1 Psychotropic medication

§1-121.1. "Psychotropic medication" means medication whose use for antipsychotic, antidepressant, antimanic, antianxiety, behavior modification or behavioral management purposes is listed in AMA Drug Evaluations, latest edition, or Physician's Desk Reference, latest edition, or which are administered for any of these purposes. For the purposes of Sections 2-107, 2-107.1, and 2-107.2 of this Act,

"psychotropic medication" also includes those tests and related procedures that are essential for the safe and effective administration of a psychotropic medication. (Added by P.A. 86-1402, effective January 1, 1991 and amended by P.A. 89-439, effective June 1, 1996.)

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### Psychotropic Medication

- AMA Drug Evaluations or Physician's Desk Reference (or ask physician or pharmacist)
- Includes all medications classified as:
  - Antipsychotic
  - Antidepressant
  - Antimanic
  - Antianxiety
  - Behavior Modification
  - Behavioral Management
- The emphasis on medication classification means that all such medications must be treated as psychotropic even if prescribed for another purpose.

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### Examples of Psychotropic Medications Used for Other Purposes

- Elavil (Amitriptyline) – Classified as antidepressant. Can be used for pain control.
- Klonopin (Clonazepam) – Classified as antianxiety. Can be used for seizures.
- Tofranil (Imipramine) – Classified as antidepressant. Can be used for nocturnal enuresis (bedwetting).

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### Psychotropic Medication

- "Psychotropic medication" means medication whose use for antipsychotic, antidepressant, antimanic, antianxiety, behavior modification or behavioral management purposes is listed in AMA Drug Evaluations, latest edition, or Physician's Desk Reference, latest edition, or which are administered for any of these purposes.
- Medications not classified as psychotropic drugs but are given because of the effect on the individual, must be treated as a restrictive intervention.

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### Examples of Medications Not Classified as Psychotropics but Still Requiring Review Based on Reason for Use

- Tegretol (Carbamazepine) – Classified as anticonvulsant (not psychotropic). Used to treat bipolar disorder (review required). Used to treat nerve pain (no review required)
- Inderal (Propranolol) – Classified as beta blocker and typically used to treat hypertension. Sometimes used to treat anxiety (review required)
- Depakote (Divalproex Sodium) – Classified as anticonvulsant. Used as mood stabilizer (review required).

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### Additional Cautions for Psychotropic Medications

- Must not be administered in doses that interfere with an individual's daily living activities.
- Must be monitored for desired responses and adverse consequences.
- Must be withdrawn gradually (at least annually) unless clinically contraindicated.
- Must be reviewed every three months by medical professional. (For DT programs, HRC and BMC just also review quarterly.)
- Must complete screening for involuntary movements every 6 months.

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### All Restrictive Interventions

- Must be reviewed at least annually by Human Rights Committee
- ISP must document efforts to reduce reliance on psychotropic medications.
- ISP must include provisions to train the individual in the appropriate expression of the behavior; how to channel the behavior into similar but adaptive expressions; or how to replace the maladaptive behavior with adaptive behavior. (Result in a less restrictive way to manage and eliminate the behavior.)
- Consider and document that benefits outweigh the potential harmful effects.
- Use only when positive procedures have been tried and are ineffective.

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### Restrictive Interventions (continued)...

- Must be a behavior intervention plan when restrictive interventions are used.
- Plan may be separate from the ISP or components may be incorporated into the ISP.
- No specific requirements regarding who must develop the behavior intervention plan unless behavior therapy funding is requested.
- For those receiving funding for behavior therapy, a person qualified to provide behavior therapy must be involved.
- Encouraged to consider using a behavior analyst or behavior therapist when interventions developed by others are not effective.

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### Restraint

- Definition – "Restraint" means direct restriction through mechanical means or personal physical force of the limbs, head or body of a recipient.  
Momentary periods of physical restriction by direct person-to-person contact, without the aid of material or mechanical devices, accomplished with limited force...shall not constitute restraint but shall be documented in the recipient's clinical record.
- Used only to prevent physical harm to self or others
- Requires informed consent from guardian
- Only by trained staff
- Use of chemical restraint is not permitted.
  - Medication used to restrain/prevent the person from acting out
  - "As needed" psychotropic medication

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### Time Out

- Definition – Timeout is a behavior therapy technique for the control of problem behavior based on operant conditioning principles. Generally the technique involves removing source of reward and/or reinforcement for any behavior that is unwanted.

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### Seclusion

- Definition – Time out in a locked room
- NOT PERMITTED

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### Aversive Treatment

Definition -- Aversion therapy is a form of treatment that utilizes behavioral principles to eliminate unwanted behavior. In this therapeutic method, the unwanted stimulus is repeatedly paired with discomfort. The goal of the conditioning process is to make the individual associate the stimulus with unpleasant or uncomfortable sensations.

During aversion therapy, the client may be asked to think of or engage in the behavior they enjoy while at the same time being exposed to something unpleasant such as a bad taste, a foul smell, or even mild electric shocks. Once the unpleasant feelings become associated with the behavior, the hope is that the unwanted behaviors or actions will begin to decrease in frequency or stop entirely

- Addressed in Rule 119 with requirement for more frequent review and scrutiny.

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### Other Examples of Restrictive Interventions

- All rights restrictions (anything person didn't want/request)
- Enhanced supervision
- Restricted access to personal property
- Door/window alarms to keep person from leaving without staff knowledge
- Security cameras
- Locked access
- Limitations on activity participation
- Restricted access to personal funds
- Restrictive diets
- Others

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### Quick Review...

Regardless of the type of restrictive intervention used, the service planning team must:

- Discuss the restrictive intervention
- Weigh the pros and cons (benefits and potential harm) of the restriction and agree that benefits outweigh the negative impact
- Consider if less restrictive (more positive) measures can be used instead
- Discuss past attempts to use more positive interventions that were unsuccessful
- Determine skill training or supports that will reduce the need for restrictive interventions in the future
- Ensure review by Human Rights Committee.....(see next slide)

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### Human Rights Committee

- Required for each agency
- Establish/ensure process for periodic review of behavior intervention, restraint, restrictive interventions, and human rights issues.
- Membership
  - At least 5 members
  - Not more than 1/2 of members may be employees
  - At least 1/3 of members must be unassociated with the agency (interested citizens with no potential conflict of interest)
  - At least one member who is a person who receives services or his/her representative
- Must maintain minutes including attendance and decisions made

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### When only Home Based Services are Received....

- Discuss benefits and potential hazard of use of restrictive interventions
- Offer training and supports to reduce the need
- Consider data collection to assist with evaluation of effectiveness
- Document discussion and decisions
- Repeat at least annually
- Review by HRC not required

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### QUESTIONS?

Jayma Bernhard Page  
[Jayma.bernhard@illinois.gov](mailto:Jayma.bernhard@illinois.gov)  
217-785-6172

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