

Behavior Support

I. Origin and Development of Regulation

A. Review of Regulation

The Behavior Support/Human Rights Committee reviews the Behavior Support policy at least annually in March. The policy is then submitted to the superintendent and Erie County Board for review and approval by the April Board meeting.

B. Authority

This policy is based on Ohio Department of Developmental Disabilities Rules and the following legal documents: 5123:2-1-02 Administrative Rule.

C. Professional Qualifications

Professional staff developing or implementing behavior support plans shall be those who meet the qualifications of their employing agency for personnel requirements.

D. Purpose

This regulation shall serve to formulate policy and general procedural guidelines regarding the provision of behavior support services to enrollees of the Erie County Board of Developmental Disabilities, and/or contracting agencies and a provider as defined in ORC 5123:2-1-02(1)(E).

For the purpose of this policy, “enrollee of the Board” refers to individuals that are receiving home and community based waiver services and individual supports that are monitored and/or administered by the board.. Children enrolled in pre-school or school age services shall follow the student discipline guidelines of the Ohio Department of Education (Division of Early Childhood Concept Paper on the Identification of and Intervention with Challenging Behavior and Division of Special Education, Technical Assistance for Implementation of the Behavior Intervention Process) and the educational setting in which they are served. Early Intervention services will follow the guidelines of the Ohio Department of Health. Aversive interventions will not be permitted with children in Early Intervention Programs.

Behavior support policies are intended to promote the growth, development and independence of individuals, promote individual choice in daily decision-making, and emphasize their self-determination and self-management. To the extent possible, behavior-support plans will be formulated with the individual’s participation. The Behavior Support policy is available to all staff, individuals, parents of minor children, legal guardians and providers.

E. General Statement of Policy

Behavior support techniques are an appropriate and useful tool in the education and training of people including individuals who have developmental disabilities. The focus is on positive teaching and support strategies and encourages use of the least restrictive environment and least intrusive forms of services. Behavior support shall be utilized as an integral part of

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ongoing training programs. Positive and natural consequences of behavior are the most desirable and always have the best long-term effects. Aversive techniques shall be used only after positive interventions have proved unsuccessful. Aversive techniques should be understandable to the individual and should be applied only to behaviors that are subject to the individual's voluntary control. Aversive consequences should be the least restrictive and least intrusive possible. Abusive, demeaning, or retaliatory actions are not behavior support techniques and are contrary to human rights. No aspect of this policy shall be construed to deny any individual full protection under the Board's Civil Rights Plan and the "Bill of Rights" set forth in Ohio Senate Bill 322. Behavior Support Plans are not to be used for staff convenience or discipline or as a substitute for an active treatment plan.

- F. The Climate for Behavioral Support is characterized by:
1. The identification of the underlying cause for the behavior and the development of plans to proactively address and fulfill the identified need; not solely focusing on the reactive intervention strategies alone;
 2. Interactions and speech that reflect, dignity, and a positive regard for the individual;
 3. The setting of acceptable behavioral limits for the individual;
 4. The absence of group punishment;
 5. The absence of demeaning, belittling or degrading speech or punishment;
 6. Staff speech that is even-toned made in positive and personal terms and WITHOUT threatening overtones or coercion;
 7. Conversations with the individual rather than about the individual while in THE INDIVIDUAL'S presence;
 8. RESPECT FOR the individual's privacy by not discussing the individual with someone who has no right to the information; and
 9. The use of people-first language instead of referring to the individual by trait, behavior or disability.

II. Prohibited Interventions

The County Board recognizes the inherent dignity and worth of each individual. Therefore, the following abusive interventions are prohibited: Prohibited actions are reported as a Major Unusual Incident to the Erie County Board of Developmental Disabilities' MUI Coordinator.

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- A. Any physical abuse of an individual such as striking, shoving, spitting on, paddling, spanking, scratching, pinching, corporal punishment, or any other action to inflict pain.
- B. Any sexual abuse of an individual.
- C. Medically or psychologically contraindicated procedures.
- D. Any psychological/verbal abuse such as threatening, ridiculing, or using abusive or demeaning language.
- E. Placing an individual in a room with no light, unless it is for scheduled nap periods in a school setting, for individuals under the care of a program nurse, or other periods of rest or sleep.
- F. Subjecting the individual to damaging or painful sound.
- G. Denial of breakfast, lunch or dinner.
- H. Squirting an individual with any substance, as a consequence for behavior.
- I. Time out in a time out room exceeding one hour for any one incident and exceeding more than two hours in a twenty-four hour period.
- J. Placing an individual in a time out room that is key locked, inadequately lighted or ventilated, or does not provide a safe environment for the individual, or where the person is unable to lay down in any direction or stand up fully.
- K. Placing an individual in a time out room and leaving him/her unsupervised.
- L. Use of behavioral restraints except when displayed behaviors are destructive to self or others or part of a behavior support plan.
- M. Use of psychotropic medication unless it is prescribed and supervised by a licensed physician involved in the interdisciplinary planning process. ("Involved in the interdisciplinary process" does not mean that the physician must attend IP meetings. It means that the program and physician must communicate on a regular basis about medical and behavioral issues. This could be in writing or by telephone).
- N. Non-contingent (custodial) use of mechanical restraints
- O. Use of noxious and/or unpleasant substances or stimuli including contingent electric shock.
- P. "Standing" or "as needed" (PRN) programs.
- Q. One individual disciplining another.
- R. Group punishment
- S. Emergency placement of an individual in a time-out room without an approved behavioral plan.
- T. Use of any aversive behavior support method for the purpose of retaliation, staff convenience or as a substitute for active treatment programs.
- U. Any use of prone/ face down restraint.

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III. Crisis Intervention

Crisis management is the process which utilizes methods to help an individual reduce the intensity of a crisis behavior and to enable him/her to regain composure, safety, and control.

A. When is a situation considered a crisis?

A Crisis situation is one or more of the following:

Danger to others: physical acting out behaviors that seem likely to cause bodily harm

Danger to self: self-abuse that seems likely to cause bodily harm

If there is evidence of past threats leading to any of the above-mentioned behaviors, then it should be noted that threatened abuse toward others or self can be considered a “crisis” situation. If a “crisis” behavior occurs the team will meet to address the crisis and develop intervention strategies if necessary.

B. When is a situation no longer considered a crisis and a plan must be written?

If a “crisis” behavior, *and the team can make a reasonable prediction (based on past threats and behaviors) that the target behavior will likely occur again*, then a program shall be designed to ameliorate the situation, and the behavior should no longer be considered a crisis.

C. Crisis Intervention Strategies

In order to deal with a crisis of an individual's behavior in an effective and humane manner, a hierarchy of techniques beginning with the least intrusive should be utilized.

1. **Alteration of environment**➤Moving materials, objects, furniture, people, etc. to end the behavior.
2. **Non-physical intervention**➤Distraction through gestured redirection, calling an individual's name, use of a loud noise to interrupt, etc. to end the behavior. Redirection, calming or relaxation procedures, problem-solving, and establishing boundaries are also non-physical interventions. Reducing the staff/individual ratio.
3. **Manual restraints**➤A hands-on method that is used to control an identified behavior by restricting the movement or function of the individual's head, neck, one or more limbs or entire body, using sufficient force to cause the possibility of injury. Generally only used after other less restrictive procedures have been tried or if an unanticipated but immediate threat to the safety of others is reasonably judged by staff. This must be an employer approved physical restraint technique. Prohibited interventions and time out may not be used as a crisis strategy.
4. **Emergency relocating of services**➤A person may have services relocated but may not be removed from county board services. For students placed by the LEA, suspension procedures under I.D.E.A. (Individuals with Disabilities Education Act) apply.

D. Reporting Crisis Events

All incidents involving crisis intervention must be submitted as a written incident report to the county board's MUI Coordinator no later than three p.m. the next working day.

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IV. Positive Support Strategies

A. What is a Positive Support Strategy?

Positive Support Strategies are systematic programs, which only use consequences that are pleasant and non-aversive.

B. When to use Positive Support Strategy

1. Planned positive reinforcement procedures shall be a part of the program of each individual served by the County Board for whom a behavior plan exists. These procedures will be designed to increase desired behaviors as identified in the individual's program plan. Plans shall be written to include training of an alternate, appropriate behavior to replace a problem behavior.
2. In Positive Programs combined with aversive interventions. Positive and less aversive teaching and support strategies are demonstrated to be ineffective prior to the use of more intrusive procedures.
3. Occasionally, consequences designed to increase a desirable behavior may need to be combined with a plan to reduce or eliminate a problem behavior. Contrived contingencies may need committee approval or at least committee interpretation. Any behavior plan, which includes Aversive Intervention, must also include Positive Support Strategy, designed to increase alternative appropriate behaviors to replace challenging behaviors.)

C. Recording of Data on Positive Support Strategies

Data should be kept on all behavior strategies that reduce or increase a target behavior and shall be maintained in the behavior section of the enrollee records even though committee approval is not necessary. The team will develop necessary documentation forms.

D. Examples of Positive Support Strategies include but are not limited to:

1. Positive reinforcement
2. Errorless learning
3. Forward/backward chaining
4. Shaping/fading/planned ignoring/extinction
5. Modeling/imitation
6. Systematic use of prompts
7. Rehearsal
8. Token economy without response cost
9. Self-management techniques e.g. having the individual record his/her own behavior frequency
10. Contracts with positive consequences
11. Participating in a chosen activity
12. Differential Reinforcement including DRA, DRI, DRL, DRO (outlined on page 18 of the definition section of this policy)
13. Interval Schedules of Reinforcement
14. Prompted Relaxation

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15. Ratio Schedules of Reinforcement
16. Redirection
17. Rule Reminders
18. Simple Self-Correction
19. Time Away (This is different from time out)
20. Satiation

V. Aversive Interventions

A. What is an Aversive Intervention?/How Aversive Interventions Work

An Aversive Intervention is a technique, which employs unpleasant, intrusive or uncomfortable stimulus. This intervention has the purpose and effect of decreasing a target behavior. These strategies employ behavioral consequences that a person would work actively to avoid.

B. Safeguards when using Behavior Support methods - Aversive Interventions

Aversive strategies should be used with great caution. Positive and natural consequences of behavior are the most desirable and have the best long-term effect. Aversive techniques shall be used only after positive support strategies have proved unsuccessful and after evaluation of potential medical factors that may influence behavior. Aversive techniques should be understandable. Behavior support methods must be employed with sufficient safeguards and supervision, to ensure that the safety, welfare, due process, and civil and human rights of the individual receiving county board services are adequately protected. [OAC 5123:2-1-02(j)(2)(f)]

Critical components in determining whether appropriate safeguards exist include:

1. Written, informed consent has been obtained.
2. All of the individual's rights have been adequately protected in accordance with the Developmental Disabilities Bill of Rights.
3. There are no medical contraindications to the planned procedure.
4. There has been strict adherence to requirements of all levels of review.

C. When to use Aversive Interventions

Aversive strategies shall be used as a part of a person-centered planning process only after positive and general strategies have been demonstrated to be ineffective.

Systematic planned aversive interaction shall be used only when:

1. Necessary to protect health, safety and property
2. The problem behavior is destructive to self or others; resulting in tissue damage
3. The problem behavior is detrimental to the development of self or others
4. All other conditions required by the behavior support rule are met

D. Restraint or time-out shall be discontinued if it results in serious harm or injury to the individual or does not achieve the desired results as defined in the behavior support plan

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- E. Any use of restraint or time-out in an unapproved manner or without obtaining required consent, approval, or oversight shall be reported as a major unusual incident pursuant to rule 5123:2-17-02 of the administrative code.
- F. Any use of restraint or timeout that results in an injury that meets the definition of a major unusual incident or an unusual incident shall be reported as such pursuant to rule 5213:2-17-02 of the administrative code.
- G. **Acceptable Aversive Interventions**

All time limits listed below are within a 24-hour period beginning with the first application of the aversive intervention. The limits apply across all settings in which that aversive may be used. Minutes used must be added across settings within the 24-hour period.

 - 1. **Emerging methods and technologies:** New methods of restraint or seclusion that create possible health and safety risks for the individual including methods or technology that were not developed prior to the effective date of this policy.
 - 2. **Financial Restitution:** Individual is required to pay back owner of broken or damaged items.
 - 3. **Overcorrection:** Individual must restore environment, then repeatedly perform an appropriate substitute behavior. Example: Individual throws all clothes out of dresser. They are then required to fold clothes and put away and then repeat several times.
 - 4. **Response cost:** Removal of previously earned tokens, privileges or other reinforcers contingent upon inappropriate behaviors.
 - 5. **Restraint:**
 - a. **Manual restraint:** Individual must be released and allowed to move freely at least ten minutes during each two hours of restraint.
 - b. **Mechanical restraint:** Individual must be released and allowed to move freely at least ten minutes during each two hours of restraint.
 - c. **Chemical restraint:** Use of PRN medication to alter behavior. Use of psychiatric medication without a psychiatric diagnosis.
 - 6. **Time Out:** Confining an individual in a room and preventing the individual from leaving the room by applying force or by closing door or other barrier, including placement in such a room when a staff person remains in the room with the individual. A record of time out activities must be kept. Time out may not exceed one hour per use, nor two hours in a 24-hour period.
 - 7. **Suspension:** Refers to the prohibition of an individual from presence in his or her typical environment other than time out, with the exception of suspension when such suspension is consistent with the other agency policy.
 - 8. **Withholding of routinely given items, materials or activities:** Also referred to as loss of privileges. Involves the loss of an item, material, and/or activity that constitutes a part of the individual's normal day. Loss of privilege involves the same basic behavior mechanics as Response Cost, except that it employs items, materials and/or activities that were NOT earned by the individual (in contrast to response cost when they were earned).

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H. Special Definitions, which apply to Time Out

1. A 24-hour period is defined as a “rolling” or “continuous” 24 hours, based on the time the first incident occurred.
2. A record for all time-out activity shall be maintained and is defined as written documentation of the following three elements:
 - a. Date and time in which a person was put into time out
 - b. Minute by minute record of all activity while in the designated time out room.
 - c. The date and time the person was released from time out
 - d. The individual must be under constant visual supervision by staff at all times
3. Time-out rooms shall not be key locked. Time out doors may be held shut by a staff member or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged. Time out rooms shall be adequately ventilated and free from hazardous conditions including, but not limited to, presence of sharp corners and objects, uncovered lights fixtures, or unprotected electrical outlets.

I. Guidelines for Chemical Restraint

A behavior plan is necessary for all individuals who are chemically restrained. A chemical restraint exists if there is no valid Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis for the corresponding medications.

Written documentation, from the prescribing medical professional, of a valid DSM diagnosis must be on file at the board office. This information must include the name of the medication, dosage, reason for prescription/ diagnosis.

If team members question the diagnosis or do not find validation of the diagnosis, then a second opinion is in order. This is a medical issue, not a behavior support issue.

VI. Process for Development, Approval, Implementation, and On-going Review of Behavior Support Plan.

- A. Development – Training and experience required for staff that develop behavior support plans are specified by the qualifications of their employer agency.
 1. Person-centered planning has occurred in behavior support plans, which have been specified on the previous or current IP as a primary issue. Behavior Support methods are to be integrated into the individual’s plan and provide a systematic approach to helping the individual learn new positive behaviors while reducing the undesirable behaviors.
 2. Required elements of the behavior support plan are to be presented in a manner, which can be understood by the individual, parent or guardian. Behavior Support plans shall be developed according to the findings of the Behavioral Assessment, which shall be completed prior to the development of the behavior support plan.
 3. The Behavior Support Plan must include the following required elements:
 - a. Name of plan designee (person responsible for overseeing the elements of the plan, the approval process and implementation of the plan and represents the plan at BSC & HRC meetings)

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- b. Summary of behavioral concerns
- c. Background information (case history including medical information, which clarifies physical or medical issues associated with the behavioral difficulties, list of diagnosis, and list of medications with associated diagnosis.)
- d. Target behavior: (to be decreased)
- e. Target behavior: (to be increased or alternate behaviors to be taught)
- f. Baseline data of target behavior to be decreased
- g. Baseline data of target behavior to be increased if available.
- h. Behavioral Assessment (who, what, when, where, why, and how)
- i. Least restrictive measures tried, including dates, and results
- j. Behavioral Objective for target behaviors to be increased and decreased. Behavioral objectives must be listed in measurable terms.
- k. Positive plan and established schedule of reinforcers
- l. Aversive plan (if applicable)
- m. Possible complications of applying aversive techniques (if applicable)
- n. Data collection process (data sheet)
- o. Persons responsible for implementation
- p. Documentation of how and when staff will be trained on the behavior plan
- q. Documentation of complete staff training (may be submitted after HRC & BSC review the plan but must be submitted prior to final approval).
- r. Evidence of team involvement developing the plan
- s. Team members consent to use of the plan (see sample signature page)
- t. Dissenting opinions documentation (see sample signature page)
- u. Completion of Informed Consent-see form
- v. Evidence of how and when an individual reviewed his/her plan, and a record of his or her response, even if he/she was not the consent giver (see sample signature page)
- w. Evidence that a copy of the Administrative Resolution of Complaints procedure has been reviewed and given to all members of the team. (County board staff, providers, individuals, parents of minor children, guardians.)
- x. Transportation consideration

4. Informed Consent

To determine if an individual can give informed consent, he/she must be able to identify target behaviors, risks and benefits of the plan, acceptable alternatives of the plan, consequences of not implementing the plan, and the right to refuse the plan. Documented informed consent must be obtained prior to plan implementation and updated at least annually.

The Informed Consent form must be completed by:

- a. Parent or guardian of a minor (under 18 years of age)
- b. The individual, if he/she is his/her own guardian, and the team determines he/she can give informed consent.
- c. Guardian of the individual regardless of the individual ability to give informed consent.
- d. Parent or Advocate for an individual who cannot give informed consent and has no guardian.

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- e. Behavior Support/Human Rights chairperson in the event the individual cannot give informed consent and has no guardian, parent, or advocate.

If informed consent cannot be documented in writing at the time consent is given, consent will be documented in writing within three days of implementation of the plan.

5. Team Consent

Consent of the person's team is obtained. For the purpose of behavior support program approval, each team member's opinion must be considered.

- a. In the event that a team member does not agree to the plan or whether or not a person can give informed consent, the team member may file a dissenting opinion, which will be attached to the plan.
- b. In some cases when consensus cannot be reached, the individual's Team must have an objective, independent, interested party from the Human Rights Committee to determine the appropriateness of the program.

6. Revisions to the Behavior Support Plan

If revisions require behavior support committee approval, written informed consent is required from the individual receiving services, or guardian (if the individual is eighteen years of age or older), or from the parent or guardian (if the individual is under eighteen years of age.)

B. Behavior Support/ Human Rights Committee Approval

1. Process for approval of Aversive Plans.

Aversive behavior plans must be approved by the Behavior Support/Human Rights Committee prior to implementation. In addition to the initial approval, aversive plans must be approved at annual resubmission corresponding with the IP date and any time there is a major revision.

- a. Teams should submit plans in entirety 7 working days prior to a scheduled Behavior Support/Human Rights Committee meeting. (*Refer to BSRC calendar*)
- b. Plan designee or alternate may be required to attend the committee meeting when the plan is reviewed.
- c. The Behavior Support/Human Rights Committee evaluates all required parts of the plan.
- d. The Behavior Support/Human Rights Committee approves the plan, OR
- e. If not approved, the committee outlines its concerns in writing and returns the plan to the individual's Team for reconsideration, revision, and re-submission. OR
- f. If given pending approval, plan designee will submit required information by established timeline (prior to plan implementation).

2. Positive Behavioral Intervention Plans

- a. Can be submitted to Behavior Support/Human Rights Committee for review upon team request.
- b. All behavior plans that involve a potential risk to the individual's rights and protections must be submitted to Behavior Support/Human Rights Committee for their approval prior to implementing the plan.

3. Interim Approval

- a. The Committee recognizes that emergency situations arise; therefore, interim approval can be obtained. The plan designee must provide a written request for review and approval, and submission of the plan.

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- b. The Chairperson or designee of the Behavior Support/ Human Rights Committee with concurrence from the superintendent or designee may provide interim short-term approval for plan implementation.
 - c. Once the plan designee receives interim approval, a copy of the plan and approval will immediately be forwarded to the Behavioral Support/Human Rights Committee for committee records.
 - d. Informed consent and team consent must be obtained for any interim approval.
4. Dissent and Conflict Resolution
- Anyone who dissents with any action of the approval process can initiate conflict resolution as stated in Section X of this policy or due process in Section XI of this policy.
- C. Implementation
1. Training & experience required by staff implementing Behavior Support plans are specified by the qualifications by their employing agencies.
 2. Once the Behavior Support/Human Rights Committee have given final approval of the plan, the team may implement the plan.
 3. Team must collect data for the purpose of determining plan effectiveness and ongoing use of aversive procedures by reviewing the following, but not limited to... objectives, previous month's data, current data, medication changes, environmental changes, life changes and developing team recommendations. A **Review of Behavior Support Plan** Form is then completed for Behavior Support/Human Rights Committee.
- D. On-going Review of Plans
1. Monthly
 - a. Plans that incorporate aversive methods shall be reviewed as determined by the team, but at least every thirty days.
 - b. Team collects *and analyzes* data and SSA submits the completed *analysis* to Behavior Support/Human Rights Committee for review at least every 30 days (this form is to be turned into Behavior Support/Human Rights Committee 7 working days prior to Behavior Support Committee's regularly scheduled meeting- Refer to BSRC calendar).
 - c. A status report is provided to the person receiving services, or his/her guardian if the person is over 18 years of age, or parent or guardian if the person is under 18 years of age, and any other team members. It is the SSA's responsibility to provide status update to team members Other team members may request a copy of this report.
 2. Annual and Major revision plan review
 - a. A regular review of all behavior support plans is held in conjunction with individualized plan updates. Behavior Support plans to be submitted to the Behavior Support/Human Rights Committee for review a minimum of 30 days prior to the IP start date.
 - b. All behavior plans are in effect for a maximum of one year and must be reviewed by the team and resubmitted in its entirety to Behavior Support/Human Rights Committee for review and approval prior to the expiration of the behavior plan.

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- c. Any major revision to a plan must be resubmitted in its entirety to the Behavior Support/Human Rights Committee for review and approval prior to the implementation of the revised behavior plan

VII. Behavior Support/Human Rights Committee. Although the behavior support and human rights committees have distinct functions, the committee will function as one multi purpose committee.

A. Purpose

The Behavior Support Committee provides objective, technical, review as well as approval or rejection of all behavior programs support plans using aversive procedures or involving potential risks to an individual's rights or protections. This may include positive procedures for self-injurious behavior resulting in tissue damage.

The Human Rights committee provides an objective review of all behavior programs using aversive procedures or involving potential risks to an individual's rights or protections to ensure that an individual's rights are protected. The committee is also to review and prior approve/reject all behavior programs using aversive methods or support plans involving potential risks to the individual's rights and protections.

B. Members

1. The committee will be composed of no less than five members and no more than nine members.
2. In order to meet rule requirements for Behavior Support, appointees must be individuals who are knowledgeable in behavior support procedures as specified by the qualifications of their employing agency for personnel

In order to meet rule requirements for Human Rights, appointees must also include representation of the following areas:

- a. At least one Board representative (Administrator or SSA)
- b. At least one parent of a minor or a guardian of a person eligible for county board services.
- c. At least one interested citizen with no direct involvement in the program.
- d. At least one person receiving services from the county board.

**If a committee member also participated in the development of a submitted plan, then that member may not participate in the approval process for that plan.

3. Selection Process for New Committee Members

The standing committee may make recommendations for new committee members to the Superintendent for appointment.

C. Behavior Support/Human Rights Committee Responsibilities

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1. Meets according to policy guidelines or as determined by the chairperson.
2. Provides initial reviews for new behavior programs using aversive procedures or involving potential risks to an individual's rights or protections to assure accountability and necessity for use of an aversive procedure. Also ensures that all elements of the plan have been addressed as listed in Section VI, A.
3. Provides ongoing review for existing behavior plans.
4. Provides interim approval upon request following the guidelines listed in Section VI, B, 4
5. Confidentiality of the person is maintained through the statement of confidentiality signed by all members
6. Informed consent process has been appropriately followed
7. The proposed program represents the least restrictive alternative for the person.

E. Meetings

Committee meetings are held every month. Emergency meetings are scheduled as needed and all meetings are subject to change.

FVIII. Reporting Responsibilities to ODODD

- A. Within five working days after local approval of a behavior support plan using restraint or time-out, the county board or provider shall notify the department by facsimile or other electronic means in a format prescribed by the department. Upon request by the department, the county board or provider shall submit any additional information regarding the use of the restraint or time-out.
- B. Upon approval of the Erie County Board of Developmental Disabilities Behavior Support/ Human Rights Committee, the Committee Chairperson will forward all Behavior Support plans that use the following methods of restraint for the purpose of prior approval from the director:
 1. Any emerging methods and technology designated by the director as requiring prior approval; or
 2. Any other extraordinary measures designated by the director as requiring prior approval, including brief application of electric shock to a part of the individual's body following an identified behavior. Note: Electric shock is prohibited in Erie County.

IX. Conflict Resolution

A. Within the Team Process

Concerns regarding behavior support issues within the team process shall be resolved in the same manner as other program issues. If there is a major objection to a behavior support issue the team may request policy clarification by the Behavior Support/Human Rights Committee through the conflict resolution procedures.

B. Between the Team and Behavior Support/Human Rights Committee:

The author of a behavior support plan should attempt to address any issues and changes recommended by the Behavior Support/Human Rights committees through the team process. If the Behavior Support/Human Rights Committee disapproves a plan or recommended changes that are not acceptable to the team, then the team is to formally appeal the decision

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back to the committee. If resolution cannot be made at this point, the matter will follow the counties due process/ resolution of complaint process. The committee will respond to the complaint in a formal manner.

X. Due Process

The subject of a behavior support program or their parent or guardian may object to any part or all of a behavior support plan. Such objections should first be addressed to the team, *then to* the Behavior Support/Human Rights Committee. Should the subject of the plan not be satisfied with the plan, they may follow the due process prescribed for their program service.

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APPENDIX A - DEFINITIONS

DEFINITIONS

(*Indicates Aversive)

ADAPTIVE FUNCTIONING ➤ Adaptive functioning refers to the individual's ability to act independently in their environment.

ANTECEDENT ➤ Measurable or observable stimuli which occur immediately prior to a behavior or event.

AVERSIVE INTERVENTION ➤ A technique which employs unpleasant, intrusive or uncomfortable stimulus. This intervention has the purpose and effect of decreasing a target behavior. Interventions are to be written in detail for consistency in implementation.

BASELINE ➤ A measure of the behavior before an intervention is started. Should have at least five "data points" (i.e. one day of behavior, one instance of behavior).

BEHAVIOR ASSESSMENT ➤ The process of collection information to identify the causes for a behavior and determines what the behavior looks like and why it happens. The assessment includes the written description of the target behavior in observable behavioral terms, which is easily identifiable. It also includes the written description of the function of the behavior detailing what happens before, during and after the identified behavior. Identification of common factors and themes such as location, people, times of day... and possible reasons why the behavior occurs. (Think of it as who, what, where, when, why)

BEHAVIOR CHAINS ➤ A procedure that involves teaching a complete sequence of behaviors that must be performed in a particular order.

Backward behavior chain ➤ a procedure that involves teaching a complete sequence of behaviors that must be performed in a particular order, starting with the last step and working backward to the first.

Forward behavior chain ➤ a procedure that involves teaching a complete sequence of behaviors that must be performed in a particular order, starting with the first step and working toward the last.

BEHAVIOR OBJECTIVE TO INCREASE AND TO DECREASE ➤ (Target behaviors to increased and decreased) ➤ A statement of criteria that measures the success of the program, which includes three elements: target behaviors to be increased or decreased, reduction level or level of increase, and time frame. Here's an example: (↓) Sally will spit no more than three times per week for five consecutive weeks. (↑) Sally will use her communication word to get attention (rather than spit) 60% of the month for two consecutive months.

BEHAVIOR SUPPORT ➤ The use of systematic behavioral strategies that manipulate factors including, but not limited to, antecedents, consequences, stimuli, environments, and/or reinforcers in order to increase or decrease a targeted behavior.

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BRIEF CONTINGENT REMOVAL OF MATERIALS ➤ The materials that serve as stimuli and/or reinforcers that are a part of an activity in which the individual is involved, are removed for a brief time (up to 5 minutes) to disrupt or punish a behavior.

***CHEMICAL RESTRAINT** ➤ Giving a prescribed medication for the purpose of modifying, diminishing, controlling or altering a specific behavior and/ or medication given without a DSM diagnosis.

PRN - The County Board does not condone the use of PRN medications as chemical restraint but recognizes that, on extremely rare occasions, there will be a need for the use of PRN administrations of chemicals whose sole purpose is the restraint of behavior that is otherwise uncontrollable and/or violent/physically harmful to the enrollee. PRN administration of chemicals for the sole purpose of restraining an enrollee must be included, as a part of a behavior support plan considered aversive in nature. Medical orders from a licensed physician must be on record as a part of the plan to substantiate the management of the enrollee's case by a medical doctor or a doctor of osteopathic medicine. Included in the doctor's orders must be a detailed description of those criteria required for the administration of PRN, including a detailed description of the behaviors exhibited by the individual which warrants the administration of the PRN and specific procedure of administration of the PRN including who authorizes the administration of the medication based on the observable criteria

Ongoing Use of Chemicals for Restraint - A second form of chemical restraint exists when no DSM disorder is present that would warrant the use of the chemical prescribed. While the use of chemical restraints in such a manner is beyond the scope of the administrative structure of the ECBDD and its behavior support committee, the ECBDD strongly discourages the use of chemicals in this manner. Medications used for medical purposes (treat seizures, or mental health diagnoses) are not considered chemical restraints. In other words, there must be a psychiatric diagnosis for each psychiatric medication.

CONSEQUENCE ➤ The stimuli that occur immediately after a behavior occurs. It is an environmental event that follows each occurrence of a behavior that has the effect of increasing or decreasing that behavior in the future.

CRISIS ➤ An unexpected emergency which necessitates an immediate response to protect individuals from injury or prevent property damage.

DANGEROUS TO SELF OR OTHERS ➤ A behavior which through its frequency, chronically, or intensity represents risk of temporary or permanent physical harm to self or others. This should also be judged in the context of (a) a person's chronological age and (b) the activity in which the behavior occurs (e.g. outdoor play vs. circle time; work setting vs. basketball game).

DIFFERENTIAL REINFORCEMENT OF ALTERNATE BEHAVIOR (DRA) ➤ Is a procedure in which reinforcement is carefully arranged so it only follows a specified appropriate behavior. Ordinarily, cues are given to prompt the appropriate behavior. Sometimes cues are also given to identify what behaviors

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would be inappropriate if emitted. Often, reinforcement that has inadvertently been following inappropriate behavior is moved to follow only the specified preferred behavior.

DIFFERENTIAL REINFORCEMENT OF INCOMPATIBLE BEHAVIOR (DRI) ➤ A procedure in which reinforcement is carefully arranged so it only follows one or more behaviors chosen because they are fully or partially incompatible with engaging in a behavior judged to be inappropriate and therefore targeted for reduction. This incompatibility could be physical: Such as gesturing “come over here” can’t be done with the fist closed; counting can’t be done while screaming threats; walking can’t be done while running; or functional: Singing can’t be done while expressing anger. Reinforcement happens whenever the targeted incompatible behaviors occur or on some specified sampling of these behaviors.

DIFFERENTIAL REINFORCEMENT OF LOWER RATES OF BEHAVIOR (DRL) ➤ A procedure in which a reinforcer is given at the end of a pre-specified interval if the target behavior has not exceeded the specified limit. This maintains a behavior at a predetermined rate, lower than at its baseline or naturally occurring frequency.

DIFFERENTIAL REINFORCEMENT OF OTHER BEHAVIORS (DRO) ➤ Delivering reinforcement when the target behavior is not emitted for a specified period of time. Reinforcement is contingent upon the non-occurrence of a behavior. Behaviors other than the target behaviors are specifically reinforced.

DSM ➤ Diagnostic Statistical Manual, most current Edition, published by the American Psychiatric Association used to diagnose mental illness. Examples are but not limited to Mood Disorders, Anxiety Disorders, and Psychiatric Disorders. If you have questions about what a diagnosis is, you may ask one of the psychology staff for assistance.

ERRORLESS LEARNING ➤ An instructional procedure that arranges stimuli and prompts so that only correct responses are emitted.

EXTINCTION ➤ Discontinuing reinforcement of a behavior previously reinforced, resulting in a decrease or elimination of the behavior (e.g. planned ignoring or withholding of staff attention).

FADING ➤ A procedure involving the gradual removal of prompts until the person is able to respond independently.

GENERALIZATION ➤ Display of a target behavior across situations, settings, activities, or with people other than primary trainers in training settings. Generalization could also refer to the continuation of intervention effects beyond the point of formal intervention.

***FINANCIAL RESTITUTION** ➤ An aversive strategy involving full or partial financial payment for items broken or damaged as a result of a target behavior. This strategy is typically not used unless the value of money is understood by the person.

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GRADUATED MANUAL GUIDANCE ➤ A procedure combining physical guidance and fading in which the physical guidance is systematically and gradually reduced and faded according to the individual's responsiveness. There are three parts to the graduated guidance technique: full graduated guidance, partial guidance, and shadowing. These three parts reflect the amount of trainer participation in the individual's performance of a particular sequence of behaviors.

INCOMPATIBLE BEHAVIOR ➤ A behavior that cannot be performed simultaneously with another behavior because they are functionally or physically incompatible. For example, sitting in a chair is incompatible with running out of the room.

INTERVAL SCHEDULES OR REINFORCEMENT ➤ Reinforcement which occurs after a specified amount of TIME. a) Fixed interval (FI) schedule -- when a particular response following the passage of a constant amount of time is scheduled for reinforcement. For example, an FI 3 indicates that reinforcement follows the first occurrence of the response after three minutes have passed. b) Variable interval (VI) schedule -- when a time interval must occur prior to the reinforced response but that interval varies one time to the next. The variations are pre-determined often using a random number table. Specific limits must be set such as no less than 5 seconds and no greater than 30 seconds. The intervals then vary within that range.

INDIVIDUAL ➤ indicates individual receiving services, guardian, or parent if child is less than 18 years of age.

LEAST RESTRICTIVE APPROACH ➤ That intervention into the life of an individual with developmental disability that is the least intrusive and least disruptive to the individual, and that represents the least departure from normal patterns of living.

MAINTENANCE ➤ Continuing the desired behavior over time by means such as gradually decreasing the reinforcers, altering reinforcement schedules and gradually fading artificial prompts.

MAINTENANCE PROCEDURES ➤ Thinning reinforcers, altering reinforcement schedules and fading artificial prompts to promote the persistence of behaviors over time under more natural conditions.

***MANUAL RESTRAINT** ➤ A hands-on method that is used to control an identified behavior by restricting the movement or function of the individual's head, neck, torso, one or more limbs or entire body, using sufficient force to cause the possibility of injury. Generally only used after other less restrictive procedures have been tried or if an unanticipated but immediate threat to the safety of others is reasonably judged by staff.

***MECHANICAL RESTRAINT** ➤ A device that restricts an individual's movement or function applied for purpose of behavior support, including a device used in any vehicle, except a seat belt of a type found in an ordinary vehicle or an age-appropriate child safety seat. Generally only used after other less restrictive procedures have been tried and manual restraint is not appropriate. Use of contingent mechanical

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restraints as part of a planned behavioral program is permitted. Non-contingent use is not permitted. Use of mechanical restraints for staff convenience is prohibited.

MECHANICAL SUPPORTS ➤ Items that are used only for the purpose of providing for an individual's physical safety, support, maintenance of optimal body alignment and protection, including preventing physically handicapped individuals from falling, supporting the individual during a prescribed diagnostic or medical procedure or transporting the individual by way of stretcher or wheelchair. These items can include wheelchair lap trays, splints, braces, adapted wheelchairs, sandbags, seat belts, helmets, soft ties, sheets, a sleeveless cloth jacket, and other orthopedic devices. Items, when used for mechanical support, are not considered restraints. Qualified therapists, together with medical professionals, shall prescribe within the (individual's plan) the mechanical supports and arrange for their provision.

MEDICATION ➤ A natural or chemically synthesized substance which is intended to be used for the purpose of treatment, prevention of illness or diagnostic study.

MEDICAL RESTRAINT ➤ The use of all items or measures to inhibit, control or limit the movement or normal function of any portion of an individual's body to permit treatment, promote healing, or prevent an infection. Medical restraints are not considered behavior restraints. Medical restraints shall be prescribed by a physician.

MODELING PROCEDURE ➤ Demonstrating desired response and individual imitates.

MONITOR ➤ To examine an existing program on a regular basis to make sure it complies with applicable rules, policies, and procedures, and to take appropriate steps if compliance is not achieved.

NATURAL AND LOGICAL CONSEQUENCE ➤ Those results of behavior which can be described as natural consequences because they are unplanned or necessarily follow the behavior and are its reasonable outcomes. Natural consequences are those that occur naturally in the environment such as the offensive odor that follow the smearing of feces. Logical consequences are those that are based on societal norms such as eviction when rent is not paid.

NEGATIVE REINFORCEMENT ➤ REMOVING a consequence resulting in INCREASE in behavior. A behavior has been negatively reinforced if it increases due to the contingent removal or reduction of a stimulus. This procedure is sometimes referred to as escape conditioning. For example, when a child does as asked, the adult stops nagging. The child's behavior (doing as requested) has been negatively reinforced by the removal of the nagging.

NON-CONTINGENT (CUSTODIAL) USE OF MECHANICAL RESTRAINTS ➤ (Prohibited by ECBDD) Restricting the movement or function of any portion of an individual's limbs, head, or body through mechanical means as part of a planned behavioral program.

***OVER CORRECTION** ➤ A reductive procedure implemented following a behavior, which disrupts the environment. [It consists of] two basic components: 1) requiring the individual to restore the environment

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to a state vastly improved over one which existed prior to the behavior which disrupted the environment; and 2) positive practice, i.e., requiring to individual the repeatedly perform an appropriate substitute behavior. Over correction may involve the use of graduated guidance. It does not include simple self-correction. For example, an individual smears feces on the wall. He must then clean the entire bathroom, not just the soiled areas.

PLANNED IGNORING ➤ Permit behavior to continue without responding, either verbally or non-verbally (i.e., no eye contact) in order to remove social reinforcement.

POSITIVE SUPPORT STRATEGIES ➤ A systematic program for the purpose of increasing a target behavior which only uses consequences that are pleasant and non-aversive.

POSITIVE PRACTICE ➤ The procedure that requires the individual to actively practice correct forms of some relevant, alternative and more adaptive behavior.

POSITIVE REINFORCER ➤ GIVING a consequence resulting in INCREASE in behavior.

PROMPTED RELAXATION (NO PHYSICAL GUIDANCE) ➤ A verbal or gestural prompt to cue an individual to display quiet, relaxed behaviors to replace the agitated, disruptive, or destructive behaviors he or she emits under certain conditions.

PROXIMITY CONTROL ➤ A staff member moving closer to an individual whose behavior is disturbing. Proximity can also be achieved by having the individual bring something to the instructor.

***PUNISHMENT** ➤ Any consequence that results in a decrease in behavior. Consequence may be given or removed.

RATIO SCHEDULES OF REINFORCEMENT ➤ Reinforcement which occurs after a specified NUMBER of responses. (a) Fixed ratio (FR) schedule -- when a constant number of responses must occur prior to the reinforced response. (b) Variable ratio (VR) schedule -- when a variable number of responses must occur prior to the reinforced response. The number of responses usually varies within a specific range.

REDIRECTION TO A MORE APPROPRIATE ACTIVITY ➤ A procedure in which the individual is directed to a more appropriate task using cues or shaping. A reinforcer is given following the performance of a pre-specified appropriate behavior. The rationale for using this procedure to decrease behavior is that increasing a desired behavior may produce a simultaneous decrease in the targeted inappropriate behavior.

REPLACEMENT BEHAVIOR ➤ The alternative appropriate behavior which needs to be taught to the individual. It is an appropriate behavior which achieves the same purpose as the inappropriate target behavior being treated for reduction, such as communication of boredom vs. a substitute for head-banging.

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REQUIRED RELAXATION ➤ A technique usually involving the use of graduated guidance to teach an individual to display quiet, relaxed behaviors to replace their agitated, disruptive or destructive behaviors she/he emits under certain conditions.

***RESPONSE COST** ➤ Removal of previously earned tokens, privileges or other reinforcers contingent upon inappropriate behaviors.

RESPONSE INTERRUPTION ➤ Physically stopping (blocking) an individual from performing an incorrect or undesired behavior by interrupting the behavior and then redirecting to a desired response. The block is only enough physical contact to prevent the contact of the hit or a second occurrence of a hit. The use of response interruption should always be paired with the training of appropriate activity and/or an incompatible activity.

REVIEW ➤ To examine and approve or reject a proposed program prior to implementation and to monitor it during implementation.

RULE REMINDERS ➤ Reminding the individual of rewards for desired behavior, and/or verbally explaining the negative consequences of specific behaviors. This should be done in a non-threatening, non-judgmental manner. Rule reminders call attention or restate previously discussed rules or expectations.

SATIATION ➤ A procedure in which a reinforcer that has been maintaining a misbehavior is presented non-contingently in unlimited amounts in order to reduce that behavior. The individual becomes tired of the reinforcer and no longer exhibits behavior to get it.

SHAPING ➤ The systematic, immediate reinforcement of successively closer approximations of the desired behavior until the desired behavior is established.

SIMPLE REPRIMANDS ➤ Non-resistive/non-abusive physical, gestural, symbolic, and/or verbal cues, prompts, or instructions which indicate that a behavior which has just occurred is undesirable and should not occur again. This procedure should always be paired with redirection. The reprimand should follow the undesirable behavior immediately. Remember, this procedure is used primarily for cueing. Do not say things such as “that was stupid” or “you’re bad”. Reprimands should describe specifically what someone has done wrong and why it is wrong (e.g., “Bill, stop throwing sand. You could put someone’s eye out. Dig like this with the shovel”.)

SIMPLE SELF-CORRECTION (RESTITUTION) ➤ An individual is required to repair any damage that he/she did to the environment. This should not require the repair or cleaning of anything that the individual did not disrupt (i.e., no over correction is involved with simple self-correction). Also, physical prompts should only be to assist with the task if necessary, not to overcome resistance.

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STANDING OR “AS NEEDED” PROGRAMS ➤ (Prohibited by ECBDD) Use of a negative consequence or an emergency interaction as the standard response to an individual’s behavior without developing a behavior support plan for the individual.

***SUSPENSION** ➤ Refers to the prohibition of an individual from presence in their typical environment other than time-out, with the exception of suspension when such suspension is consistent with other agencies policy (such as personnel policies or transportation policies).

TARGET BEHAVIOR ➤ A behavior identified by the interdisciplinary team as needing to be increased or decreased by the use of a behavioral program.

TEAM ➤ indicates the individual’s team whether it is a team for OSA, IPSP, IP, IEP, IHP, or SSA

THINNING ➤ The reduction of a reinforcer’s frequency or intensity.

TIME AWAY ➤ An interruption of regularly scheduled activities so that an individual can regain composure and be able to return to their regularly scheduled activities. Time away is usually determined by the individual and is employed most often as an effective self-management strategy. The purpose of this procedure is to decrease inappropriate behavior by decreasing agitation, anxiety and frustration. Time Away should not have the effect of significantly producing avoidance of habilitative programming. The individual is free to leave at anytime.

***TIME OUT** ➤ Removing attention from individual. Includes verbal and non-verbal attention. Appropriate for use when behavior is attention seeking. Individual is removed from an area to a room and prevented from leaving by application of physical force or by closing a door or other barrier, including placement in such a room when a staff person remains in the room. (Time-Out Room, sending individual to a bedroom, etc.)

TOKEN ECONOMY ➤ A contingency package. Token (exchangeable reinforcers, like stickers or chips) is given as soon as possible following emission of a target response. The tokens are later exchangeable for a reinforcing object or event.

TOKEN REINFORCER ➤ An object that is given when an appropriate target behavior occurs and which can be exchanged at a later time for a reinforcing item or activity.

***WITHHOLDING OF ROUTINELY GIVEN ITEMS, MATERIALS, OR ACTIVITIES** ➤ Also referred to as loss of privileges. Involves the loss of an item, material, and/or activity that constitutes a part of the individual’s normal school or work day. Loss of privilege involves the same basic behavior mechanics as Response Cost, except that it employs items, materials and/or activities that were NOT earned by the individual (in contrast to response cost when they were earned).

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CONFIDENTIALITY STATEMENT Behavior Support/Human Rights Committee

Senate Bill 322 enacted May, 1986 guarantees the rights of persons with mental retardation and/or developmental disabilities. Among these is the right to confidential treatment of all information shared within all County Board programs. This also cannot be reviewed, removed or disseminated without prior approval from the individual or the individual's guardian. In addition, knowledge concerning any person should not be discussed outside of the actual meeting as this is in violation of the contents of Senate Bill 322.

Violations of the right to confidentiality may result in legal action being taken on behalf of the individual.

_____ Date _____

Committee member's signature

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ENROLLEE RIGHTS SECTION 5123.62 BILL OF RIGHTS (HRC)

The rights of person with developmental disabilities include, but are not limited to:

- A. The right to be treated at all times with courtesy and respect and with full recognition of their dignity and individuality;
- B. The right to an appropriate, safe, and sanitary living environment that complies with local, state, and federal standards and recognizes the persons' need for privacy and independence;
- C. The right to food adequate to meet accepted standards of nutrition;
- D. The right to practice the religion of their choice or to abstain from the practice of religion;
- E. The right of timely access to appropriate medical or dental treatment;
- F. The right of access to necessary ancillary services including, but not limited to, occupational therapy, physical therapy, speech therapy, and behavior modification and other psychological services;
- G. The right to receive appropriate care and treatment in the least intrusive manner;
- H. The right to privacy, including both periods of privacy and places of privacy;
- I. The right to communicate freely with persons of their choice in any reasonable manner they choose;
- J. The right to ownership and use of personal possessions so as to maintain individuality and personal dignity;
- K. The right to social interaction with members of either sex;
- L. The right of access to opportunities that enable individuals to develop their full human potential;
- M. The right to pursue vocational opportunities that will promote and enhance economical independence;
- N. The right to be treated equally as citizens under the law;
- O. The right to be free from emotional, psychological, and physical abuse;
- P. The right to participate in appropriate programs of education, training, social development, and habilitation and in programs of reasonable recreation;
- Q. The right to participate in decisions that affect their lives;
- R. The right to select a parent or advocate to act on their behalf;
- S. The right to manage their personal financial affairs, based on individual ability to do so;
- T. The right to confidential treatment of all information on their personal medical records;
- U. The right to voice grievances and recommend changes in policies and services without restraint, interference, coercion, discrimination, or reprisal;
- V. The right to be free from unnecessary chemical or physical restraints;
- W. The right to participate in the political process;
- X. The right to refuse to participate in medical, psychological, or other researches or experiments.

If you have questions or concerns about your rights, you may call Ohio Legal Rights Service's statewide toll free intake services at 1-800-282-9181 or ODODD 1-800-231-5872

Signature of committee member

Date

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