



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Restrictive and Intrusive Interventions

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Saginaw County Community Mental Health Authority



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GOALS OF THIS TRAINING

- Staff will have an understanding of their role in helping to address recurring behaviors of concern
- Staff will have an understanding of the levels and types of behavioral plans and interventions
- Staff will be able to recognize interventions that require a review and approval by the SCCMHA Behavior Treatment Plan Review Committee
- Staff will be able to recognize a prohibited intervention



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CASE HOLDER ROLE

- Case Management/Support Coordination Core Components
 - Assessment
 - Planning
 - Advocacy
- Key Domains
 - Health and Wellness
 - Quality of Life
 - Community Membership
 - Personal Support and Coordination
 - Personal and Social Relationships



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RECURRING BEHAVIOR OF CONCERN (RBC)

When a consumer repeats a behavior, or set of behaviors, that is:

- Culturally abnormal **AND** of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy,
- OR
- The behavior is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities. (*Adapted from Emerson, 1995*)

3 TYPES OF PLANS TO ADDRESS AN RBC

SPECIALIZED BEHAVIOR TREATMENT PLAN

POSITIVE BEHAVIOR SUPPORT AND
INTERVENTION PLAN

POSITIVE SUPPORT(S)

Intensive Support

(Intensive individual interventions)

Specialized, individualized systems and strategies for use with few individuals with very difficult behavior.



Focused Support

(Small-group, short-term individual interventions)

Specialized group systems and strategies for use with some individuals with difficult behavior.



Informal Support

(Universal applications)

Organization-wide systems and strategies for use with all individuals and settings.



MUTUAL ASPECTS OF THE THREE TYPES OF PLANS

- Use a Person-Centered approach – use the PCP process
- Clearly define the Recurring Behavior of Concern (RBC)
- Compiles information on who, what, where, when
- Looks at the ‘function’ of the RBC – answers the “why” questions
- Support or encourage the building of skills incompatible with the RBC
- They should be modified if not effective in reducing the RBC



POSITIVE SUPPORT

- Typically found in the Individual Plan of Service (IPOS), not as a separate plan
- Developed using minimal data and does not require monitoring for effectiveness
- Provides support that encourages skill building areas, such as:
 - Promote positive social interactions
 - Communication
 - Meaningful activity
 - Provision of predictable and consistent environments
 - Establish and maintain relationships with family and friends
 - Provision of choice and encouragement of more independent functioning
 - Personal healthcare
 - A acceptable physical environment
 - Mindful and skilled careers
 - Effective management and staff support
 - Effective organizational context

<https://youtu.be/ZpXeefZ2jAM>



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CHALLENGING **BEHAVIORS**



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POSITIVE BEHAVIOR SUPPORT AND INTERVENTION PLAN

- Separate document to the IPOS rather than found within the IPOS
- Relies upon a Functional Behavioral Assessment (FBA) based on data to determine the cause of the RBC
- Introduces structured environmental conditions to pre-course and alter predictable antecedents to the RBC
- Teaches the individual new skills to respect their functional need by performing effective and efficient replacement behaviors.
- Relies on baseline data and continued review to determine effectiveness
- Does not contain any aversive, intrusive, or restrictive procedures or utilize any form of punishment consequence
- Can be developed and implemented by case holders, often with specialized consultation, or by a behavior specialist.

SPECIALIZED BEHAVIOR TREATMENT PLAN

- Applied behavior management process with formal evaluation, measurement, development, training and/or implementation, and monitoring by a credentialed behavior specialist that meets the MDHHS Standards
- Specialized Behavior Treatment Plans are utilized when either
 1. Positive Support processes and/or PBSIP's have been implemented without result of successful outcome,
 2. Or, A suddenly emerged RBC is highly dangerous.
- Specialized Behavior Treatment Plans
 - Written by a specialist in behavior management such as a Psychologist or Applied Behavioral Analyst
 - Will use Positive Behavior Supports
 - May or may not utilize scientifically-based intrusive or restrictive procedures if prior review and approval has been obtained from the Behavior Treatment Plan Review Committee.

Regulations

MDHS Standards for Behavior Treatment Plan Review Committees FY17

Mid-State Health Network List and Definitions of Interventions

02.02.07 - Services Suited to Condition, Rev. 1-8-19

02.02.14 - Restraint and Seclusion, Rev. 1-8-19

02.02.16 - Medication and the use of Psychotropic Drugs, Rev. 1-22-19

02.02.24 - Freedom of Movement, Rev. 1-8-19

02.02.28 - Dignity and Respect, Rev. 1-8-19

02.02.29 - Least Restrictive Setting, Rev. 1-8-19

03.02.08 - Behavioral Interventions, Rev. 3-20-19

03.02.09 - Behavior Treatment Committee, Rev 7-16-19

03.02.16 - Discharges for Assaultive or Aggressive Behavior, Rev. 2-25-19

03.02.27 - Behavioral Plans, Rev. 3-7-19

03.02.30 - Use of PRN Psychotropic Medications in the Mental Health Setting, Rev.
6-12-19



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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
ADMINISTRATION

Standards for Behavior Treatment Plan Review Committees
Revision FY17

Intrusive Interventions or Techniques

Those techniques that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control, of a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm.

Violating Personal Space or Someone's Body



Intrusive Examples

- Medication/drug when used to
 - manage, control or extinguish an individual's behavior
 - restrict the individual's freedom of movement
 - and is not a standard treatment or dosage for the individual's condition.
- Devices such as Helmets, Mittens, Harnesses used not strictly for safety due to a physical condition
- Intensive Supervision where staff must remain less than arm's length

Violating Personal Space or Someone's Body



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Restrictive Interventions or Techniques

Those techniques which, when implemented, will result in the limitations of the individual's rights as specified in the Michigan Mental Health Code and the federal Balanced Budget Act.

Removes or limits a Civil Right



Restrictive Examples

- Limiting or prohibiting communication
- Prohibiting unlimited access to food (excluding dietary restrictions for weight control or medical purposes)
- Limitation of the freedom of movement of an individual
- Removal, prohibiting or limiting access to personal property or items
- Search and seizure
- Removal of privilege, items or rights (Response Cost)
- Techniques such as: Negative Practice, Overcorrection, Satiation



Prohibited Interventions and Techniques

- Denial of a basic need
- Aversive Procedures (inflict unpleasant stimulation) such as water misting, use of mouthwash, nausea-generating medication
- Corporal punishment
- Fear-inducing/threatening approaches
- Mechanical restraint
- Seclusion – includes length-specific time out
- Prone Immobilization
- Intervention implemented by a peer or other consumer



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Emergency Interventions and Techniques

Techniques allowed in an emergent situation to reduce the risk of immanent harm:

- Physical Management
- Police Intervention
- Cannot be part of a the treatment approach in a plan, may designate a preferred physical management approach
- Must be recorded as in Incident

MSHN List and Definitions of Interventions

- Developed by the Behavior Treatment Committees of the Mid-State Health Network (MSHN) to help understand the different types of interventions
- Indicates 3 Types of Interventions or Techniques:
 - **Positive Support Techniques (Green)**
 - Preferred approaches for changing a RBC
 - Does not require BTC approval or review
 - **Intrusive/Restrictive Techniques (Yellow)**
 - Must have written, informed consent from the consumer or guardian (if has one)
 - Reviewed by BTC and must be approved for use before implementation
 - **Prohibited Techniques (Red)**



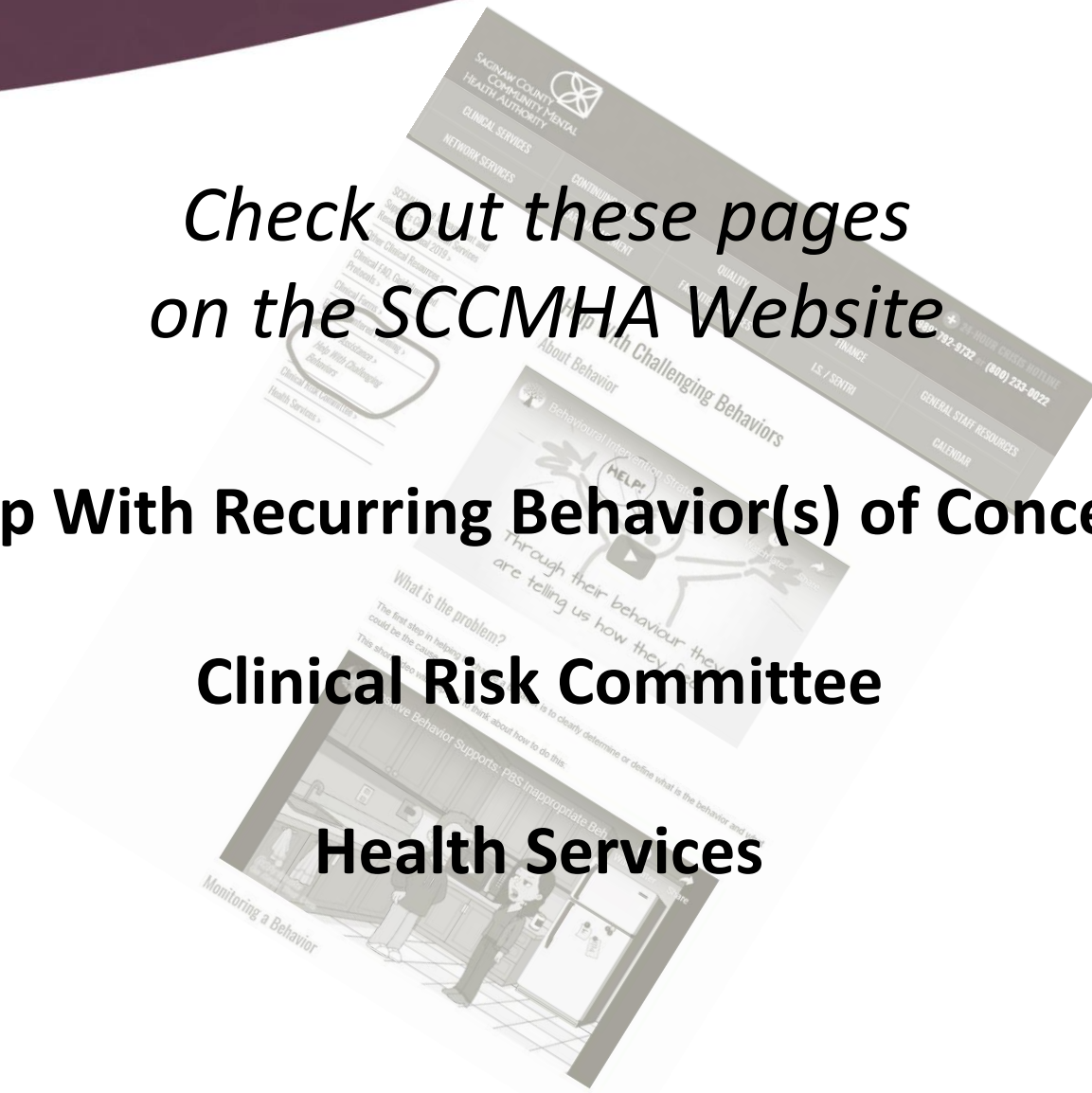
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*Check out these pages
on the SCCMHA Website*

Help With Recurring Behavior(s) of Concern

Clinical Risk Committee

Health Services





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Questions?



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Main Facility

500 Hancock, Saginaw, Michigan 48602

Phone: (989) 797-3400

Toll Free: 1-800-258-8678

Michigan Relay 711

24 Hour Mental Health Emergency Services

(989) 792-9732

Toll Free: 1-800-233-0022

www.sccmha.org

