

Behavior Treatment Committee

Objectives

- ▶ Understand what a Behavior Treatment Committee does.
- ▶ Understand who serves on a Behavior Treatment Committee.
- ▶ Understand the Hierarchy of Behavioral Interventions.
- ▶ Understand the function of a crisis intervention.
- ▶ Understand the documentation of physical intervention.
- ▶ Define restricted procedures.
- ▶ Understand process of obtaining behavior services (adult).
- ▶ Understand the process for obtaining emergency authorization.
- ▶ Data needed to report to BTC.

What is the Behavior Treatment Committee?

- ▶ BTC is an advisory body established to oversee the formal interventions designed to assist individuals with seriously aggressive, self-injurious or other behaviors that place the individuals or others at risk of harm.
- ▶ BTC ensures that interventions meet professional standards of care, agency standards pertaining to rights, and employ the least intrusive and restrictive interventions that are safe, humane, and appropriate to the individual's unique condition.
- ▶ This is a multidisciplinary committee with at least two members who have training in Applied Behavior Analysis and Gentle Teaching, one psychologist who is not the author of the plan being reviewed, and a physician who provides consultation for issues that might require oversite.

Functions of the Behavior Treatment Committee

- ▶ Ensure that thorough functional analysis of the behavior is conducted; physical, medical and environmental causes have been ruled out or ameliorated and risks and benefits of the interventions are weighed in relation to the risks of the behavior to the individual, others, and the community in general.
- ▶ Review and approve (or disapprove,) in light of current research and prevailing standards of practice, all behavior treatment plans utilizing intrusive or restrictive techniques defined as level II or III in the “Hierarchy of Interventions” requiring specific informed consent by the consumer (or proxy).
- ▶ Review and approve all treatment plans which include the use of psychoactive medications applied for behavior control purposed, where the target behavior is not symptomatic of a defined Axis I Mental Disorder as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM 5).

Functions of the Behavior Treatment Committee

- ▶ Ensure plans are consistent with Recipient Rights Law, agency policies, ethical standards, and clinical practice guidelines.
- ▶ Provide a peer review function for Behavior Analysis and Treatment in that several members of the committee are required to have specific training and experience in utilization of principles of Behavior Analysis and Behavior Modification and have knowledge and experience in the effects of medication, health, and environment on behavior.
- ▶ Ensure that interventions are within the parameters of what is acceptable to the community.
- ▶ Ensure advocacy for the rights of the individual.

Functions of the Behavior Treatment Committee

- ▶ Arrange for the evaluation of the committee's effectiveness by stakeholders, including individuals who have had approved plans, as well as family members and advocates on an annual basis.
- ▶ Ensure that injuries or deaths that occur from the use of a behavioral intervention are reported to MDHHS as a sentinel event.

Who serves on the BTC?

- ▶ At least two members who have training in Applied Behavior Analysis and Gentle Teaching
- ▶ One psychologist who is not the author of the plan being reviewed.
- ▶ A physician who provides consultation for issues that might require oversight.
- ▶ An identified rights advocate.
- ▶ Other members of other professional disciplines experienced in treated the individuals being referred
- ▶ Consumer advocates.

What is the hierarchy of behavioral interventions?

- ▶ Formal Behavior Treatment plans work progressively through the hierarchy until successful, unless it is a clinical recommendation to bypass one or more levels to ensure the safety of the person and/or others.
- ▶ Plans utilizing Level II or III interventions must document the lesser restrictive interventions that have been attempted unsuccessfully in the past.

Supportive Interventions

- ▶ **Building Trust and Relationships:** positive interactions and unconditional positive regard.
- ▶ **Helping to remedy the effects of a behavior:** encouraging person to clean up messes made, apologize to those upset, using verbal guidance and occasional gently physical prompt.
- ▶ **Counseling:** the verbal explanation of the effectiveness or ineffectiveness of the behavior, and effective alternatives.
- ▶ **Withholding a reinforcer-Identifying and withholding a reinforcer that has been maintaining a desirable behavior or providing the reinforcer non-contingently. IE;** staff removes attention from undesirable behavior.
- ▶ **Feedback-Comments to the individual defining both the positive and negative aspects of their response to a given situation.**
- ▶ **Redirection-The interruption of ongoing, detrimental behavior and suggestion of an alternative activity or approach that is socially acceptable or functional.**
- ▶ **Selective inattention:** withdrawal of eye contact, moving away.
- ▶ **Verbal redirection:** Firm but not hostile.

Formal Behavioral Intervention: Level I

- ▶ Do not need BTC approval, but are reviewed during plan of service at least annually.
- ▶ **Differential Reinforcement**-systematic delivery of reinforcement following the occurrence of acceptable behavior, paired with inattention to undesirable behavior.
- ▶ **Meal interruption of 60 seconds or less.** Asking someone to move away from table or a physical prompt to put down a utensil.
- ▶ **Restoration.** Requiring a person to correct the effects of her action (picking up objects, cleaning spilled substances, etc. The person may be required to complete the restoration to a specified condition before returning to chosen and/or scheduled activities.
- ▶ **Suggested Relaxation.** Encouraging an agitated individual to regain composure by relaxing in a chair, sitting on the bed, or going to a quieter area. Verbal prompts may be used. The individual may terminate the relaxation at any time, but staff may give feedback if the person is still visibly upset and suggest continued relaxation.

Formal Behavioral Intervention: Level II

- ▶ Require a case-by-case review of the BTC AND a special Consent signed by guardian.
- ▶ **Loss of privilege**; cannot be denied access to nutritionally adequate meals, sleep, or access to their casemanager, rights advisor, or guardian. Cannot take money.
- ▶ **Meal interruption**: for disruptive or risky behaviors. May be from 60 seconds to five minutes. Person must have access to a nutritionally adequate diet. Food may be reheated.
- ▶ **Psychoactive Medication**: medications intended to reduce occurrence of a behavior, but are NOT being used to treat a mental disorder as defined in the DSM 5
- ▶ **Quiet time/suggested relaxation**
- ▶ **Restitution (financial)**. May be in token form.

Formal Behavioral Intervention: Level III

- ▶ These procedures are significantly restrictive or intrusive, and must be implemented only as a component of a formal behavioral treatment plan.
- ▶ Require a case-by-case review by the BTC and Recipient Rights Office and special consent by person and parent or guardian.
- ▶ Are reviewed at onset and at quarterly intervals (at least.)
- ▶ Plans must document rationale, and failure of less restrictive techniques.
- ▶ Techniques are used ONLY when individuals behavior poses a significant risk of injury to self or others, significant property damage, or significantly impairs the habilitation process.
- ▶ Procedures require specific documentation of the behavior, degree and duration of the intervention, and the persons response.
- ▶ Techniques are to be grounded in professional literature.

Examples of Level III Interventions

- ▶ This list is not exhaustive. Authorization by BTC, and parent and guardian are to occur PRIOR to implementation.
- ▶ Techniques not supported in professional literature must be reviewed and approved by MDCH prior to implementation.
- ▶ **Meal Modification**-Any alteration in the individual's meal for behavioral reasons. ie: amount consumed, consistency, or timing (but not nutritional value). This may occur when behavior at meals poses a significant health concern or limits the individuals. Meal modification for health and safety reasons (such as choking) is exempt from review and generally accompanied by a physician's order. Meal modification for weight management must have a physician's order AND BTC review.

Level III; continued

- ▶ **Protective devices:** The use of mittens, gloves, helmets, jumpsuits, or other devices used to protect a body part from injury due to a challenging behavior, but do NOT restrict freedom of movement. A physician's order is required if used for more than an immediate period of protection. This does not apply to devices used for positioning or support.
- ▶ **Response cost (Significant):** The time-limited removal of a privilege contingent on the occurrence of an identified behavior. The amount or duration determines whether the cost is minor or significant particularly if there is no earn back contingency. Examples include loss of opportunities to attend long awaited field trips, visits to family, loss of smoking or coffee privileges for more than two hours.

Crisis Intervention Plans

- ▶ *These plans are NOT part of the behavior treatment plan. They are separate from the Crisis Plans in Northstar! They are only to be used when all lesser restrictive and intrusive strategies have failed to bring a safe resolution to the situation, protecting all persons and property involved.*
- ▶ *Only Agency authorized physical intervention techniques may be used. This involves the use of safe, non-harmful, hands-on holds that safely control an individual until she or he can regain control of his/her own behavior.*
- ▶ *This is not to be used as a punishment or as a exerting control.*
- ▶ *The person must be monitored, and released if there is any sign of physical distress or impaired breathing.*

Documenting Physical Intervention

- ▶ *The situation will be documented in an incident report. This should include the environment, the behavior, who was involved, and the physical and emotional response of the individual.*
- ▶ *In addition, a Justification for Use of Each application on the NVCI Intervention form. This is to be reviewed by the psychologist and forwarded to BTC for review.*
- ▶ *All staff are to be trained in CPI. Additional training/modification of interventions may be warranted when it is determined and documented that specific situations present challenges to implementing CPI techniques with consultation by the Crisis Prevention Institute. This must be documented and described in plan, meet CPI criteria for Care, Welfare, Safety, and Security, and be reviewed by the CPI trainer, BTC, RR, and the client or proxy.*

Restricted or Prohibited Procedures

- ▶ *No procedure that physically hurts, or is a psychological risk to the client, or that elicits fear is allowed.*
- ▶ *Procedures that deny any basic needs such as a nutritionally adequate diet, water, shelter, and essential, safe and appropriate clothing.*
- ▶ *Physical restraint*
- ▶ *Seclusion*
- ▶ *Corporal punishment*
- ▶ *Staff are prohibited from carrying out Behavior Treatment Plans for any other client than for whom the program was designed.*
- ▶ *Freedom of movement should not be restricted more than is necessary to prevent injury to self or others or significant property damage. Any restriction must be defined in the plan of service and/or a behavioral treatment plan.*

Process for obtaining a program plan.

1. A need for a program is identified.
2. Psychology services are authorized in the plan of service.
3. A referral is made to Andrea Sarto for Psychology services. (Eventually that referral will go to Pam Krasinski-Wespiser.)
4. Psychologist is assigned. (Currently, we are without one psychologist. Others will be filling in. That assignment will still come from Andrea at this time.)
5. Assessment is done.
6. Program is written. Goal is put in POS. Staff are trained.
7. Casemanager and psychologist review data in status reviews and progress notes.

If the plan contains restrictions.....

1. If the program contains restrictive elements, a consent form AND the program are sent to Laurie Stockero. She mails a copy to the guardian for a signature. (if a client has no guardian, they may sign their own form.). When consent has been obtained, staff are trained on the program. An implementation date indicates that those things have occurred, and the program can begin.
2. Casemanager writes goal in the POS.
3. Casemanager authorizes BTC reviews.
4. Casemanager attends Reviews when requested by BTC.

Interim Authorization

- ▶ Treatment plans that must be implemented prior to a formal meeting of the BTC must receive interim approval. This approval may be done by the individual or proxy, the chair of BTC, and Recipient Rights. The plan is then formally reviewed at the next meeting.

Data needed to report to BTC

- ▶ Complete Behavior Treatment Committee Review Format. Due the DAY BEFORE BTC.
- ▶ What is the restriction?
- ▶ What positive interventions are being used?
- ▶ Have there been any incident reports? What are they?
- ▶ How does the data compare with last review?
- ▶ How many psychotropic medications are there?
- ▶ Of those, how many are antipsychotic?
- ▶ Have there been any incidents of harm to self, harm to others, physical management, or 911 calls? Did any of those incidents require Emergency room or police intervention?
- ▶ Based on the data, has this person regressed, remained stable, or improved?