

The causes and contributing factors to Unapproved Behavior Supports MUIs



Department of
Developmental Disabilities

Purpose

- To review the definition of an Unapproved Behavior Support (UBS) MUI
- Look at UBS data
- Discuss rule implications
- Explore the causes and contributing factors to UBS
- Delve into preventative measures

Key Principles DODD's Person-Centered Philosophy

Embraces common elements of person-centered planning without prescribing one school of thought.

Instead, includes the following key principles:

- *Comprehensive understanding of the person*
- *Empowering informed decisions*
- *Involving trusted supports*
- *Increasing community membership*
- *Plans and services driven by the person*

Behavioral support strategies rule

What's different:

- Limits use of restrictive measures
- Applies to CBDDs, ICFs, supported living and HCBS providers alike
- Requires behavior support strategies to be incorporated into IP/ISP
- Outlines who can conduct assessments and develop strategies
- Establishes new requirements for human rights committees

There are times medical interventions that are restrictive in nature are used as intended to treat a medical condition, and those are the same medical interventions that would be used to treat anyone with that medical condition (i.e., splints to help with contractures). Those would not be subject to this rule. There are times medical interventions are used as behavioral interventions (i.e., splints to immobilize arms so someone cannot hit/scratch/etc.). Those are subject to this rule.

Including Restrictive Measures

Only when there is a risk of harm or when behavior is very likely to result in the individual being the subject of legal sanction



Absent risk of harm or likelihood of legal sanction, **an individual's rights shall not be restricted** (e.g., by imposition of arbitrary schedules or limitation on consumption of food, beverages, or tobacco products).

Risk of Harm

- Direct and serious risk of physical harm to self or other
- Capable of causing physical harm **and**
- Must be causing physical harm or very likely to begin causing physical harm

Likelihood of Legal Sanction

- Eviction
- Arrest
- Incarceration



Risk?

Q. What are some acceptable ways to prove/document that a risk of harm is direct and serious?

A. Through already established practices such as the Unusual Incident Reports (UIRs), doc sheets, MUI process, Discovery and etc. With this rule change, DODD did not create prescriptive forms for documentation or merging the ISP and BSP.

When developing Restrictive measures there must be:

- Evidence that positive and less restrictive measures have been tried and are ineffective
- An assessed need from the last 12 months that identifies the behavior being addressed
- Data driven descriptors of behaviors to be increased or decreased
- Recognition of the role of environment

9

When developing Restrictive measures there must be:

- Capitalization on the person's strengths to meet challenges and needs
- Descriptions and identifiers of who will implement the measure
- Specification of steps that will ensure safety of the person and others
- Identification of the needed services or supports to meet court-ordered community controls
- An outline of necessary coordination with other entities (courts, prisons, hospitals, and law enforcement) charged with person's care

10

Restrictive Measures



- Measures should be temporary with a fading plan
- Promote healing, recovery, and emotional wellbeing
- Capitalize on the individual's strengths to meet challenges and needs

What is O.A.C. 5123:2-17-02?

The MUI Rule establishes the requirements for addressing major unusual incidents and unusual incidents and implements a continuous quality improvement process in order to prevent or reduce the risk of harm to individuals.

MUI means...

The alleged, suspected, or actual occurrence of an incident when there is reason to believe the health or welfare of an individual may be adversely affected or an individual may be placed at a likely risk of harm, if such individual is receiving services through the developmental disabilities service delivery system or will be receiving such services as a result of the incident. There are three categories of major unusual incidents that correspond to three administrative investigation procedures delineated in appendix A, appendix B, and appendix C to this rule.

Key Points:

- Alleged, suspected or actual occurrence
- Reason to believe a person is at risk of harm based on facts present not opinion
- Receiving services or will be as a result of incident

13

UBS MUIS

Unapproved behavior support. "Unapproved behavior support" means the use of an aversive strategy or intervention prohibited by of rule 5123:2-2-06 of the Administrative Code or an aversive strategy implemented without approval by the human rights committee or behavior support committee or without informed consent, that results in a likely risk to the individual's health and welfare.

An aversive strategy or intervention prohibited by 5123:2-2-06 of the Administrative Code that does not pose a likely risk to health and welfare shall be investigated as an unusual Incident.

14

Appendix C Investigation

Incident Specific Requirements – Unapproved Behavior Support

Describe what happened prior to the incident; develop a timeline.

Describe the intervention used.

Indicate whether the individual was injured and if excessive force was used.

Appendix C Investigation

Incident Specific Requirements – Unapproved Behavior Support

Explain the health and welfare risk.

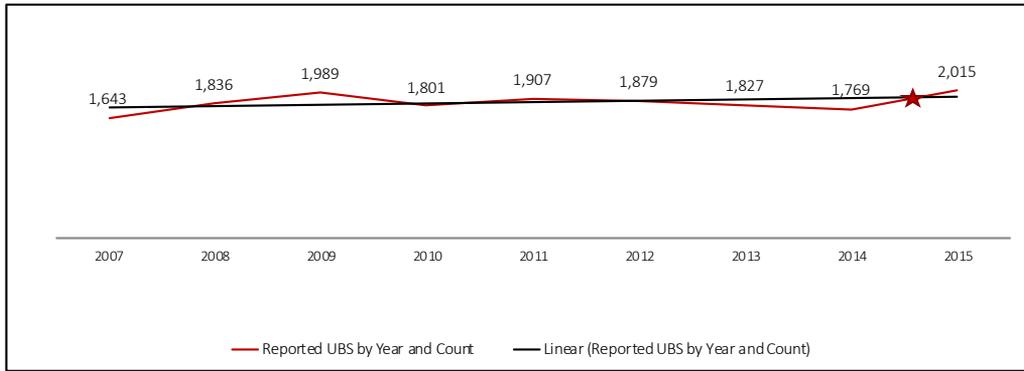
Document how long the unapproved behavior support lasted.

Describe what, if any, other measures were taken first.

Identify cause and contributing factors.

Verify that preventive measures have been implemented.

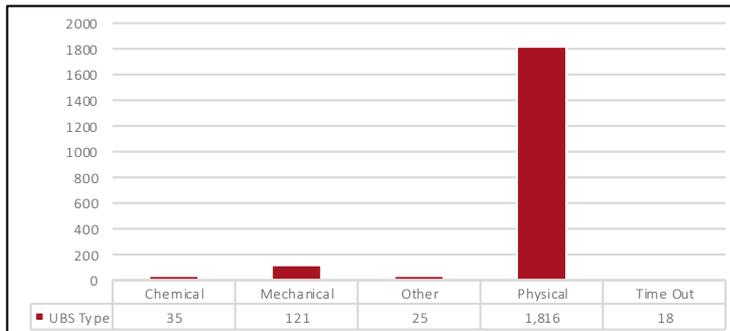
UBS Trends



★ 5123:2-2-06 in effect

2015 UBS Data

- There were 2,015 reported UBS in 2015.
- There was 11% increase in the filings of physical restraint MUIs since 2014 which makes sense given less plans are being approved with physical restrictions.



Break down of Physical Restraint 2015

Physical (Restraint)	Basket hold	202
	Bear Hug	71
	Multiple person carry	44
	Multiple Person Escort	235
	One person carry	23
	One Person Escort	86
	Other Restraints Not listed	204
	Physically prompted hands down w/resistance	187
	Restraint of multiple appendages	226
	Restraint of one appendage	80
	Seated Restraint	151
	Side Lying Restraint	47
	Standing Restraint	138
Supine	122	
Physical (Restraint)	1,816	

2015 UBS Injury Data

Injury Type	Chemical	Mechanical	Other Causes	Physical (Restraint)	Time Out	Total
Minor	2	7	0	253	2	264
Moderate	0	0	0	8	0	8
None	33	114	25	1,554	16	1,742
Serious	0	0	0	1	0	1
Total	35	121	25	1,816	18	2,015

Breakdown of UBS MUIs by Injury



■ No injury ■ Minor ■ Moderate ■ Severe

Injuries are defined as the following:

Minor – Did not affect day-to-day activities, e.g., broken toe, fingers, sutures, splint, wrap.

Moderate – Did affect day-to-day activities, e.g., missed work, crutches, casts, adaptive equipment, bed rest.

Serious – Injury required hospitalization, off weeks from work.

None

Physical Abuse

Elements: Physical force and reasonably be expected to result in harm

Examples: Hitting, slapping, pushing, dragging or throwing an object when the allegation indicates that it could reasonably result in harm.

Cause/Contributing Factors:

- Control
- Unrealistic expectations, retaliation, intimidation for covering up theft
- Care giver burn out and exhaustion
- Scheduled excessive hours
- Lack of coping skills
- Ineffective training to deal with aggression

Verbal Abuse

Verbal abuse means the use of words, gestures, or other communicative means to threaten, coerce, intimidate, harass or humiliate an individual.

Examples: Using social media to post humiliating pictures of someone you serve, threatening to harm a person if they tell on you for sleeping, telling the individual that you will have their roommate beat them up if they don't stop screaming.

Cause/Contributing Factors:

- Control; unrealistic expectations
- Staff are in challenging situation with little support
- Staff don't recognize their own trauma history or the individual's

Rights Code Violation

"Rights code violation" means any violation of the rights enumerated in section 5123.62 of the Revised Code that creates a likely risk of harm to the health or welfare of an Individual.

Examples:

Staff takes the individual to a movie, he does not want to go, and he becomes upset and bangs his head against the wall.

Staff padlocks the refrigerator and the individual sustains a laceration trying to break the lock.

Staff refuses to take the individual on a scheduled activity for their own convenience or preference. The scheduled activity is a reinforce for positive behavior. Individual is upset due to this rights violation and becomes aggressive. LE is contacted the individual is arrested.

There were 71 reported Rights Code Violations and 38 (54%) were substantiated.



Causes and Contributing Factors

- Unsure on how to follow plan
- Power Struggle
- Parental attitude towards individuals
- Restriction
- Control issues
- Focus on completing unnecessary programs
- Unrealistic expectations
- Unfamiliar staff
- Lack of relationship with individual
- Communication
- Who's in charge?
- Horseplay

Scenario #1

Andrew arrived home from his Day-Hab with a Celine Deon CD. He claimed that staff Dan told him that he could borrow the CD. The Day-Hab was contacted and requested he return it as he did not have permission to borrow it. Andrew began to yell and bit himself and head-butted the wall. He then swung his fist at staff. Staff got behind Andrew and proceeded to do a standing 1-person bear hug with the restraint lasting about 45 seconds. Once he was calm, staff released the hold.

Scenario #1

CCF - Andrew was caught with an item that did not belong to him and that he did not have permission to have.

PP - Staff will continue to utilize the BSP as it is written in all attempts to de-escalate Andrew to avoid having to use restrictive interventions.

Scenario #2

Individuals are having dinner and Bob wants to know if he can have another cookie for dessert. Bob is told that he is on a diet and cannot have a 2nd cookie. Bob wants to know why Larry and Joe get more than one cookie. Bob is told that they are not on a diet like he is. Bob is upset and demands a cookie but is reminded of his diet and that he has a goal to lose weight so he is offered peaches and grapes. Bob can see his peers eating cookies and this upsets him so he takes his glass of water and throws water on the staff. The staff hold Bob's hands on the table for 30 seconds to ensure that he won't throw water or do anything else. Bob stands up after staff let go of his hands and goes to his room.

Scenario #2

CCF – Bob was upset due to being on a diet and not being allowed to have more than 1 cookie as a dessert.

PP – Staff will continue Bob's diet

Other Scenarios



*-Use of restrictive measure without HRC approval must be reported as an "unapproved behavior support"
-UI or MUI*

Was health/welfare adversely affected or was there a risk of harm?

-You should still intervene in a crisis to ensure health/safety.

Reporting and Actions

Questions and Answers

Resources:

DODD Workspace <http://dodd.ohio.gov/workspace/Pages/default.aspx>

Health and Safety Toolkit <http://dodd.ohio.gov/HealthandSafety/Pages/Tool-Kits.aspx>

Learn more about the impact of trauma

<http://mha.ohio.gov/Portals/0/assets/Initiatives/TIC/Disabilities/Health%20challenges%20facing%20Ohioans%20with%20disabilities.pdf>

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