New Provider Orientation

Peter Tolisano, Psy.D., ABPP
Board Certified in Clinical Psychology
Director of Psychological Services
Connecticut Department of Developmental Services

This Video Covers the Following Areas:

- **Program Review Committee**
- **Aversives and Restraints**
- **Behavior Support Plans**
- **Data Collection**
- **Forensic Issues**

Program Review Committee

Policies and Procedures

Program Review Committee (PRC), Behavior Modifying Medications, and Behavior Support Planning have been consolidated into two policies: PRC and Behavior Support Plans

Reviews

There are three types of reviews based on the number of psychotropic medications and aversives . The reference point or threshold for the medications is the statewide average of 2.87.

Threshold	Action
Individuals below the statewide average (currently at 2.87)	Complete the psychiatric medication data entry form
Individuals above the state average (i.e., 3 or more medications) with no addition of either new medications or new aversive components to their support plans	Submit a packet to PRC and a paper review is conducted.
All additions of new medications or the introduction of new aversive components	Require a full PRC presentation (in-person).

Should questions arise about the behavioral support plan or the medication prescribing during the paper review, then an in-person presentation is required with PRC.

Program Review Committee (PRC) Applies to the Following:

PRC Applies to Those Individuals Who:

- **Are placed under the direction of the DDS Commissioner.**
- **Those who reside in a DDS operated, funded, or licensed facilities, such as an ICF, CLA, CTH, Day Services, or Individualized Home Supports, regardless of where they live.**
- **Receive any HCBS Waiver Services where DDS funded staff are required to utilize behavioral interventions that involve an aversive, physical, or other restraint procedure and/or required to give a behavior modifying medication.**
- **Are in the DDS Behavioral Services Program (BSP) if they are placed in an in-state DDS operated, funded and/or licensed facility.**
- **Receive ongoing, planned psychiatric supports where behavior modifying medication is prescribed by a psychiatrist/prescriber regardless of where the individuals live or whether they receive DDS Waiver Services.**

PRC Exemptions

PRC Does *NOT* Apply to Individuals Who:

- **Receive DDS Respite Services Only**
- **Are exempt by Program Review Committee/Human Rights Committee**
- **Reside in long-term care facilities licensed, funded, or overseen by other state agencies.**
- **When an individual is his/her own agent (i.e., no guardian), takes psychotropic medications, and sees his/her prescriber independently, and the Interdisciplinary Team (IDT) agrees with the individual's decision.**
- **An exemption form must be completed that includes the team's rationale and signatures. The PRC will review and make a decision. A letter is sent to the Case Manager indicating approval or denial.**
- **Exemptions are for psychotropic medications only; they never apply to aversive or restraint procedures.**

Aversives

- **Experienced as negative or punitive by the individual.**
- **Aversives are procedures that contain the contingent use of an event or device which may be unpleasant, noxious, or otherwise cause discomfort in order to:**
  - **Cause the individual to alter/avoid a specific behavior**
  - **Protect an individual from self-harm or injury to others**
  - **May include the use of isolation, mechanical, chemical, or physical restraints, response cost, loss of earned privileges, room searches, line of sight supervision, and time outs.**
- **Escort techniques, such as guide along, which apply little pressure or receive no resistance from the individual, are exempt.**

Restraints

Mechanical Restraint:

Any apparatus used to restrict individual movement.

- **This includes environment devices, such as bedrails.**
- **Mechanical supports designed by a physical therapist and approved by a physician that are used to achieve proper body position or balance.**
- **Protective devices that are approved by a physician for specified medical conditions (e.g. helmet used to protect an individual from injury due to falls caused by seizures).**
- **Mechanical devices that can be removed by the individual at their choosing (e.g., mitts).**

Physical Restraint:

Any physical hold used to restrict individual movement or to protect an individual from harming themselves or others.

When documenting restraint procedures, specify the following:

- **PMT, CSI, etc.**
- **Planned vs. emergency**
- **Discontinuation criteria**
- **Duration and frequency**

Behavior Support Policy

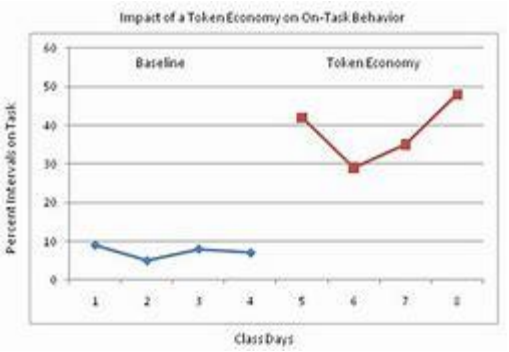
- Discourages the use of coercive and punitive approaches (e.g., spontaneous and planned ignoring, response cost, delivering consequences, etc.).

- A template for behavior support plans that highlights important areas for inclusion to better understand and more effectively work with individuals can be found on the DDS website:

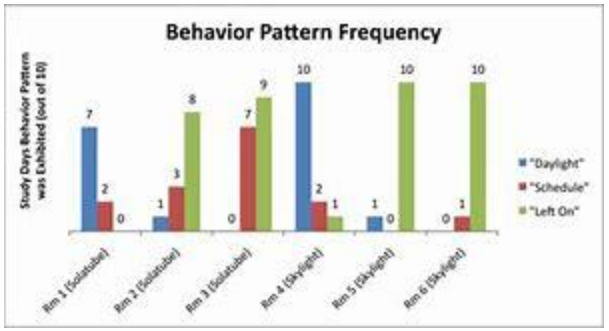
http://www.ct.gov/dds/lib/dds/psychology/pbsp_template.docx

Behavior Support Plans

- Author and date when the plan was written or revised.
- A brief synopsis including medical and psychiatric history, issues related to trauma, effective behavioral strategies in the past, and the current reason for the referral.
- The central element is a comprehensive functional assessment, which helps to understand the reasons for the maladaptive behaviors and serves to anchor the corresponding interventions.
- A functional assessment should include a thorough description of the behaviors of concern to decrease or eliminate, as well as the targeted positive behaviors for the individual to achieve.
- An emphasis on proactive strategies, such as improving communication, teaching adaptive behaviors, skills building, and enhancing quality of life.
- Reactive techniques to maintain safety, especially in crisis situations.



Data



- The method for data collection should be outlined in the behavior support plan. All tables and graphs submitted to PRC should include a written interpretation by the behaviorist who authored the support plan.
- Interventional vs. baseline data should be compared to determine the efficacy of the support plan.
- Data of monthly averages are often considered the appropriate interval.
- Data should track the positive targeted behaviors and behaviors of concern, particularly those that reflect the psychiatric diagnoses and corresponding psychotropic medications, as well as any restrictive and aversive procedures.
- Behavioral data must be included in the PRC packet, which is due prior to the scheduled review date. An incomplete or late packet will be scheduled for a future review.

Forensic Issues

- In DDS, “forensics” refers to the Department’s interactions with the criminal justice system and risk management procedures for those involved with the court system.

- In the DDS forensic system, each of the three regions has a Forensic Liaison and Committee that meets on a monthly basis. There is also a Statewide Forensic Committee that convenes every other month to review significant cases and discuss policy-related issues.

- After the disposition of a case, the Department of Corrections, the Office of Probation, or the Parole Board may be involved depending on the sentence the individual receives.

Forensic Issues

- The issue of the defendant's competence to stand trial may be raised by any party of the court during the proceedings. The judge may then order a competency examination of a defendant.

- An Office of Forensic Evaluation (OFE) team evaluates a defendant, and, if the defendant is found not meeting the competent standards, the OFE must determine whether restoration to competency is substantially probable. Once OFE presents its opinion to court, the judge may order DDS to do a competency restoration with the individual.

- Conn. Gen. §54-56d defines *Competency to Stand Trial Evaluation and Restoration*. Under this statute competency is related to the defendant's ability to (1) understand the charges against him/her and the potential consequences; (2) to understand the role of professionals in the court; and (3) to assist their attorney with his/her defense.

  **Connecticut law creates no exceptions or special treatment for defendants diagnosed with I/DD.*

Forensic Issues

- CGS 54-56 (d), sub(m) relates to “Not Competent and Not Restorable” when a defendant is placed under the custody of the DDS Commissioner for the purposes of applying for a civil commitment.

- In this situation, DDS takes that individual in its care and custody from the moment the order is issued and the risk management aspect of the care will be reviewed by the Regional Forensic Committee periodically. After the Court places a sub(m) order, DDS must, within a reasonable period of time, file an application for a petition of involuntary placement with the appropriate probate court.

- While the Department’s obligation to the Court is limited to the provisions of §54-56d (Competency to Stand Trial), the Department may have some obligation to the defendant, depending on our legal relationship to that person.

Thank you for watching. We hope that the information provided is helpful.