





FADING OF RESTRICTIONS AND/OR SUPERVISION

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INVESTING FOR TOMORROW, DELIVERING TODAY.

POWERPOINT DISCLAIMER:

PowerPoint slides are updated more frequently than corresponding videos. The content is consistent, but it is not always perfectly aligned.



MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.



VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS



LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



BUILD the best team in state government by supporting employees' continuous growth and wellness.



ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

PLEASE REMEMBER

Our primary goals and interventions should always focus on and incessantly go back to:

Skill Building

Identity

Meaning

Purpose

- A life of competency and belonging -

RESTRICTIONS

Occasionally (hopefully rarely) we may use interventions or supports that limit (restrict) a person's access to certain items, activities, or locations that are not limited for other people.

• Only when there is a discrete, documented risk to physical safety of self or others with associated data.

RESTRICTIONS

• These types of interventions are typically intended to <u>reduce</u> the frequency and/or severity of a concerning behavioral pattern or expression.

Therefore – they are considered a type of punishment (potentially).

RESTRICTIONS: HUMAN RIGHTS COMMITTEE REVIEW

 Any intervention/support that is a potential punishment and/or limits a person's access or movement beyond that of another citizen of this state *must* be approved by a Human Rights Committee (HRC) prior to being instigated.

• Once/if approved – there will be ongoing, regular reviews of these limits/types of interventions.

FADING: DEFINITION

The term 'fading' in this case refers to:

Planned and data-driven reduction in the intensity, duration, or placement of a restriction or supervision tactic.

FADING: ETHICS

It is the responsibility of the BSC to constantly engage in careful, considered, and documented efforts toward ensuring the least restrictive intervention(s) and environments for all individuals supported.

This is perhaps better described as a constant endeavor to seek and create 'the most supportive environment'.

FADING: ETHICS

- Should the instigation and data-driven adjustment of a plan that uses restriction/punishment result in:
 - No significant change in the frequency and/or severity of the target behavior; or
 - A worsening of frequency and/or severity of the target behavior;
 and/or
 - Any repeated unintended or other side effects (e.g., secondary aggression, initiation or worsening of possible mental health symptoms),
- Then the intervention could be considered ineffective and possibly discontinued as rapidly as possible (i.e., without fading).
 - Seek consultation.

FADING: ETHICS

To continue a possibly aversive intervention that evidences no, or negative change may be considered abuse and should be reported as such.

FADING: DATA COLLECTION

- Data collection (e.g., frequency, severity, duration) should have begun *prior to* instigation of any potentially aversive program.
- In <u>some</u> cases, there may be sufficient history (recent) and/or concerns about episodic severity that an intervention may be initiated with only limited data.
 - Seek consultation.

FADING: DATA COLLECTION

- Collected data should have also included (but not have been limited to) information about the <u>skill-based learning and performance</u> of the individual.
 - Build skills that can replace the concerning pattern

FADING: DATA COLLECTION

Continually assess the possible underlying motivation(s) for the concerning behavioral expression:

- What does the person say?
- What do family members hypothesize?
- What do Direct Support Professionals hypothesize?
- What do other members of the IDT hypothesize?
- Ensure that there are educational opportunities for the person to learn new ways to meet these possible emotional needs.
 - Collect and chart data regarding his/her/their attempts to use these methods.

FADING: INITIATION

- If/when the collected and compiled data suggest that a restriction or supervision method has been correlated with a reduction in the frequency and/or severity of the target behavior(s) <u>along with</u> <u>demonstration of a related self-management skill</u> then the team may consider attempts to fade the restriction and/or supervision method.
- The absence of a 'behavior' does not mean fading must occur.
 - External Supports v. Internal Skill Development

FADING: INITIATION

- Think 'titration'
 - Where to begin?
 - Certain locations? Times? With certain staff/family?
 - What is the smallest possible step?
 - Now back up more.
 - Over what period of time?
 - So slow the person may not notice the change?
 - "After X number of successful iterations, we move to next step..."

Think of how a fog gradually gives way to sunshine.

WHEN TO PAUSE/STOP ATTEMPTS TO FADE

- There may be a point/points during attempts to fade when the data suggests that frequency and/or severity has plateaued or is increasing back towards baseline.
 - This may occur rapidly (i.e., at the initial attempts to fade) or at a later stage of the fade plan.
 - It is possible that the 'least-restrictive' level has been reached at that time and a 'pause' in the fading is indicated.
 - With team consensus and after consultation a pause to the fading may be enacted.
 - A timeline for the next attempt to fade should be determined at that time. The next attempt to fade may be taken from a different tactic.

WHEN TO PAUSE/STOP ATTEMPTS TO FADE

- In other iterations, the person may begin to self-initiate skills.
 - This should be immediately and well reinforced by the existent skill-building program.
 - Formal structuring of the restrictive plan may be paused without need for fading in these circumstances.
 - Seek consultation.

SEEK CONSULTATION AT EVERY STAGE

- I think we've said this on previous slides.
 - It's that important.
 - Seek consultation.
- We are often too close to see the forest for the trees.
 - Seek consultation.
 - Document.

FADING: EXAMPLES

Please understand:

None of the following examples can be considered fully formed plans as each fading situation contains a multitude of variables unique to the person, the family, the team, the community, the particular behavior of concern, the associated risk and so on and so forth...

EX: NO TIME WITHOUT SUPPORTS AT RESIDENCE

- Initial steps may include compiling a list of skills the person needs to develop/demonstrate in order to be at the residence safely (e.g., knowledge and ability to make a phone call to staff or emergency services; knowledge of what situations may constitute an emergency) and related plans to teach and test said skills.
- Once skill(s) have been demonstrated, the fading of support may begin in small steps such as:
 - Staff leaves residence but not neighborhood for a brief period of time (e.g., 5 minutes, 10 minutes).
 - The team may consider having brief 'check-ins' more rapidly than the initial duration (i.e., come back in house after 5 minutes instead of 10).
 - This duration may then be increased as the person demonstrates success over a certain number of iterations.
- Engage in regular check-ins on skill/knowledge as duration of time without paid supports at the residence increases.

EX: NO TIME WITHOUT SUPPORTS IN COMMUNITY

- Identify one specific activity/location where the person is familiar and has demonstrated consistent, safe success.
- Identify, teach, and document demonstration of skills for communication/reasons for communication with staff while without paid support.
- At this location/activity begin with a move to 'staff presence' which could be either moving to a farther distance from the person (but still in the vicinity/inside the location) for a short duration of time.
- Gradually increase the amount of time at this increased distance.
- Consider a move to staff being *outside of* the specific location but still 'on-site' for all or part of the duration (e.g., waiting outside of the store rather than inside).
- Consider a move to 'drop-off/pick-up' with clear time/location of pick up and a 'test' of the communication skill(s)/device.
 - This step may include having the staff stay in a general proximity of the location (e.g., in the general parking area but farther away) rather than leaving the location entirely.
 - This step may include unannounced 'check-ins' wherein the staff member pops back into the location prior to the pick-up time.

EX: DIRECTLY MONITOR ALL INTERNET USE

- Identify the particular concern for time spent independently on the internet.
- Engage in education with the individual about the particular concern or associated risk. Document education and demonstration of knowledge.
- Assess if the individual will provide consent/assent for staff or another team member to co-review internet history/cache on a certain schedule.
 - Obtain written permission for review should the person assent.
- Fading could begin with brief periods of moving from:
 - Direct observation of internet use →
 - To being in the same room and engaging in visual checks of activity at certain or random intervals with associated history/cache checks →
 - To leaving the room for brief duration and returning for visual checks of activity with associated history/cache checks →
 - To a move to independent use in private without visual checks but continuing history/cache checks →
 - To increasing the interval between checks of history/cache.