Statement on the Use of Restraint and Seclusion

This statement does not reflect the position of the Association for Behavior Analysis International, its Executive Council, or its members.

The Ontario Association for Behaviour Analysis (ONTABA) is in opposition to the inappropriate or unnecessary use of practices that restrict movement, debilitate, inflict pain, or isolate individuals.

The risks of restraint and seclusion are well documented and range from minor injury to death. The use of seclusion, mechanical and chemical restraint, or exposure to unpleasant or harmful sensory experiences (taste, touch, auditory, etc.) should never be adopted as the sole approach to managing challenging behaviour.

The use of restraint and seclusion procedures may be necessary for severe behaviours that pose a risk to the individual and those around them. Planning and implementation of restraint procedures must adhere to appropriate legal, clinical and ethical standards. Restraint and seclusion should be used during an emergency situation only as a last resort when the risk of the continuation of the behaviour (e.g., severe self-injury) outweighs the risk involved with the procedure itself (e.g., mechanical restraint). Restraint and seclusion should never be implemented to alleviate financial pressure of providing care or in place of appropriate staffing ratios.

As outlined in the Standards of Practice for Practitioners of Behaviour Analysis developed and approved by the ONTABA Board of directors (2010 Revision), service recipients should be provided with ethical, best quality practices and empirically-validated procedures. Clinicians, caregivers and educators should strive to protect the service recipients' rights, freedom, and dignity while respecting personal values, beliefs, desires, abilities, cultural practices and social context. Practitioners have a duty to use the least intrusive model and must bring attention to and resolve ethical violations by colleagues. Additionally, services must be consistent with the laws and regulatory requirements of the jurisdiction in which they are being provided (e.g., Ontario).

Intervention plans should adhere to the recommendations outlined in the Behavior Analyst Certification Board (BACB) Guidelines for Responsible Conduct (July 2010), specifically under Section 4.0 which describes individual behaviour change programs. Treatment plans need to be informed by functional behavioural assessment (BCBA, 3.0). A functional behavioural assessment includes a variety of systematic information-gathering activities regarding factors influencing the occurrence of behaviour (e.g., antecedents, consequences, setting events, motivating operations) including interview, direct observation, and experimental analysis as outlined in the Behaviour Analysis Certification Guidelines for

Responsible Conduct (BACB, 2010, 3.02). Target behaviour(s) are to be clearly defined and measurable, selected with the client (where feasible) or the client's legal guardians/substitute decision maker. Practitioners recommend medical consultation if the target behaviour is possibly the result of biological factors (e.g., medication side effects, physiological ailment or other biological cause) (BACB 3.0). Based on the information gathered in the assessment, hypotheses should be generated that (a) describe the possible functional relationship between the behaviour(s) of concern and environmental, biological, and historical variables (as relevant), and (b) lead to intervention recommendations. A formal behaviour intervention plan must be developed by a Board Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behaviour Analyst (BCaBA). This individual should closely supervise the implementation of these procedures to ensure they are carried out by staff that are fully trained and demonstrate competency using objective measures of performance.

According to the ONTABA Standards of Practice (2010 revision) the following must be considered prior to implementing a behaviour intervention program:

- The expected outcomes should be of benefit to the client (BACB 3.05).
- The intervention must be based on sound assessment data.
- Empirically validated procedures based on behaviour analytic principles are used (BACB 4.0).
- The least restrictive procedure model should be followed (BACB 4.10),
- Consent should be obtained from the client or the substitute decision-maker, according to existing provincial statutes and standards of professional practice (BACB 4.04 and 4.09).

At the minimum, a behaviour intervention should include:

- Clear definition(s) of the target behaviour(s)
- Meaningful, relevant, and measurable behavioural objectives
- A clear description of the intervention, including descriptions of generalization and maintenance procedures, delineation of responsibilities and training required for individuals responsible for intervention implementation, description of an objective evaluation system based on observable and measurable outcomes to monitor the effects of the intervention (BACB 4.07).
- The use of new or non-validated approaches should be considered experimental and extra precautions should be taken in the consent, implementation, monitoring, and evaluation of these procedures (BACB 2.10).
- Intrusive procedures must include the oversight of properly qualified professionals, competency-based staff training, transparency, accountability, and rigorous evaluation of the effectiveness of intervention. All procedures should be carefully monitored for procedural integrity and social validity.
- The client, their loved ones, and relevant stakeholders should have an active part in the assessment and treatment process.

References

Cooper, John O., Heron, Timothy E., &Heward, William L. (2007). Applied behaviour analysis (2nd Ed.). UpperSaddleRiver (NJ): Pearson Education Inc.

Behaviour Analyst Certification Board (2010). Guidelines for responsible conduct for behaviour analysts. Retrieved November 6, 2010, from the Behaviour Analyst Certification Board, Conduct Guidelines Website: http://www.bacb.com/cues/frame_about.htmlhttp://www.bacb.com/cues/frame_about.html

Feldman, M.A., & Griffiths, D. (1997). Comprehensive assessment of severe behaviour disorders. In N.N. Singh (Ed.), Treatment of severe behaviour problems: Models and methods in developmental disabilities (pp. 23-48). Pacific Grove, CA: Brooks/Cole.

Hemingway, M. (Ed.). (1995). Applied behaviour analysis task list and knowledge, skills and ability statements. Tallahassee, Fl: Developmental Services Program.

Ontario Ministry of Community and Social Services (1987). Standards for the use of behavioural training and treatment procedures in settings for developmentally handicapped persons. Toronto: Author.

Ontario Association for Behaviour Analysis (2010). Standards of Practice for Practitioners of Behaviour Analysis in Ontario.

Shook, G. L., Hartsfield, F., & Hemingway, M. (1995). Essential content for training behaviour analysis practitioners. The Behaviour Analyst, 18, 83-91.

For additional references, refer to the ABAI reference list on Restraint and Seclusion
http://www.abainternational.org/ABA/statements/randsreferences.pdf