



**The Use of Restraint and Seclusion
as Interventions for Dangerous and Destructive Behaviors**
Adopted November 7, 2009

OVERVIEW

The misuse and abuse of restraint and seclusion procedures with vulnerable people is intolerable, and represents a clear violation of ethical principles and accepted professional practices. Such improper and illegal conduct, however, must be differentiated from the safe and effective use of restraint and seclusion procedures as components of carefully considered, properly implemented comprehensive treatment plans for dangerous and destructive behavior problems. The ethical, humane, and competent application of restraint and seclusion procedures requires that their use meet all applicable legal, clinical, and ethical standards. Those standards include oversight by properly qualified professionals, competency-based staff training, full due process, transparency, accountability, and rigorous evaluation of the effectiveness of intervention. Those and other elements of a functionally based, positively oriented behavior intervention plan can ensure that restraint and seclusion procedures serve protective and therapeutic roles in the safe, effective, and humane treatment of dangerous and destructive behavior.

POSITION STATEMENT

Some individuals diagnosed with developmental disabilities and mental health disorders exhibit severe and dangerous problem behaviors that can pose significant risks to their own safety and health and the safety and health of people around them. Examples include self-injurious behavior and physical aggression toward others, which can result in

severe injuries, even death. Research and practice in applied behavior analysis (ABA) over the past five decades have produced safe, humane, positive, and effective methods for preventing or decreasing the occurrence of such behaviors. When those methods are implemented correctly as part of a professionally designed and comprehensive intervention plan, they have been shown to result in dramatic improvements in severe problem behavior as well as the quality of individuals' lives.

Although research and practice in ABA have produced significant advancements in knowledge and practice, questions have arisen about the safety and effectiveness of restraint and seclusion as interventions for problem behaviors. When used within an approved ABA intervention program, seclusion involves isolating an individual from others, and restraint involves either personally holding the individual, or securing the individual in a mechanical restraint that restricts his or her activities. Both procedures are implemented for a specified brief period of time to interrupt severe problem behavior that places the individual or others at risk of harm. In the case of severe self-injury that poses significant risk and is otherwise uncontrollable, the application of mechanical restraint for extended periods of time may be necessary to protect the individual. A program involving extended mechanical restraint must adhere to all of the standards and safeguards applicable to other uses of restraint.

Concerns about restraint and seclusion procedures have often been provoked by accounts of their improper and unsafe use in the absence of essential safeguards, such as parent or guardian involvement and consent, professionally developed protocols, oversight by qualified ABA professionals, staff training, and accountability. Such actions represent clear violations of accepted principles and practices, and sanctions against those responsible should be sure, significant, and swift. Although the improper use of seclusion and restraint should not be allowed, the essential role of those procedures in the safe and effective treatment of severe behavior problems must be recognized and preserved.

The Association of Professional Behavior Analysts (APBA) believes that when used as part of a carefully planned, professionally directed, comprehensive intervention program and in accordance with recognized standards of professional practice, restraint and seclusion procedures can play valuable roles in the safe and effective treatment of severe problem behaviors. It is APBA's position that categorically prohibiting or severely restricting the use of restraint and seclusion is neither appropriate nor feasible. Such restrictions would deny people with developmental disabilities and mental health difficulties and their families the right to

make their own treatment decisions, and to obtain safe and effective treatment. It would also place those individuals and people around them at increased risk of the many dangers that are inherent in severe problem behaviors like self-injury and aggression. Some of those dangers include physical injury, emotional distress, increased use of psychotropic medications with their myriad negative side effects, rejection by education and treatment programs, decreased opportunities to acquire useful skills, and increased need for restrictive and expensive lifelong living arrangements. It is also APBA's position that seclusion and restraint should only be used as components of comprehensive intervention plans, and should not be relegated to unplanned reactions to crisis situations. Such unplanned use is responsible for many mistakes and misapplications, because families typically are not involved, staff are not properly trained, and professional oversight is not available in those situations.

APBA maintains that restraint and seclusion procedures should only be used to intervene with severe problem behaviors when

- the individual lives in an environment in which he or she is safe from harm, has access to experiences and interactions that promote his or her wellbeing and development, and is supported by caregivers who have meaningful relationships with the individual;
- a problem behavior is extremely serious and clearly jeopardizes the safety, wellbeing, and quality of life of the individual or others;
- a medical evaluation has been conducted to assess and address medical conditions that may be contributing to the problem behavior;
- medical professionals have determined that there are no contraindications to the use of the planned intervention;
- less restrictive alternative interventions are clearly not feasible, safe, or effective;
- a functional behavioral assessment has been conducted to identify environmental conditions that trigger and/or maintain the severe problem behavior; *and*
- there is a written **comprehensive intervention plan** that
 - is developed by the individual, his or her family, and his or her education or treatment team. The team must include a Board Certified Behavior Analyst or another properly credentialed professional with documented training in ABA and experience in treating severe problem behaviors, a physician, and other relevant professionals. The behavior analyst ensures that the intervention plan conforms to current best practices and ethical standards for the treatment of severe problem behavior, and is responsible for overseeing its implementation. The physician determines that there are no medical contraindications to the planned intervention, and that proper medical safeguards are in

- place when seclusion or restraint is employed. The entire team is responsible for monitoring the intervention plan and seeing that it is implemented correctly.
- is customized to the strengths, needs, preferences, and circumstances of the individual and his or her family.
 - is agreed to voluntarily and in writing by the individual and his or her parents or legally authorized guardians or surrogates after they have been provided with complete, accurate, and understandable information about all intervention techniques that will be used with the individual. That information must include evidence of the effectiveness of the techniques, their risks, and the risks and benefits of all alternative interventions and of no intervention for the problem behavior.
 - includes procedures to prevent or reduce the occurrence of the severe problem behavior by modifying or removing the environmental causes of the behavior.
 - includes safeguards to minimize risks of harm, especially when restraint or seclusion procedures are used.
 - includes procedures to build appropriate skills that can serve as alternatives to the severe problem behavior and otherwise improve the individual's functioning and quality of life.
 - is implemented by personnel who are trained to implement the entire intervention plan competently and ethically, and who receive frequent direct supervision from a properly credentialed behavior analyst with experience in treating severe problem behaviors. If the intervention plan includes restraint or seclusion, the behavior analyst and all personnel must be explicitly trained to implement those procedures competently, safely, and ethically.
 - is adjusted as needed based on frequent review by the behavior analyst of data representing objectively measured occurrences of the problem behavior, implementation of the intervention procedures, and appropriate alternative behaviors.

Effective and humane treatment of severe behavior problems is now possible, with a wide array of positively oriented and function-based methods available. When severe problem behaviors pose significant risk of harm to the individual or others, restraint and seclusion as brief interventions for the dangerous problem behavior should be allowed as components of comprehensive behavioral treatment programs. Those interventions can be used safely and effectively when best practice guidelines are strictly followed. Enforcing those guidelines can ensure that restraint and seclusion remain available for intervening with the most dangerous and destructive problem behaviors while safeguarding against their

improper and unsafe use. Such a measured approach is needed to ensure that the full complement of interventions for problem behaviors remain available so that professionals can provide treatment that is safe and effective, and individuals can live lives free of the barriers created by their dangerous behavior.