

SAN GABRIEL/POMONA REGIONAL CENTER

Behavior Modification Review Committee (BMRC)

The San Gabriel/Pomona Regional Center (SG/PRC) works in partnership with individuals with developmental disabilities, their families, service providers, and the community, to promote choice, empowerment, independence, and full inclusion into community life.

If a service provider (including consultants contracted by SG/PRC service providers) recommends a behavior modification procedure for an individual that may cause pain or trauma as defined in Title 17 §50800, SG/PRC's Behavior Modification Review Committee (BMRC) will be responsible for the review, consideration, monitoring, approval, or denial of any behavior interventions that may cause pain or trauma utilizing the procedures and criteria outlined in Title 17, §50800-50823. These regulations are intended to preserve the rights of individuals that are being served by SG/PRC and ensure that all restrictive measures have been adequately reviewed, determined to be clinically appropriate and is a necessary least restrictive service delivery approach to meet an individual's needs.

Examples of procedures that may cause pain or trauma include but are not limited to:

- Substantially unpleasant bodily sensation induced by physiological stimuli such as bodily contact, situational stress, physical exertion, immobilization, or physical restraint
- Mechanical Restraint
- Chemical Restraint
- Seclusion and or isolation
- Application of aversive techniques such as extreme heat or cold, bitter tastes, loud noise, pain or exposure to triggers related to past trauma
- Procedures that cause extreme psychological distress related to feelings of humiliation/embarrassment, fear, guilt/shame, confusion, anger, threat to personal safety, etc.

Upon a service provider's (or their contracted consultant's) determination that it may be necessary to utilize a procedure that may cause pain or trauma, the following procedure is required for review and approval by SG/PRC's BMRC:

1. The service provider must notify the planning team of their recommendation to utilize a procedure that may cause pain or trauma and have a planning meeting with all parties regarding the mandated review process.

Note: The service provider must ensure that the proposed procedure is in alignment with their approved program design and complies with any applicable licenses (day program and residential facilities).

2. The individual's Service Coordinator will meet and discuss the service provider's initial recommendation with their supervisor and SG/PRC Board Certified Behavior Analyst (BCBA) within two business days from the date the initial recommendation was made.

3. If the service is currently being provided to the person and will continue during the review and approval process, the Service Coordinator must schedule a meeting with the planning team to develop an “interim safety plan.” The purpose of the interim safety plan is to reduce the likelihood that restrictive interventions will be needed during the review process.

4. The service provider submits a Behavior Intervention Plan to the Individual’s Service Coordinator that meets Title 17 Regulations, DDS, and SG/PRC Guidelines as well as best-practice standards per the Behavior Analyst Certification Board (BACB). (*See SG/PRC Sample Functional Behavior Assessment (FBA) & Behavior Intervention Plan at www.sgprc.org*) in addition to the following criteria:

- A. The plan must be developed by a BCBA or similarly trained and licensed professional who is trained in the treatment of challenging behavior.
- B. Includes evidence that less restrictive interventions have been attempted and failed or are otherwise determined to be insufficient given adequate empirical data to support
- C. Document a history of interventions that have proven unsuccessful
- D. Based on the results of a functional analysis for the behavior(s). Best practice in conducting a comprehensive FBA includes:
 - a. Direct observation of the individual
 - b. Interviews with the individual and significant others (e.g., family, friends, support staff and other interdisciplinary team members)
 - c. Include any preexisting medical conditions, any physical disabilities, or limitations that would place the individual at greater risk during utilization of a procedure that may cause pain or trauma
 - d. A review of available relevant information (e.g., assessment reports, incident reports, medical records)
 - e. Any trauma history, including any history of sexual or physical abuse
- E. Describe the program which is proposed for implementation
- F. Incorporates proactive interventions/strategies to prevent the occurrence of behavior that would necessitate restrictive interventions that may cause pain or trauma. Proactive interventions include but are not limited to:
 - a. Environmental changes that create better matches for the individual
 - b. Teaching general, functionally equivalent, functionally related, coping and tolerance skills
 - c. Preventive/antecedent strategies; and consequence strategies such as specific schedules of reinforcement
- G. Incorporate reinforcement-based procedures and the teaching of replacement skills
 - a. Techniques, methods, or tools that would help the individual control his or her behavior
- H. Includes the use of de-escalation procedures that do not require physical intervention, such as reactive strategies that may be used to help an individual de-escalate
 - a. The reactive strategies that have the highest probability of gaining safe and rapid control of a behavioral incident for one person may be ineffective or even escalate the situation with someone else, therefore, must be individualized
- I. Includes precise and mandatory release criteria
- J. All individuals implementing the procedure have been:
 - a. Named
 - b. Adequately trained which consists of a demonstration of competency in performing skills outlined in the program which is proposed for implementation

- c. Must be supervised by a Board Certified Behavior Analyst (or a professional whose licensure permits the practice of behavior modification programs)
 - i. Supervision of individuals implementing the procedure should begin at a denser frequency weekly
 - ii. Supervision hours will be reviewed for approval by the BMRC
- d. Have provided evidence (copies of Pro-ACT, CPI, PCMA, etc. certification) of training
- K. Procedure is well defined and accompanied by demonstration, graphic representation, etc. when possible
- L. The procedure is consistent with scientific literature, current evidence-based best practices and based on a standardized training program
- M. Includes prescribed procedures for the monitoring and implementation and duration of the proposed plan by the Interdisciplinary Team

5. The Service Coordinator (SC) submits the plan to SG/PRC's BCBA for review.

6. The BCBA reviews the proposed plan to ensure that all items, as outlined above (4 A.- M.), are included.

- If the documentation submitted is insufficient, the BCBA will provide written feedback to SC to share with the participant's planning team.

7. If the plan is sufficient, the SC schedules a planning team meeting for the BMRC to review the proposed plan, provide demonstration and discuss the potential risks involved.

- If in agreement, the service provider obtains the participant/parent/conservator's written consent* indicating that they have been adequately informed of the methods, risks, and possible effects of proposed procedures including the option to both use and not use the potentially harmful procedure.
 - The **service provider** will give a signed copy to the Service Coordinator.

**Title 17 §50801 (f): "Consent means that the participant or the client's parent/guardian/conservator has had the proposed procedure explained in terms understandable to the consentor, including prior unsuccessful interventions, the expected side effects and/or risks of the proposed procedure and agrees in writing to the procedure. Consent may be withdrawn at any time."*

8. The SC schedules a time to review the procedure and all supporting documents with SG/PRC's BMRC. Members of the BMRC include (in addition to SC and Supervisor):

- Physician
- SG/PRC Clinical Psychologist
- Client's Rights Advocate
- Behavior Analyst
- Member of Executive Management Team

9. SG/PRC's BMRC will consider the following when reviewing the proposed Behavior Intervention Plan:

- A. Assure each element of the behavior modification methods proposed are described in the plan technically, adequately and consistent with prevailing behavior modification standards within the psychological treatment and BCBA professions

B. The potential harm from not providing each element of the plan outweighs the potential harm created by the implementation

10. The **Behavior Modification Review Committee** will determine that the procedure as written, including all supporting documentations either:

- Meets regulatory requirements and is APPROVED
- Does NOT meet regulatory requirements and is NOT APPROVED or
- Requires additional information for adequate review

Note: BMRC approval is only effective for one year. The plan will be monitored by the BMRC for progress and effectiveness at least quarterly, or more frequently if needed.

11. The **Service Coordinator** shares the BMRC decision with the planning team.

- The Service Coordinator also documents the outcome of the BMRC review and decision as well as any future decisions in the participant's IPP.

12. Ongoing, the **Service Coordinator** will submit all updated reports and proposed modifications to the treatment plan to the SG/PRC Behavior Analyst for review.

SG/PRC BMRC Board Approved June 24, 2020