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| Title: | USE OF AVERSIVE TECHNIQUES |
| Purpose: | *The lead agency for Birth to Three in Connecticut has a firm commitment to positive behavioral supports* |

**Overview**

Aversive techniques are those that may be “unpleasant, noxious or otherwise cause discomfort” to the child when used to “alter the occurrence of a specific behavior.” These might include the planned use of physical isolation (e.g. time out), holding a child’s hands or arms down or mechanical restraint such as lap belts for other than physical therapy needs. It may also include the use of a verbal reprimand such as “No” said in a loud voice or directly in a child’s face. Each emergency as well as planned and approved use of an aversive technique must be documented in the child’s early intervention record.

The Lead Agency reviews individual requests on the planned use of aversive techniques to ensure that they are clinically sound, supported by proper documentation, and are in conformance with the lead agency’s policies. A Birth to Three program wishing to propose use of aversive techniques must gain the prior approval before implementation of the technique.

In order to propose an aversive technique, the child’s team consisting of the child’s family, service coordinator and other appropriate persons who work directly with the child, must develop a “behavioral support plan” that is based on a functional analysis of the behavior and is referenced in and attached to the child’s [IFSP](file:///C:\Users\TellerEl\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\FY13%20DRAFT%20Procedures\Forms\3-1-IFSP.doc). The functional analysis is a systematic observation of the immediate antecedent event associated with the behavior, communicative intent of the behavior, settings in which the behavior occurs and the consequence following display of the behavior.

**Behavioral Support Plan**

A behavioral support plan based on the functional analysis and emphasizing positive behavioral interventions shall be written and will include:

1. baseline data
2. positive methods previously tried with supporting data
3. informed consent of the child’s parent or guardian
4. a statement from the child’s doctor that the proposed aversive procedure is not medically contraindicated
5. methods for increasing positive behavior
6. methods for measuring the undesirable behavior
7. plans for reducing the aversive technique
8. the circumstance under which the aversive would be used
9. training for staff who will implement it
10. the name of the person responsible for monitoring the plan
11. data summary of positive and undesirable behavior, over the life of the intervention

**Emergency Use of Physical or Mechanical Restraint**

Physical or mechanical restraint may be employed when an emergency exists in which a child is in jeopardy of harming himself or others and approved individual programs and non-aversive measures are ineffective to control the situation. No aversive procedure other than physical or mechanical restraint may be employed in an emergency. Each program shall establish general written procedures to be used in emergencies and shall identify the techniques, devices and equipment that may be used. . Each occurrence of an emergency restraint must be followed by a meeting of the child’s team within three working days to review the child’s program and determine whether the aversive technique is thought to be needed on a continuing basis or other behavioral supports should be considered. If the continued use of aversives is recommended, the steps outlined in the beginning of this procedure must be followed.

If physical or mechanical restraint is used on an emergency basis three or more times in a thirty day period or one or more times in three consecutive thirty day periods the child’s team must review the child and his environment to address the behavior that caused the use of the restraint. If the continued use of aversives is recommended, the steps outlined in the beginning of this procedure must be followed.

**Corporal Punishment**

The Birth to Three System forbids the use of corporal (physical) punishment.

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References:

[17a-238 of the C.G.S.](http://birth23.org/aboutb23/lawsnreg/)