Rights and Restriction Examples

There are many interventions and circumstances not specifically covered in the chart below. The examples are not comprehensive. The team should consider the specific circumstances of each intervention to determine whether the intervention is restrictive or non-restrictive using the criteria outlined throughout rights and restriction documents.

When a team is unable to determine whether an intervention is restrictive based on information and examples in the rights and restrictions documents, the Service Coordinator will consult with their Service Coordination Supervisor.

Intervention	Restrictive Examples	Non-Restrictive Examples
Supervision	Tom has a seizure disorder. He can shower independently and requires no assistance from staff. Due to his seizure disorder, there is concern that he may fall in the shower. To address this concern, the team requires staff to be present whenever Tom showers to observe for seizure activity. Because staff are present while Tom showers, this is **restrictive of his right to privacy.**	Sue does not have the adaptive skills to take a shower without support from staff. She needs staff assistance to set the water temperature, wash her hair, and dry off when she is finished. Staff must be present in the bathroom with Sue when she takes a shower, as she is unable to complete the task without assistance. Because staff are **present to assist with personal care.**
Supervision	Sue has a history of elopement and attempts to run into the street when in the community. She has intermediate-tier funding and supervision, but her team has put 1:1 supervision in place for her when she is in the community due to the elopement risks. Because 1:1 supervision is **in excess of what is expected as part of intermediate tier staffing/supervision.**	Tom has identified risks of severe physical aggression, property destruction, and elopement. He has advanced-tier funding and staffing/supervision, which includes 1:1 supervision/staffing during awake hours. This **supervision is not restrictive because it is an expectation of his funding tier**.

Psychotropic Medication	Restrictive Examples	Non-Restrictive Examples
Psychotropic medication administered by a **paid agency provider staff**	Sue takes Geodon, and the physician has prescribed the medication to address aggression. The medication is treating a **behavior**, rather than a clinical diagnosis.	Tom takes Xanax to treat a clinical **diagnosis** of Generalized Anxiety Disorder and associated symptoms of panic attacks. The provider has obtained documentation from the prescribing physician with **all required components** and made the documentation available to the PCP team.
Psychotropic medication administered by a **paid agency provider staff**	Tom takes Prozac, and the documentation from the prescribing physician has **not been made available** to the PCP team by the provider.	Sue takes several psychotropic medications, and the team does not have documentation from the prescribing physician to determine that the medications are non-restrictive. Sue receives assistance from paid agency provider staff in administering her medication, but **she does not have a guardian**, so she is a **competent person directing her medication administration**.
Safety Devices	**Restrictive Examples**	**Non-Restrictive Examples**
Motion sensors, TABs monitors, alarm mats (or other devices designed to alarm when a participant moves in a manner that activates them)	Tom has a history of getting out of bed without staff support and falling in the middle of the night. To address this, the provider has installed a motion sensor next to Tom's bed to alert staff when he gets out of bed.	Sue has a history of falls and needs routine support from staff to get out of bed during the night. She is non-verbal, but can use a device to request and wait for staff. A motion sensor is positioned so that it can only be **activated voluntarily by Sue** to alert staff when she requires assistance.
Alarms on doors or windows	Sue has a history of eloping from her home. Alarms are placed on her bedroom window and the exit doors of the home **to alert staff** when she attempts to elope.	Tom's home has a security system to alert when intruders attempt to enter the home. The system is not used to monitor Tom and does not alert when Tom moves freely about the home. **Tom is okay with the use of the system,** based on his privacy preferences.

Audio/video monitoring	Tom has a history of getting out of bed without staff support and falling in the middle of the night. To address this, an audio monitor was placed in his room and is kept on at all times, **so staff can hear** when he requests help and can hear when he falls.	Sue has a history of falls and needs routine support from staff to get out of bed during the night. She can verbally request staff support, but staff are not always able to hear her. An audio monitor is placed in her room, and she is able to turn it on and off as needed.
Devices that limit a participant's movement (such as a lap belt in a wheelchair)	Sue uses a wheelchair, as she walks with an unsteady gait. She will attempt to stand and walk suddenly and without warning, which places her at risk for injury. To address this risk, a lap belt in the wheelchair is used to **prevent her from voluntarily standing.** The lap belt is recommended by Sue's physician, so it is not a mechanical restraint.	Tom uses a wheelchair due to a diagnosis of quadriplegia, and he is not capable of much voluntary movement due to his physical disability. Because he lacks the muscle tone/control to maintain appropriate posture and will involuntarily slide forward into an unsafe posture, a lap belt is used as a support to help him **maintain a safe posture, and does not limit his voluntary movement.**
Safety equipment worn by the participant (such as a gait belt worn at all times or a helmet)	Tom frequently experiences drop seizures and wears a helmet as a precaution to prevent injury during a seizure. Typically, he wears the helmet without issue, but occasionally, he will remove it. When he removes the helmet, **staff require him to put it back on** and will prompt and/or assist him to do so until he cooperates.	Sue occasionally experiences drop seizures and wears a helmet as a precaution to prevent injury during a seizure. Sometimes she chooses not to wear the helmet. Staff encourage her to wear the helmet and remind her that it is safer for her to do so, but **when she chooses not to do so, staff take no further action.**
Bedrails	Sue has a history of getting out of bed without staff support and falling in the middle of the night. To address this, bedrails are **used to prevent her** from getting out of bed. The bedrails **restrict her voluntary movement**. There is a recommendation from Sue's physician that bedrails be used, so the use of bedrails is not a mechanical restraint.	Tom has significant physical disabilities and is capable of very little voluntary movement, and is unable to keep himself safely positioned in bed due to a lack of muscle strength/control. Because his physical disability causes a risk of falling from bed, bedrails are used. The bedrails **do not limit any voluntary movement.**

Car Safety Devices (that are not standard or required by law, like child locks or BuckleBuddy)	Tom is an adult and has a history of attempting to exit moving vehicles or getting out when the car is stopped in a roadway, so child locks are used to prevent Tom from opening the doors to the car. Because Tom is an adult, the use of child locks is not an age-appropriate intervention.	Sue is 6 years old and sometimes tries to open the car door when the car is moving or get out of the car when it is not safe to do so. Child locks are used to prevent Sue from getting out of the car when it is not safe, and because this is an intervention that is **commonly used with Sue's same-aged peers**, it is an **age-appropriate intervention**.
Financial	**Restrictive Examples**	**Non-Restrictive Examples**
Using a participant's own money as a behavioral or programming incentive ***This is prohibited.**	**Prohibited:** Tom receives $50 in petty cash each week from his own funds, but the team agrees he may earn an additional $25 from his own funds per week when he does not display any target behaviors during the week. This money is outside of what is set aside to assure his basic needs are met. This is prohibited because the participant has a right to freely access his funds, as long as he has sufficient funds to have his basic needs met.	Sue has difficulty with personal hygiene and often declines to shower and brush her teeth. The team agrees that she is motivated by money, and the provider agrees to set up an incentive fund of $5 per week that Sue may earn outside of her own funds as part of a habilitation program to gain skills in showering and brushing teeth daily.
Limiting participant's access to money due to health/safety concerns	Sue has a diagnosis of diabetes, which is not well controlled, and she has a restricted diet because not following a prescribed diet poses a significant and immediate threat to her health. She is not allowed to carry money on her person for unplanned purchases, because data shows she will purchase foods that pose a significant risk to her health.	Tom is unable to manage or handle money, so staff carry his money for him and support him to make purchases.

Restitution for theft or property damage to provider's property *Restitution should only be used when the team agrees that the participant understands the value of money and the cause/effect relationship between their behavior and the restitution/impact restitution has on their finances/ activities. The team must review every instance of restitution and can set a limit on restitution per incident. Restitution is not allowed when the participant does not understand these concepts.	Tom has identified property destruction as a target behavior. During behavioral episodes, he has damaged provider vehicles, broken windows, and punched holes in the walls of the group home. The team has determined that Tom understands the value of money and the cause-and-effect relationship related to his actions. Although Tom does not want to do so, the PCP team has decided he should pay restitution to the provider for damages caused, up to $150 per behavioral incident. *Even when there is a lease or notice of cost, a landlord and/or provider cannot legally take money from a tenant for damages unless the team goes through the proper civil legal process. When the civil legal process is bypassed, it is a restriction of the participant's rights.	Sue has an identified behavior of property destruction, and during a behavioral episode, she damages several walls at her group home. Law enforcement must be contacted to de-escalate the incident, and Sue is issued a ticket. The court determines that Sue is legally responsible for her actions, and she is sentenced to pay restitution. This is not restrictive, as the restitution was court-ordered and not imposed by the provider.
Restitution for theft or property damage to staff, peer, or public property *Same considerations for restitution described above apply to these situations as well.	Sue has an identified behavioral concern of theft of her peers' property and money from their rooms. The PCP team believes Sue understands the value of money and that when she chooses to take items that do not belong to her, she will need to reimburse the peer for the items she took. The PCP team determines that Sue should reimburse her peers for the value of the item when it cannot be returned to them, up to a value of $50 per incident.	Tom has an identified behavioral concern of destruction of staff property. The PCP team believes that Tom does not understand the value of money and the cause/effect in relation to his actions. Therefore, it is agreed that restitution will not be paid when Tom damages staff property, and staff may request reimbursement through the agency provider.

Limited Access to Common Areas	Restrictive Examples	Non-Restrictive Examples
Common areas of the home (such as the laundry room or pantry) are locked, and the participant does not have or cannot use a key	Sue has pica and will impulsively eat unsafe foods (such as uncooked foods, meat with bones in it, or large food items in one bite) and inedible items, which poses a significant risk of choking, food poisoning, and serious medical conditions. The kitchen cabinets, refrigerator, pantry, laundry room, and storage area are kept locked to prevent her from accessing and ingesting unsafe items kept in these areas. Sue will not have a key to access these areas due to the risks outlined above.	Tom resides in a group home where the staff office is locked. The office is not a common/shared area of the home, and he does not have the right to access. Housemates' rooms are also kept locked when the housemate wishes, as housemates' rooms are not a common/shared area, and Tom does not have the right to access. *Because the staff office is not a shared area and the participant does not have the right to access it, the participant's personal property should not be kept in the staff office. When a participant's personal items are kept in the staff office, this may be restrictive – see examples in section for Limited Access to Items.
Gates or barriers to prevent access to any portion of the home.	Tom resides in a Shared Living home with one staff/SL provider. He displays impulsive and unsafe behavior in the kitchen, including touching hot pans/burners or picking up knives. Because the provider is unable to both cook meals and manage his unsafe behavior, a gate/barrier is used at the doorway to the kitchen while the provider is cooking.	Sue lives in a Shared Living home, and the family has a toddler. There are baby gates placed throughout the home to keep the child safe. Sue can go around or open the gates, and they do not prevent her from accessing any area of the home.
Locks on exit doors that prevent the participant from leaving the residence.	Sue has a history of eloping from her home, which is a significant concern as she may wander into traffic or get lost. Chain locks are used on all exit doors, and Sue is unable to open them. * When interventions like these are used, the team should discuss how the locks could be problematic in the event of an emergency as part of the process of determining if a restriction is appropriate (When there is a house fire and staff are incapacitated – would the participant be locked in their burning home?)	Tom lives in a home where there is a deadbolt requiring a key from both sides on all exit doors. He has a key to the locks and can use it to enter/exit the home as he wishes.

Limited Access to Items	Restrictive Examples	Non-Restrictive Examples
Locking up sharps, cleaning supplies, food/drink, or other household items *It is not a restriction for medications to be kept in locked areas in provider-controlled settings, as this is a regulatory requirement and is not implemented at the discretion of the team/provider.	Tom has identified target behaviors, including physical aggression, and in the past, he has used a kitchen knife to attempt to harm staff. To address this, all sharp items (such as scissors, knives, and letter openers) in the home are kept in locked drawers to **prevent Tom from accessing them.**	Sue lives in a home where sharp items are kept in locked drawers due to another participant's behavioral needs. Sue has a key to the drawers and can access these items and return them to the locked drawers to maintain the safety of the household.
Removing a participant's personal possessions from the home or limiting access to them	Sue has a history of starting fires, and so has limited access to items with which she could start a fire (such as matches or a lighter). She also smokes and purchases a lighter to light cigarettes. The lighter is kept in a locked cabinet, and Sue can only use **it under the supervision of staff.**	Tom requires glasses due to vision impairment and has a history of losing them and having to buy new ones. He asks staff to keep the glasses in the staff office at times so that he does not lose them. Staff will retrieve the glasses for him at any time, and staff do not require that he keep his glasses in the office.
Using items purchased by the participant as a behavioral or programming incentive ***This is prohibited.**	**Prohibited:** Tom frequently declines to shower. To motivate him to shower, the team agrees that the soda Tom purchases to drink at home should be used as an incentive, and he should only be allowed to have a soda after he has showered for the day. The soda belongs to Tom, and he has the right to access it as he wishes. This access cannot be limited based on program performance or behavior.	Sue has a target behavior of physical aggression. The team agrees that soda is motivating for her and decides that when Sue does not engage in target behavior for one day, she may receive a soda the following day. This soda is purchased by the provider specifically for Sue's programming reinforcement and is not purchased as part of regular supplies for the home using participants' room and board. When Sue does not earn her program incentive, she is still allowed to purchase soda with her own money.

Limited Community Access	Restrictive Examples	Non-Restrictive Examples
A safety protocol in which the participant is not permitted to access the community for a set period of time after a behavioral incident/showing precursors	Tom has identified target behaviors of physical aggression and property destruction. He also has a history of having multiple behavioral incidents in a day, indicating that although he may appear to be calm, there is a significant likelihood that he may escalate to another behavioral crisis within the next several hours. To address this safety concern, a restrictive procedure is put in place in which he must demonstrate 24 hours of calm and safe behavior before he may access the community.	Sue has identified behaviors of physical aggression and property destruction. Historically, she calms quickly and, once calm, can get back on routine without incident. When Sue has a behavioral incident, during which it is not safe for her to change locations, she may access the community as soon as she is calm and is not displaying any precursors or target behaviors.
Not allowing the participant to go to a certain place/type of place in the community (such as a bar, smoke shop, strip club, porn shop, or tattoo parlor) *A participant's access to places in the community may be restricted based on risk to health and safety. Access cannot be restricted based on the values or preferences of their team when there is no safety concern.	Sue has a history of inappropriate sexual behavior and sees a therapist to address this concern. The therapist recommends that she not be allowed to access pornography or go to an establishment that sells pornography, because it is detrimental to the participant's mental health and safety. Sue wishes to purchase pornography and is of age to do so. Due to the therapist's recommendation, the team agrees she may not access these establishments.	Tom is not allowed to go to a bar, because the minimum age in the establishment is 21 and he is 19 years old.
Making a participant's access to the community contingent upon behavior/completion of a task. ***This is prohibited** because limiting a participant's access to something they have a right to when there is no safety concern is a form of discipline, which is prohibited per 404 NAC 006.01.	**Prohibited:** Sue dislikes showering and has difficulty maintaining good personal hygiene. The team agrees that she must shower before she is allowed to access the community in the evenings after work. Sue has a right to access the community without being required to complete other tasks.	Tom dislikes showering and has difficulty maintaining good personal hygiene. The team agrees that staff should encourage him to shower before he participates in community activities and discuss with him that others may feel uncomfortable when his hygiene is poor, but Tom is allowed to choose when he showers.

Making a participant's access to the community contingent upon behavior/completion of a task ***This is prohibited** because limiting a participant's access to something they have a right to when there is no safety concern is a form of discipline, which is prohibited per 404 NAC 006.01.	**Prohibited:** Tom's guardian has requested that, after each incident of physical aggression, he not be allowed to participate in activities in the community for 48 hours as a punishment for his behavior. Tom calms quickly after behavioral episodes and is safe to access the community once calm, but it is his guardian's preference that he be restricted from community access for this period of time.	Sue may not access the community when actively engaging in unsafe behavior, but is allowed to resume access to the community as soon as she is calm and is no longer engaging in unsafe behavior or precursors to unsafe behavior.
Making a participant's access to the community contingent upon behavior/completion of a task ***This is prohibited** because limiting a participant's access to something they have the right to when there is no safety concern is a form of discipline, which is prohibited per 404 NAC 006.01.	**Prohibited:** Sue's favorite food is Chinese food, and she enjoys going to eat Chinese food every Friday night. She has the funds to do so, and there are no safety concerns with this activity. The team decides to use this outing as an incentive and implements a plan in which Sue may only go out for Chinese food on Friday when she has not displayed inappropriate behavior during the previous week.	Tom enjoys going places in the community and does not always like it when his housemates go places with him, due to his home's staffing arrangements. Tom has identified safety concerns of verbal aggression and property destruction. The PCP team decides that as an incentive for 7 days free of target behaviors, Tom should have a reinforcement of going on an outing one-on-one with a preferred staff member. This is not prohibited, as the reinforcement includes the privilege of a one-to-one outing with a preferred staff, which the participant does not have a right to have due to staffing patterns and other considerations when living in a group setting.

Medical Orders and Health Considerations	Restrictive Examples	Non-Restrictive Examples
Staff following a medical order (such as fluid or calorie restrictions)	Tom's doctor has recommended he limit his fluid intake to 30 oz. per day to treat a diagnosis of severe hyponatremia (low sodium levels). Because there is a significant risk of harm to Tom's health when his hyponatremia worsens due to excessive fluid intake, the team agrees that staff should enforce the doctor's recommendation. Staff members measure his fluid intake and actively prevent him from accessing fluids when he attempts to do so, to prevent him from consuming more than the physician-recommended amount.	Sue's doctor has recommended a 1500-calorie diet because she is overweight. The PCP team agrees that it would benefit Sue to lose some weight, but there is no immediate risk to justify using a restriction to enforce the doctor's recommendation. Staff members encourage her to make healthy choices and support her in preparing healthy foods. When she wishes to eat something unhealthy or in excess of the calorie recommendation, staff will review making healthy choices, but will not prevent her from eating what she wishes.
A doctor/clinician has recommended a dietary restriction/modification, and the participant asks for or tries to access restricted or unmodified items	Sue's physician recommends that Sue alter her food to a ground texture and to avoid fresh fruits and vegetables (cooked are allowed) due to a significant risk of choking with an unaltered diet. Sue requests to eat foods that have not been altered to ground texture or to have uncooked fruits and vegetables, but staff do not permit her to have these items.	Tom has a recommendation from an SLP to have his food altered to a ground texture and to avoid fresh fruits and vegetables due to a significant risk of choking. He chooses to have his food altered to this texture and does not request anything different.

Interventions to limit unhealthy behavior (such as limiting smoking or unhealthy foods) *When there is no immediate risk to the participant's health or safety, the participant has the right to choose not to follow medical advice.	Tom wishes to smoke cigarettes and his doctor has ordered that Tom's smoking be limited to mitigate possible damage to his health. The team agrees that provider staff should intervene to prevent him from obtaining or smoking cigarettes in accordance with a doctor's order. This is a rights restriction, because people have the right to choose not to follow orders from their doctors and this is being limited by the team.	Sue is obese and has difficulty making healthy choices and eating appropriate portions. She is in good health, with no medical conditions that pose an immediate risk to her health/safety related to her weight and diet. The team feels that her weight is of concern and may lead to medical problems in the future, but there is no current medical risk. The team implements habilitation programming for Sue to gain skills and receive reinforcement for making healthy choices and following a low-calorie diet. Staff encourage her to make healthy choices and exercise, but do not actively prevent her from deviating from the low-calorie diet when she chooses to do so.
Interactions with Others	**Restrictive Examples**	**Non-Restrictive Examples**
Staff prevent the participant from contacting someone the participant wishes to contact *A participant's contact with others should not be limited unless there is a health/safety risk associated with the participant's contact with that person. A participant should not be restricted from having contact with someone when there is no risk.	Sue developed a close relationship with a former provider. She has since moved to a different home due to allegations of abuse against the former provider. She wishes to maintain contact with the provider, but the team feels this is unsafe due to the alleged history of abuse. Due to the safety concern, she is not permitted to contact the provider by phone or meet in public.	Tom developed a close relationship with a peer in a community club. The two have since had a falling out, which is difficult for Tom to process and has caused some emotional upheaval. Staff encourage him not to attempt to contact the former friend, as it leads to further emotional stress for him, but would allow him to contact the former friend when he wishes.
Staff prevent the participant from contacting someone the participant wishes to contact *A participant's contact with others should not be limited unless there is a health/safety risk associated with the participant's contact with that person. A participant should not be restricted from having contact with someone when there is no risk.	**Prohibited:** Tom's parents are divorced, and his mother is his guardian. Tom has a good relationship with his father, and there is no safety concern related to his contacting his father. The mother/guardian requests that Tom not be allowed to contact his father due to her own negative relationship with her ex-spouse. This is not permitted, as there is no risk/safety concern.	Sue has a close relationship with her cousin and enjoys talking on the phone with her cousin. Sue's parents/guardians have a falling out with the cousin's family and request that the provider prevent Sue from contacting her cousin. The team reviews the situation, and the guardians state that there is no safety concern, so the team decides that Sue may continue to contact her cousin as she wishes.

Limiting/Monitoring Communication	Restrictive Examples	Non-Restrictive Examples
Provider monitors the participant's phone calls, cellphone use/texting, personal mail, or use of the internet/social media *Monitoring communication could mean staff listen to phone calls (both or one side) or review phone dialing, texts, mail, email, or social media use.	Sue has a history of making 911 calls when there is no emergency, which could cause her to face legal consequences. The team agrees that staff should dial the phone for her and monitor all phone use by being in the same area to listen to her end of the conversation to ensure that she is not making false emergency calls.	Tom has a history of not following the rules of phone etiquette (such as calling people multiple times in a row or calling late at night). This is not a risk, as no one is requesting that Tom's phone use be restricted. He is allowed to use his phone as he wishes, but staff encourage him to use his phone appropriately, and there is a program to learn the rules of phone etiquette.
Provider monitors the participant's phone calls, cellphone use/texting, personal mail, or use of the internet/social media *Monitoring communication could mean staff listen to phone calls (both or one side) or review phone dialing, texts, mail, email, or social media use.	Tom has a history of viewing child pornography. Due to this behavior, staff must directly watch Tom's use of any computer to ensure he is not viewing inappropriate content.	Sue does not have the adaptive skills to be able to access the internet as she wishes, so when she wishes to use the computer, staff are with her to provide support so that she can access the internet as she wishes.
Calming Areas	**Restrictive Examples**	**Non-Restrictive Examples**
Requiring a participant to go to a designated area, or to stay somewhere for a specified period of time	**Prohibited:** Tom has an increased risk of falls and sometimes gets up and tries to walk around the house at night. He lives in a Shared Living home, and sometimes his SLP does not hear that he is out of bed during the night. The team is concerned that when he is walking around at night without supervision or assistance, there is a high risk that he will fall and be injured. To address this risk, the team agrees that Tom's bedroom door should be locked during the night to prevent him from exiting his room to address his risk of falls. ***This is prohibited** seclusion.	Sue has identified target behaviors of property destruction and physical aggression. During behavioral episodes, the participant finds it helpful to go to her room or a calming area to de-escalate. Staff prompt her to go to her room/calming area, and may prompt her to return to the area when she comes out and is not fully calm. However, staff do not prevent her from exiting her calming area at any time when she chooses to do so.

Requiring a participant to go to a designated area, or to stay somewhere for a specified period of time	**Prohibited:** Sue has an identified target behavior of property destruction. When she becomes upset, she often breaks items, but does not use items as weapons and has not injured herself or others in the past. To address the risks presented by her property destruction, the team has agreed that whenever Sue begins to display precursors or engage in property damage, she should be escorted to a safe room/area, and blocking/body positioning should be used to prevent her from exiting until calm. ***This is prohibited** seclusion, as no emergency safety situation exists when it is used.	