



Restriction Analysis Tool

NAME: _____ DATE: _____

1. Support/Strategy/Intervention being reviewed:
2. Concern or risk of harm driving the intervention:
3. Describe the support/strategy/intervention in at least one of the following ways:
 - a) When the person does _____, it means _____, _____ and supports should do the following _____.
 - b) Are there different levels/steps to the support? Are there different times or situations where the intervention looks different? What determines when the support is or isn't used?

Use the following questions to help determine the nature of the support (positive versus restrictive). If the answers are Yes, the support is probably a restriction. In general, the less control the individual is allowed to have, the more restrictive the approach is.

4. Is the support preventing the individual from doing something that s/he wants to do? *(Example: a bedrail that prevents someone from leaving a bed, as opposed to a pressure mat that just notifies staff when someone has gotten out of bed)*
5. Does the person have the choice to say “no” to the support? Is the person resistant to the support but is forced/required/ “has to” receive the support?
 - *Consider how this support is “enforced” - verbal prompts to someone who is reluctant to do something but can choose to do it or not do it is not a restriction.*
 - *Example: Applying a seatbelt in a wheelchair at the kitchen table when a person doesn't want it on and is unable to undo it is a restriction*



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6. Is the support specifically addressing something the person is intentionally trying to do?
 - *Example: locking the front door to specifically prevent someone from leaving, as opposed to keeping the door locked as part of general community safety.*
 - *Example: Using a gait belt to stop someone from walking across the road, as opposed to using a gait belt to prevent someone from accidentally falling*
 - *Example: Applying a seatbelt lock during transportation because someone has a history of trying to open the car door, as opposed to using the seatbelt for general transportation safety.*

7. Is the intervention being implemented as a consequence by staff decision?
 - *Example: Staff refuse to transport an individual to the mall 3 days after she hit someone because she “lost her outing”.*
 - *Example: An individual “earns” an extra chance to use his own money to buy ice cream if he doesn’t steal anything from his roommate for the week.*

8. Does the support involve using devices to remotely monitor the person in private areas such as the bathroom or bedroom?

9. Is the individual prevented from access to his/her spending money because of routines or schedules that are not under the individual’s control?
 - *Example: Money for bowling on Saturday is placed by the payee in an individual’s med box on Weds and kept locked for 3 days even though, the individual can carry his own money.*

10. As a result of his/her actions, is the individual required to pay for something without any control or understanding of how the money is being used?
 - *Example: An individual smashes his roommate’s TV. He does not understand the concept of money, but his provider payee uses his funds to replace the TV.*
 - *Example: To avoid eviction, the provider payee uses the individual’s money to pay for damages to an apartment despite the individual’s direct request not to.*



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11. Is the person being physically moved or held still and s/he is actively resisting that contact?
 - *Example: Dragging someone away from a fight, as opposed to gentle arm rubs as the individual willingly holds staff's hand and walks away*
 - *Example: Being prevented from leaving a room, as opposed to being prompted to go to another room to help calm down.*

12. Is the person being given medication (chemical restraint) ...
 - To create a "a general or non-specific blunt suppression of behavior?" Example: Giving an anti-psychotic medicine to generally sedate someone who is aggressive. This is different than someone routinely taking medicine for schizophrenia to regulate paranoia, or someone diagnosed with insomnia taking a medication to help them sleep.
 - Specifically to treat sexually offending behavior? Examples: Prescribing birth control to men, to lower their testosterone, or prescribing a medication because one of its side effects is impotence.

13. Is the person's medication locked because of concerns of self-harm, selling drugs, or other intentional behaviors, as opposed to the person being unable to self-administer medicine due to cognitive reasons?

14. Is the person receiving medical treatment in a way not used on most people without disabilities?
 - *Example: Being mechanically restrained to a chair during a dentist appointment, as opposed to the dentist using some sort of wedge to help keep the person's mouth open.*

15. If the support/strategy/intervention is a restriction being implemented by a paid provider, the SSA should ensure that the restriction is:
 - based around a direct and serious risk of harm that is clearly identified in the plan,
 - the least aversive option that is only used when all other options for supports in the plan are exhausted,
 - complemented by positive supports that foster a sense of felt-safety for the person,
 - used only to keep the person safe and not used for punishment or staff convenience.
 - not creating more risk of harm or other forms of crisis
 - approved by the Human Rights Committee – see Positive Support Specialist for assistance.