

**Sec. 17a-238-8. Definitions**

For purposes of Sections 17a-238-7 thru 17a-238-13 the following definitions shall apply:

(1) "Aversive device" means an instrument used to administer an electrical shock or other noxious stimulus to an individual to modify undesirable behaviors.

(2) "Aversive procedure" means the contingent use of an event which may be unpleasant, noxious or otherwise cause discomfort to (1) alter the occurrence of a specific behavior or to (2) protect an individual from injuring himself or others and may include the use of physical isolation and mechanical and physical restraint.

(3) "Behavioral support plan" means a written document developed to address an individual's behaviors which interfere with the implementation of the goals and objectives in the individual's annual plan. If the use of aversive procedures to protect the individual from harming himself or others is reasonably anticipated to be needed, these specific procedures shall be included in the plan.

(4) "Commissioner" means the commissioner of mental retardation.

(5) "Department" means the department of mental retardation.

(6) "Emergency" means the demonstration of a serious behavioral problem which may adversely affect the health or safety of the individual or others and for which a behavioral support plan has not been developed or approved; or for which a previously designed behavioral support plan is not effective.

(7) "Functional analysis" means the systematic assessment of an individual's behavior that yields: (1) an operational description of the undesirable behaviors; (2) the ability to predict the times and situations in which the undesirable behavior will occur across the full range of typical daily routines; (3) a definition of the function the undesirable behavior produces for the individual; (4) an understanding of the environmental, interpersonal, and other ecological factors that shall be considered in order to develop an effective positive programmatic response to the behavior.

(8) "Human rights committee" means a group of individuals who are not employees of the department, who provide monitoring to ensure the protection of legal and human rights of individuals with mental retardation.

(9) "Interdisciplinary team" means a group of people that includes the individual being served, his family, guardian or advocate, those people who work most directly with the individual in each of the professions, disciplines, or service areas that provide service to the individual, including direct care staff, and any other people whose participation is relevant to identifying the needs of the individual.

(10) "Mechanical restraint" means any apparatus used in an aversive procedure that restricts individual movement excluding mechanical supports designed by a physical therapist and approved by a physician that are used to achieve proper body position or balance and helmets used to protect an individual from injuries due to falls caused by seizures. Helmets, mitts and similar devices used to prevent self injury are considered mechanical restraints.

(11) "Physical isolation" means the process used in an aversive procedure whereby an individual is separated from others, usually by placement in a room or area alone.

(12) "Physical restraint" means the aversive procedure of physically holding an individual to restrict movement or to prevent the individual from harming himself or others.

(13) “Positive behavioral support” means an integrated approach to teach an individual adaptive and socially appropriate skills. Such supports may include teaching strategies and/or environmental supports to increase adaptive behaviors, and decrease maladaptive behaviors. Such supports should treat the individual in a respectful, age-appropriate manner, should be built into the individual’s daily schedule, and should occur in a natural context. The individual and his family, advocate and support staff should be involved in the design of the positive behavioral supports.

(14) “Program review committee” means a group of professionals, including a psychiatrist, assembled to review individual programs and behavior modifying medications to ensure that they are clinically sound, supported by proper documentation, and are being proposed for use in conformance with departmental policies.

(Effective November 17, 1994)