SAPEN

Sexual Abuse Prevention & Education Network

Navigating Rights: Balancing Autonomy, Risk & Treatment Success

NEW LEAF SUPPORTS™

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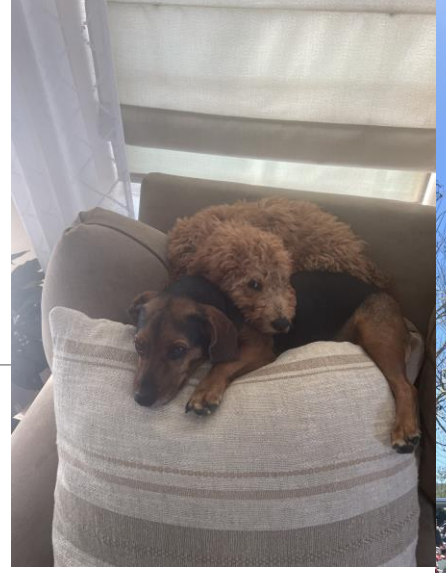
Let’s get to know one another…

Who am I?

Bob



Northampton Community College

LEHIGH UNIVERSITY

DESALES UNIVERSITY

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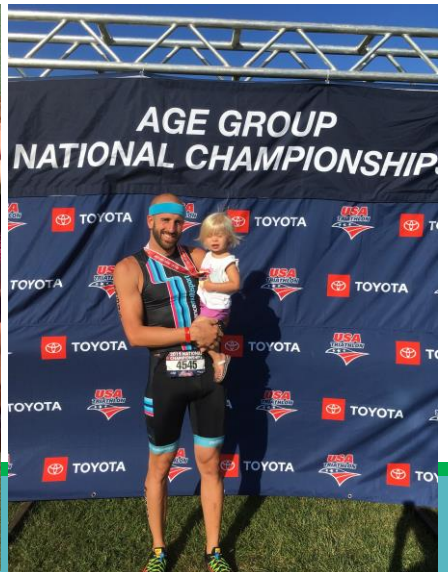

BS, IDD, HRT, SOTx

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The Two Fields…

IDD SYSTEM

- Human Rights Team
  - Data must support the restriction
- Guardianship

FORENSIC TREATMENT SYSTEM

- Blanketed Restrictions
- Probation
- Polygraphs

"Why do two systems serving ‘high-risk individuals’ approach rights restrictions so differently?

Participation

- ❑ What restrictions do you currently use?
- ❑ How are they approved?
- ❑ How are they implemented?
- ❑ How are they removed?

My Perspective on Rights/Restrictions

- Started out with,
  - Restrictions=Safety

- Later I learned,
  - Restrictions CAN create safety
  - Restrictions CAN create dependency
  - Restrictions CAN sometimes delay growth

Question...

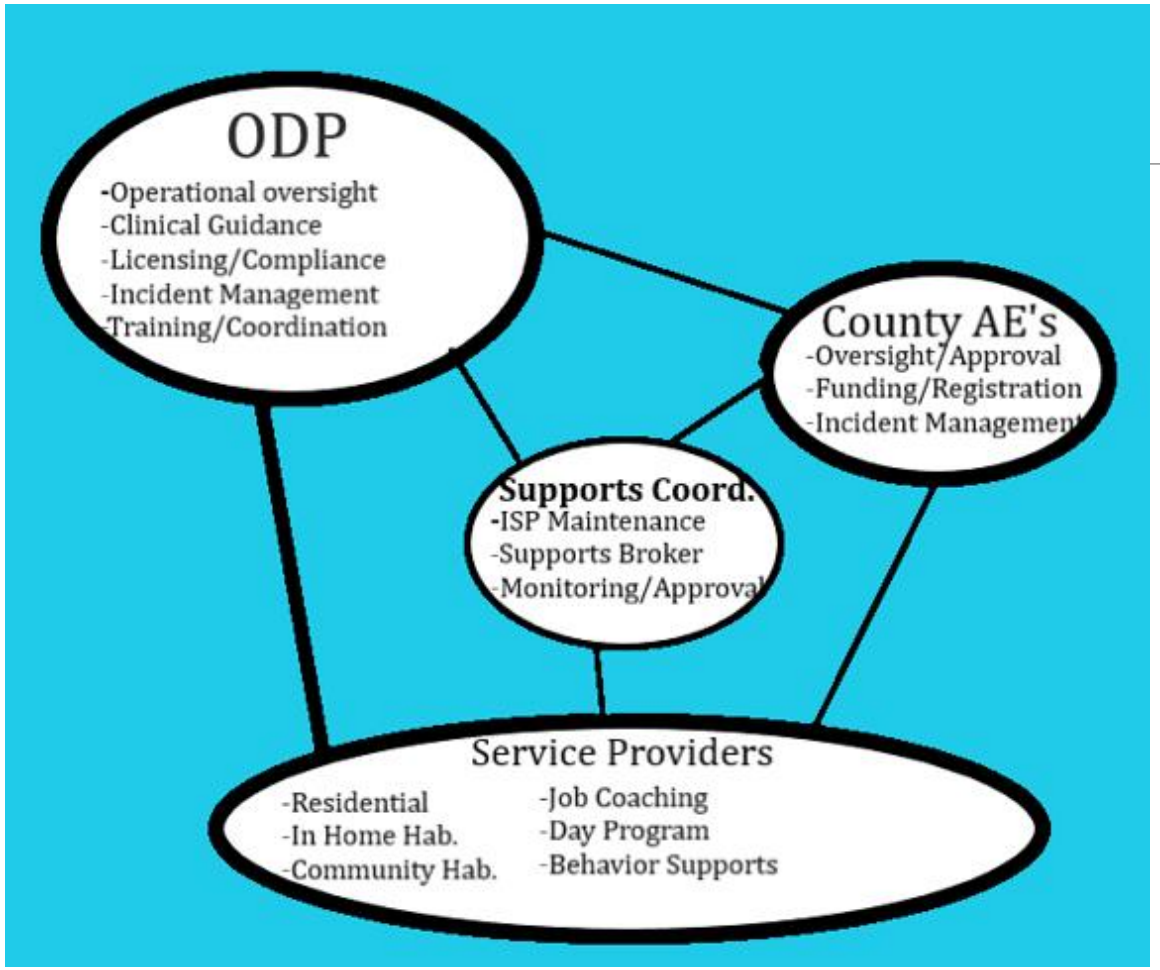
If a restriction reduces risk today but increases dependency tomorrow, was it successful?

Roadmap

- IDD System
  - Human Rights Team (HRT)
- Forensic Treatment systems
- Similarities and Differences
- Suggestions for building a better model

What I learned in the IDD System

The Adult System (PA ODP)



Funding

- Waiver
  - Consolidated
  - Community Living
  - PFDS
  - AAW
- Base funding
- Mental Health Department
- Contracts
- Private Pay

Providers and Resources

- ❑ Home and Community Supports
  - ❑ In-home
  - ❑ Community
  - ❑ With families
- ❑ Group Homes/ CLAs/ Family Living
- ❑ CSRU- Community Stabilization and Reintegration Unit
- ❑ Day/ Work Programs
- ❑ DDTT
- ❑ Rapid Response Team
- ❑ HRT/HRC for RPPs

Intellectual and Developmental Disability- Three-part definition:

Significant limitations in intellectual functioning

Significant limitations in adaptive behavior as expressed in conceptual, social and practical adaptive skills

Origination before the age of 18*

https://www.nichd.nih.gov/health/topics/idds/conditioninfo/default- National Institute of Child Health and Human Development

The Process

A → B → C

(Antecedent) (Behaviour) (Consequence)

Adaptive vs. Maladaptive

What is Behavior?

An action (or non-action) that someone displays

YES

- ❑ Observable
- ❑ “Count-able”
- ❑ “Time-able”
- ❑ “Rate-able”***
- ❑ SPECIFIC LANGUAGE
- ❑ Black or White (generally)

NO

- ❑ It’s not an adjective
- ❑ It’s not an emotion
- ❑ It’s not an opinion
- ❑ It’s not subjective
- ❑ Intentionality doesn’t matter

Remember:

- All behaviors communicate something
  - This is known as the function

To Communicate

- To gain attention
- To obtain a tangible
- To gain sensory stimulation
- To escape from tasks and interactions
- To escape from internal stimulation that is painful or uncomfortable














ADAPTIVE

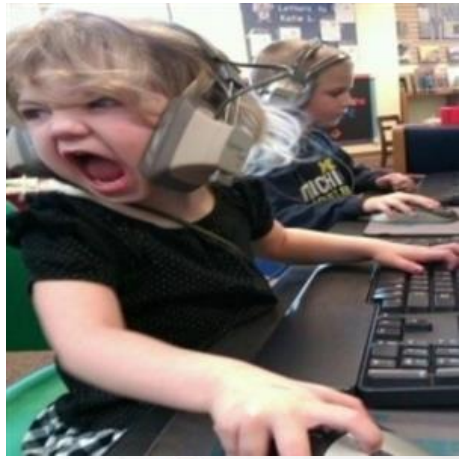
MALADAPTIVE

ADAPTIVE

MALADAPTIVE

ADAPTIVE

MALADAPTIVE



Purpose of a Functional Behavior Assessment

- Data set
- Helps determine a function or what the behavior (often a crisis) communicates
- Looks at the big picture, not a snapshot
- Used to:
  - Understand the behavior
  - Predict the behavior
  - Help change the behavior

The NLS Process

Initial Phase

- ❑ Collaboration
- ❑ Assessment
- ❑ Plan Development
- ❑ Review

Ongoing Phase

- ❑ Skill-Building
- ❑ Monitoring
- ❑ Observation
- ❑ Data Collection
- ❑ Reporting
- ❑ Plan Updating
- ❑ Training

Introduction to IDD Services

- Goal is to support adults with intellectual disabilities
- Person-centered philosophy
- Community integration
- Self-determination

The fundamental assumption…

People have rights and restrictions require justification

Not the other way around!

What Do We Mean by Human Rights?

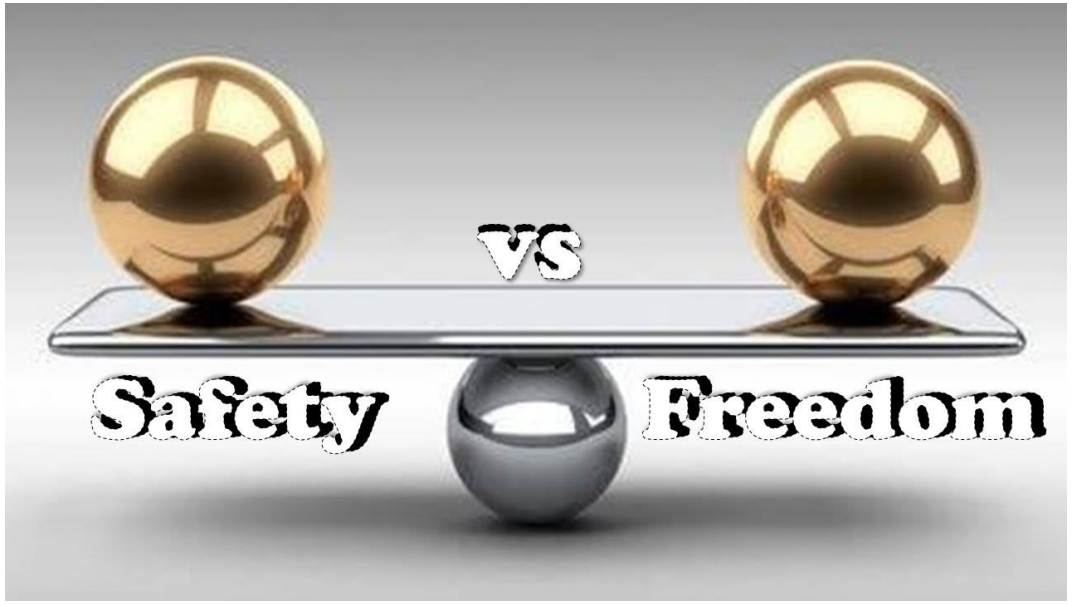
- ❑ Privacy
- ❑ Communication
- ❑ Movement
- ❑ Relationships
- ❑ Property
- ❑ Access to Information
- ❑ Personal Decision-Making

What is a Rights Restriction?

Rights Restriction defined...

A limitation placed on an individual's ability to freely access activities, relationships, property, information, or opportunities.

The Ethical Conflict



Safety	Autonomy
Prevent Victimization	Personal Choice/Independence
Prevent Reoffending	Dignity
Prevent Self-Harm	Self-Determination
“Short-Term”	“Long-Term”

Behavioral Functions of Restrictions

- Restrictions may:
  - Remove Opportunity
  - Alter Antecedents
  - Reduce Exposure

- But… do not necessarily teach skills

- Restrictions can be highly effective for immediate risk management, but they may be insufficient for long-term risk reduction if they do not lead to skill acquisition and self-regulation.

Deci, E. L., & Ryan, R. M. (2000).The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior.Psychological Inquiry, 11(4), 227–268.

Behavioral Change

- Least Restrictive Alternative (LRA)
  - The idea is that restrictions should:
    - Be no more restrictive than necessary
    - Be reviewed regularly
    - Be reduced whenever data indicate they are no longer necessary (fading)
  - In the meantime, the behavior specialist…
    - Confirms the function through assessment and observation
    - Skill-builds
    - Collects data to determine skill acquisition

Schalock, R. L., Luckasson, R., & Tassé, M. J. (2021).Intellectual Disability: Definition, Diagnosis, Classification, and Systems of Supports (12th ed.).Washington, DC: American Association on Intellectual and Developmental Disabilities.

Common Rights Restrictions in IDD Services

- ❑ Internet
- ❑ Finances
- ❑ Relationships
- ❑ Community Access
- ❑ Communication
- ❑ Food Access
- ❑ Personal Property

6100 regulations

MODIFICATION OF RIGHTS

A modification of rights is an allowable type of restrictive procedure that limits or prevents an individual from freely exercising his or her rights. An individual's rights may only be modified to the extent necessary to mitigate a significant health and safety risk to the individual or others.

RESTRICTIVE PROCEDURE

A restrictive procedure is a practice that limits an individual's movement, activity or function; interferes with an individual's ability to acquire positive reinforcement; results in loss of objects or activities that an individual values; or requires an individual to engage in behavior the individual would not engage in given freedom of choice.

https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Shared_Content/Training/Human+Rights+and+Restricitive+Procedures/Bulletin+00-21-01+Guidance+for+Human+Rights+Teams+and+Human+Rights+Committees.pdf

Why Restrictions Are Proposed

- Health and Safety
- Victimization concerns
- Exploitation
- Aggression
- Sexual behavior concerns

Human Rights Team (HRT)

A group tasked with reviewing utilization of restrictive procedures and determining if suggested strategies for intervention reflect the least restrictive intervention to support an individual's needs and maintain the individual's health, safety and well being.

Members

- ❑ Clinicians
- ❑ Advocates
- ❑ Family Members
- ❑ Program Leadership
- ❑ Community representatives

https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Shared_Content/Training/Human+Rights+and+Restricitive+Procedures/Bulletin+00-21-01+Guidance+for+Human+Rights+Teams+and+Human+Rights+Committees.pdf

The Main Questions Asked:

1. What risk exists?
2. What evidence exists?
3. What alternatives were attempted?
4. What is the plan to fade the restriction?

HUMAN RIGHTS TEAM MINUTES

HRT Voting Members Present:
Amy Riley, Chief Programming Officer & Behavior Specialist (New Leaf Supports) – Chairperson
Tatiana Velazquez, In-Home & Community Supports Director & Behavior Specialist (New Leaf Supports)
Jesus Orta, Intake Coordinator & Behavior Specialist (New Leaf Supports)
Isaac Csezmadia, Behavior Specialist (New Leaf Supports)
Kassidy Stopfer, Behavior Specialist (New Leaf Supports)
Dora Iverson, Behavior Specialist (New Leaf Supports)
Nathaniel Francis-Fletcher, Behavior Specialist (New Leaf Supports)
Ben Stephens, Behavior Specialist (New Leaf Supports)
[redacted]

HRT Non-voting Members Present:
Robert Krome, Chief Executive Officer & Behavior Specialist (New Leaf Supports)

Client name: [redacted] **DOB:** 10/14/1993 **Date of Review:** 05/15/2026

Program Members Present: N/A

Reportable Incidents Since Last Review:

Summary of Use of Restrictive Procedures (since last review) and Individual's Response: Father, as the plenary guardian, has implemented several procedures that would be considered restrictive if a paid support was engaging in them. For this reason, along with safety and continuity, the aforementioned justification, and the aforementioned data, these restrictions are needed. It should be noted that [redacted] data for this period has been highly encouraging, but should not change the supervision or understanding of the dangerousness his particular interests may pose. While the frequency seems to be fleeting, the potential intensity and magnitude of consequences is paramount.

Documentation of Informed Consent: ☑ YES ☐ NO

- Who obtained consent: **Robert Krome (NLS)**
- If "No" above, what strategies were used to attempt to obtain informed consent, including what information was provided to the individual?

Review of Currently Proposed Restrictive Procedures:

a) The specific behavior being targeted and tied to the restriction.
b) An assessment of the behavior including suspected function.
c) Antecedent/Consequence strategies that can be used prior to restriction.

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d) The specific Restrictive Procedure and circumstance under which it can be applied.
e) The amount of time the restriction may be applied.
f) The desired outcome of the suggested restrictive procedure.
g) Target date for achieving the outcome.
h) Person responsible for monitoring and documenting progress with behavior.

Determination of Human Rights Team:

Restriction Name:	HRT Determination Status:	Explanation of Denials/Modification Notes:
Community Access	Approved Continuation	N/A
Interactions with Minors	Approved Continuation	N/A
Communication Media	Approved Continuation	N/A

Human Rights Committee (HRC)

A committee operated by an AE or by BSASP that is responsible for safeguarding the rights of individuals receiving services. The committee conducts systemic reviews of physical restraints and other restrictive procedures, develops systems to reduce or eliminate the need for physical restraints and restrictive procedures, provides technical assistance to providers to assist them in developing positive intervention strategies, and analyzes systemic concerns that impact the rights of individuals.

https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Shared_Content/Training/Human+Rights+and+Restricitive+Procedures/Bulletin+00-21-01+Guidance+for+Human+Rights+Teams+and+Human+Rights+Committees.pdf

Examples

Access to Sharps & Other Self-Injurious Objects	
Operational Definition:	Johnny will not be permitted unsupervised access to knives of any kind (kitchen or utility) and all other sharp objects. Additionally, Johnny will not have unrestricted access to objects that he uses to conduct self-injurious behaviors with and/or objects that he threatens to engage in self-injurious objects with as outlined below. • Any object that Johnny engages in active self-injurious behaviors with that requires medical attention above simple first-aid (i.e. resolved with a bandage) will be included within this restriction and kept in the locked area of his home with the other knives and sharp objects that have already been restricted. • Any object that Johnny threatens to (1) use in a self-injurious manner and/or (2) expresses ideations of using for self-injurious or suicidal behaviors, more than two times within a 10-day span, will be included within this restriction and kept in the locked area of his home with the other knives and sharp objects that have already been restricted. All restricted objects will be kept in a locked area when not in immediate use. When using any sharps, staff will have full visual of Johnny and remain within line of sight of him at all times. When the sharp is no longer needed, staff will return the sharp to the locked area. Thie objects currently being restricted would include, but are not limited to: knives, scissors, kitchen tools, skewers, razors, pointy objects, plastics that can be broken into sharp objects, nail clippers, tweezers, metal coat hangers, etc. Should Johnny obtain a sharp object, threaten to harm himself, or aggressively approach anyone with a sharp object, staff must immediately maintain safety of themselves, Johnny, and his housemate by evading him and contacting 911. Staff call the on-call supervisor and, if the situation warrants, 911. Additionally, the object used in these instances should be added to the objects kept in the locked area of the home and it should be communicated to the behavior specialist so they can add it to the list of restricted items and update the restriction accordingly. While this restriction is active, when Johnny leaves the home for his Alone Time or comes back from day program, he will also agree to item checks and allow the staff to see the items he is bringing back into the home. UCCH will also be implementing 30-minute safety checks when he is in his room during which staff will get a visual on Johnny and ensure safety, as he has been self-injuring in his room.

Designated Vehicular Seating and Partition	
Operational Definition:	When being transported by his staff, Johnny will follow a designated seating chart to ensure the safety of himself and others due to the risk posed by his behavioral displays in the vehicle. Johnny will sit in the back seat of the vehicle behind the front passenger seat to create natural distance between himself and the driver. This will allow the second staff to ensure the driver's safety by giving them the ability to intervene with more time than if Johnny was seated directly behind the driver. Additionally, the implementation of a partition will be used in the vehicle transporting Johnny to create a barrier designed to protect the driver from Johnny's behavioral displays and ensure the safety of all within the vehicle. ***Seating Chart:***  ***Vehicle Partition:*** 

2. Interactions with Minors	
Operational Definition:	Johnny will not be permitted to interact with minors as much as possible and especially without supervision. When directly supervised by two program staff members, the defendant may have appropriate contact with minors who are family members as long as the program staff members obtain the permission directly from the parent(s) and/or guardian(s) of those minors and supervises the contact. If Johnny visits with family or goes on a community outing with family, the family is expected to uphold the approaches/protocols outlined in this RPP as well. While participating in an outing, if Johnny is found to be staring, flirting, or making sexual comments in the presence of or about minors, Johnny should be prompted/directed away from the location. If he does not follow staff redirection or follow the safety plan that was reviewed with him prior to the outing, the outing will be terminated. If Johnny's interactions with minors are not preventable, i.e. his waitress is seemingly underage, staff supervision will be in place to ensure that Johnny is refraining from non-boundaried conversations and interactions. Johnny will sometimes plan outings to intentionally interact with minors. Staff must be vigilant as to the populations and persons frequenting his routine locations. Johnny shall report to the U.S. Probation Office any regular contact with children of either sex under the age of 18. The defendant shall not obtain employment or perform volunteer work which includes regular contact with children under the age of 18. - When: Any time - Duration: Ongoing - Where: Across all settings

4. Room Door Modification	
Operational Definition:	Johnny's bedroom door will not have a locking mechanism. Johnny has been able to acquire internet capable devices in the past, which is currently against his court orders. To maintain safety, mutual room searches (Johnny agrees) must be conducted periodically to ensure compliance. For this reason, this is being considered a restrictive procedure. Johnny's bedroom door can remain closed but shall not have any locking device and staff are free to do bedroom checks, bedroom sweeps for electronics, nighttime and overnight sleep and welfare checks, and any other bedroom or other room in the house detailed sweep if staff have been alerted to the possibility of an unauthorized device in the house. When: Any time Duration: Ongoing Where: Within the home

Fade Plan:	If, for consecutive review periods, Johnny meets his target behavioral outcome of "Risk Management" with 0 instances, does not attempt to circumvent the safety-planning process, shows proficient follow through of the Circles curriculum, does not attempt to interact with minors in the community, this restriction may be reduced or removed, with the court's consent due to his court ordered stipulations. (Note: However, due to ongoing concerns regarding his readiness to live independently in the community, the court has ordered that all existing restrictions remain in place.)

The Fading Requirement

What I Appreciate about HRTs

- ❑ Accountability
- ❑ Transparency
- ❑ Individualization

Limitations of HRTs

- Slow
- Bureaucratic
- Difficult to operationalize
  - $$$
  - Workforce
  - Productivity

What I learned in the Sex Offender Treatment field…

What surprised me…

- Rights and Restrictions were inherently assumed due to the fact that folks were convicted of a crime
  - Probation
  - Parole
  - Court Orders
  - Registration Requirements
  - Treatment Rules

- Restrictions looked very different
  - And they were everywhere!

Common Forensic Restrictions

- ❑ Internet bans
- ❑ Pornography restrictions
- ❑ Curfews
- ❑ Contact restrictions
- ❑ Community access
- ❑ GPS monitoring
- ❑ Substance use

Benefits of Restrictions

1) Immediate Safety
2) Victim Protection
3) Crisis Stabilization
4) Environmental Management
5) Risk-Needs-Responsivity Model
6) Relapse Prevention
7) Behavioral Momentum

Potential Harms of Restrictions

1) Learned Helplessness
2) Dependency
3) Reduced Self-Management
4) Institutionalization
5) Reduced Quality of Life
6) Covert Behavior
7) Treatment Avoidance
8) Reactance Theory
9) Self-Determination Theory
10) Long-term Outcome Research

Deci, E. L., & Ryan, R. M. (2000).The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior.Psychological Inquiry, 11(4), 227–268.

The Rationale

- Public safety
- Risk management
- Victim protection

Observation #1

- Restrictions are often applied categorically

- Many restrictions appeared linked to:
  - Offense type
  - Court conditions
  - Agency policies
  - Supervision level
- Rather than:
  - Current functioning
  - Individualized risk factors
  - Demonstrated progress
  - Treatment gains

Observation #2

- Removal/fade criteria unclear
- Restrictions are often (not always) clearly defined:
  - Examples
    - No internet
    - Curfew
    - Contact restrictions
    - Monitoring
- Success is less clearly defined
  - How much progress is enough?
  - How long must success be maintained?
  - Who decides?
  - What data/proof support removal?

4) The defendant shall have no contact with minors, including but not limited to, in person, by telephone, electronic communications, or by mail. This restriction does not prevent the defendant from being in the presence of minors in public places while supervised by two program staff members. When directly supervised by two program staff members, the defendant may have appropriate contact with minors who are family members as long as the program staff members obtain the permission directly from the parent(s) and/or guardian(s) of those minors, and supervises the contact;

7) The defendant is prohibited from visiting adult bookstores or establishments where the primary function is the sale of pornographic materials.

Example:

- A treatment plan might specify:
  - "No Internet Access."
- But what is the pathway toward:
  - Limited internet access?
  - Supervised internet access?
  - Monitored internet access?
  - Independent internet access?
- Sometimes the answer was unclear
- This creates a significant challenge for treatment
- People are generally more motivated when they understand:
  - Expectations
  - Goals
  - Milestones
  - Reward for progress
- Without clearly defined restoration criteria, restrictions can begin to feel permanent
- When restrictions feel permanent, treatment engagement often suffers
  - Low skill acquisition, high dependency

Observation #3

- Restrictions sometimes outlived their purpose.

- The Original Risk may change
  - New skills acquired
  - Improved self-management
  - Stable community adjustment
  - Reduced dynamic risk factors

- Yet, restrictions sometimes remain unchanged

• • •

- Most restrictions are created for legitimate reasons
  - A significant risk exists
  - Action is necessary
  - The restriction may even work exactly as intended

- Imagine an individual who:
  - Completes treatment
  - Demonstrates insight
  - Maintains years of stability
  - Has no new incidents

- The individual was convicted for online sexual communications of a minor 5 years prior
  - The individual has been in a stable relationship for 3 years (when offended he was single)
  - Stable employment

- The restriction relates to interstate travel for work and he would like to take his girlfriend and biological child (age 2) to Cleveland, OH.

  - Is this restriction still necessary?

Food for thought…

- In reality, removal or reduction can be extremely uncomfortable
- Removing restrictions introduces uncertainty
- Keeping restrictions feels safer
- However, if restrictions remain after the original justification has disappeared, they may no longer be functioning as treatment
- They may simply be functioning as control

- Restrictions gradually become permanent not because data supports continuation, but because nobody actively reviews whether they remain necessary.

Risk, Needs, Responsivity (RNR)

- Restriction and Fade Planning based
- Example:
  - Risk
    - What is the individual's current level of risk?
      - Many of the dynamic risk factors contribute or mitigate
  - Need
    - What factors actually contribute to the risk?
      - Deviant sexual interests?
      - Isolation?
      - Impulsivity?
      - Poor self-regulation
  - Responsivity
    - How can restrictions and treatment be structured to promote success?
      - Monitoring software
      - Skills training
      - Accountability partners
      - Gradual access

Andrews, D. A., & Bonta, J. (2010). The Psychology of Criminal Conduct (5th ed.). New Providence, NJ: LexisNexis.

Michael

Background

- ❑ 34-year-old male
- ❑ Convicted of possession of CSAM
- ❑ Completed incarceration
- ❑ Participating in outpatient sex offender treatment
- ❑ Under community supervision

Current Restrictions

- ❑ No internet access
- ❑ No social media
- ❑ Smartphone prohibited
- ❑ Computer use prohibited without approval

Michael

Over the past 5 years

- ❑ No new charges
- ❑ No supervision violations
- ❑ Completed treatment phases
- ❑ Consistent employment
- ❑ Stable housing
- ❑ Positive reports from treatment providers

Current Challenge

- ❑ Michael's employer now requires:
  - ❑ Email communication
  - ❑ Online scheduling
  - ❑ EVV clock-in
  - ❑ Completion of web-based training modules
- ❑ Should these restrictions remain unchanged?

What Forensic Systems do well…

- ❑ Structure
- ❑ Accountability
- ❑ Risk awareness

What concerned me…

- Broad restrictions
- Less individualization
- Limited fading

Comparing the Two Systems

Same Goal

Both systems seek:

- ❑ Safety
- ❑ Community protection
- ❑ Better outcomes

IDD	Forensic
Individualized	Offense-Based
HRT Review	Court/Parole Conditions
Data-Based	Often Categorical

IDD Strengths

- Data
- Review
- Individualization

Forensic Strengths

- ❑ Risk management
- ❑ Accountability
- ❑ Structured supervision

Where RNR and HRT Model Overlap

HRT	RNR
Individualized Review	Individualized risk assessment
Objective data	Risk assessment data
Least restrictive alternative	Match intervention to risk
Fading plans	Reduce controls as risk decreases
Focus on growth	Focus on rehabilitation

Andrews, D. A., & Bonta, J. (2010). The Psychology of Criminal Conduct (5th ed.). New Providence, NJ: LexisNexis.

What RNR does NOT include

RNR tells us how much intervention someone should receive, but it doesn't recommend a formal process for reviewing each restriction or restoring rights

Where GLM and HRT Model Overlap

GLM	HRT
Build capabilities	Teach replacement skills
Increase autonomy	Restore rights
Focus on strengths	Focus on person-centered-planning
Long-Term quality of life	Least restrictive alternative

Ward, T. (2002). Good lives and the rehabilitation of sexual offenders: Promises and problems. Aggression and Violent Behavior, 7(5), 513–528.

How GLM and HRT differ

GLM focuses primarily on treatment philosophy, while HRTs provide a structured decision-making and oversight process

HRT	Containment
Protects individuals from unnecessary restrictions	Protects community from potential victimization
Reviews restrictions	Reviews risk and compliance
Focuses on individual rights	Focuses on public safety
Evaluates least restrictive alternatives	Evaluates supervision needs
Success= Increased autonomy with maintained safety	Success= Reduced recidivism and maintained safety

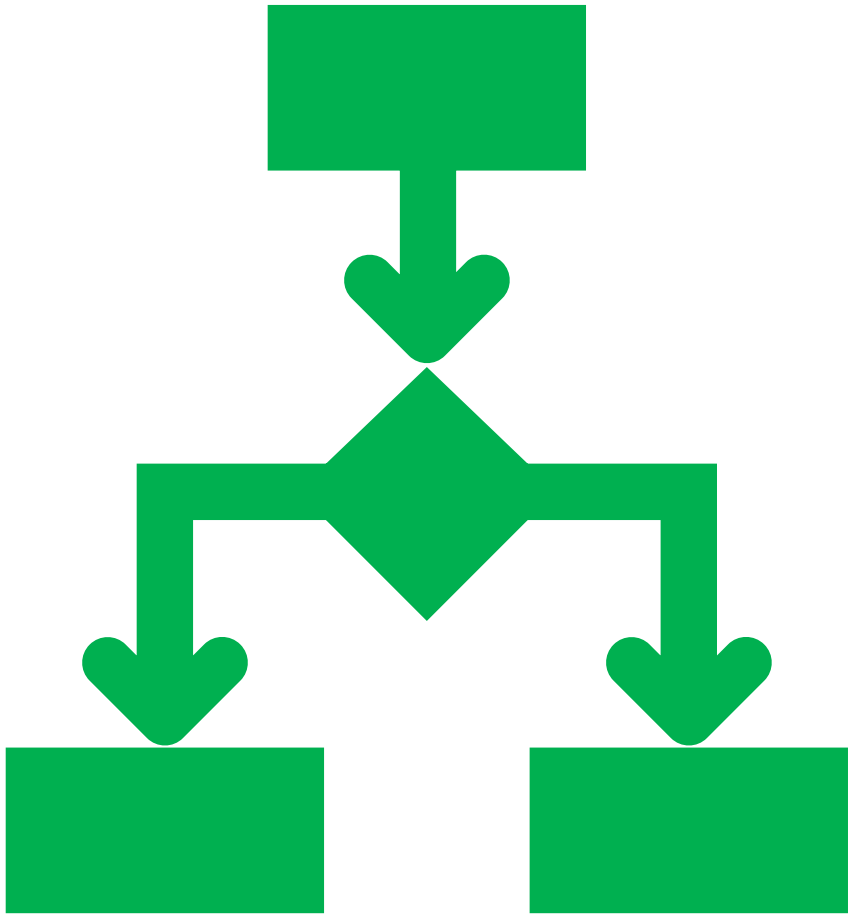
HRT vs. Containment

NOT OPPOSITES… FOCUS IS DIFFERENT

	HRT	Containment	RNR	GLM
Community Safety	*	***	***	**
Rights Protection	***	*	*	**
Individualization	***	*	***	***
Risk Assessment	*	***	***	*
Skill Development	**	*	**	***
Restriction Review	***	*	*	*
Fading of Restrictions	***	*	**	*
Quality of Life Focus	**	*	*	***

When comparing these models, none of them are actually in conflict with one another. They simply emphasize different aspects of the same problem.

What if we used the risk assessment strengths of RNR, the public safety focus of the Containment Model, the autonomy and capability-building focus of the Good Lives Model, and the accountability and review structure of Human Rights Teams?



A HRT Model for Forensic and High-Risk Services

Tony Ward and Astrid Birgden

Ward argues that:

- Individuals who have committed sexual offenses retain fundamental human rights
- Restrictions may be justified, but they should be necessary, proportionate, and tied to rehabilitation rather than punishment alone

Birgden argues that:

- Treatment should balance community protection with human rights and dignity, criticizing purely management-focused approaches

Ward, T., & Birgden, A. (2007). Human rights and correctional clinical practice. Aggression and Violent Behavior, 12(6), 628–643.

Mindset Shift

Not:

- “Can we restrict?”

Instead:

- “How do we justify restriction?”

Core Principles

1. Restrictions should be individualized
2. Restrictions should be data-driven
3. Restrictions should teach skills or at least create a safe environment until the skills are acquired
4. Restrictions should be temporary whenever possible
5. Restoration should be planned from Day One

Remember: Restrictions can be highly effective for immediate risk management, but they may be insufficient for long-term risk reduction if they do not lead to skill acquisition and self-regulation.

Deci, E. L., & Ryan, R. M. (2000).The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior.Psychological Inquiry, 11(4), 227–268.

Using HRTs with existing models

- Most treatment providers use elements of numerous treatment models, not just sticking to one particular model.
- Taking the best of each model, with the addition of internal restriction review and whether skill-building and fading has contributed to risk mitigation, may be an added element for success
- Restriction, Review, and Restoration Model?
  - Adding the elements of HRT

Existing Model	HRT Addition
RNR determines supervision intensity	HRT may determine whether individual restrictions remain justified
GLM teaches adaptive skills	HRT may determine when demonstrated skills justify restoring liberties
Containment monitors compliance	HRT may review whether restrictions should continue, fade, or end

In Summation

The proposed "Restriction, Review, and Restoration Model" is informed by the principles of Least Restrictive Alternative, Positive Behavior Support, Self-Determination Theory, and Risk-Need-Responsivity. Across these disciplines, a common theme emerges: restrictions may be necessary to address immediate risk, but long-term success requires the systematic acquisition of adaptive skills and the gradual restoration of autonomy based on objective evidence of progress (Andrews & Bonta, 2010; Carr et al., 2002; Deci & Ryan, 2000; Schalock et al., 2021).

Question...

If a restriction reduces risk today but increases dependency tomorrow, was it successful?