SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 140 – Management of Inappropriate Behavior

I. POLICY

It is the policy of Southern Highlands Community Mental Health Center to assure that inappropriate/challenging behavior manifested by a consumer is treated by the Center in the most appropriate, least restrictive fashion that honors consumer rights and dignity.

II. DISCUSSION

The management of inappropriate/challenging behaviors within the Center refers to efforts to modify maladaptive or problem behaviors and to replace them with behaviors that are adaptive and appropriate. Inappropriate/challenging behaviors are defined as consumer behavior that is disruptive to other consumers, clinic operations, the treatment process itself (such as persistent yelling, fighting, excessive vocalizations that deprive others from participation, temper tantrums, etc.) or behaviors that result in injuries to self or others and/or property destruction. An example within a group services environment is hostile behavior that disrupts the group to the extent that the purpose of the treatment is frustrated. An example of inappropriate behavior within the context of individual therapy may include any behavior which is hostile, such as persistent threats to the therapist or efforts to strike or otherwise harm the therapist. Behavior which is disruptive to the therapy process such as persistently leaving the treatment location, disrupting other consumers in the clinic, disrobing, etc. would also be included in this category.

III. PROCEDURE

A. POSITIVE BEHAVIOR SUPPORT

All behavioral interventions should closely adhere to the methodologies and philosophies set forth with Positive Behavior Support and / or Crisis Intervention Training curriculums. All consumers should be afforded the ability to act and speak in a manner that is of their own choice and preference. It is only when a behavior becomes harmful to themselves or other, interferes with their own or other consumer's treatment, serves to isolate the consumer or otherwise has a serious and negative effect to themselves, those around them or the environment in which the behavior may be occurring, that steps may be taken to modify the said behavior. With any serious maladaptive or inappropriate behavior, a thorough Functional Behavior Assessment must be completed by a qualified staff person. Once the FBA has been completed, the following principles must be followed when addressing the behavior(s):

1. All interventions must be least restrictive in nature. This can include but is not limited to restructuring the environment, providing verbal redirection / instruction and retraining of staff. Modifying the Antecedent of a behavior will often result in the decrease in the targeted behavior and an increase in more appropriate behavior. When interventions become more restrictive there must be clear documentation that lesser restrictive measures were tried and were unsuccessful.

2. It is our goal that all interventions should be free from aversive or punitive methodologies. If a restrictive or protective method must be used there must be prior approval from the Interdisciplinary Team (IDT) as well as the Human Rights Committee (HRC). All attempts must be made to teach appropriate behaviors that will serve to address the function of the behavior and not simply the form the behavior takes as is the case with Behavior Management Methodologies.

3. Only in matters of safety may a consumer be removed from a program area due to behavior concerns. This method will only be used to allow a consumer regain composure; however, staff must monitor the consumer when allowed to access this alternative, which is not to be any form of isolation. The staff must make every effort to reintegrate the consumer back into their regular environment once composure is regained.

4. Inappropriate behaviors that exhibit on chronic basis (be it daily, weekly, etc.) must be addressed with a Positive Behavior Support Plan (BSP).

5. All relevant staff are to be thoroughly trained on all aspects of the BSP.

6. Staff will not deviate from the methods and instruction laid out in the BSP.

7. All BSP's must be presented and approved by the Human Rights Committee initially and a minimum of yearly but more frequently as recommended by the committee.

8. Formal Behavior Support Programming should take ~~the~~ place as one of the following forms:

    a. Behavior Guideline
    b. Behavior Protocol
    c. Behavior Support Plan

9. The development of a Behavior Support Plan must follow the process stated below:

a. Gathering of information / completion of the Functional Behavior Assessment
b. Development of the Behavior Support Plan
c. Human Rights Committee approval
d. Training of staff
e. Evaluation of effectiveness of plan – reviewing data, modifying plan, etc , must take place monthly at a minimum.

10. Documentation of inappropriate behavior shall take place through the following methods:

    a. All inappropriate behaviors should be documented according to Policy 176 Adverse Incidents.
    b. Completion of data collection forms as part of a BSP
    c. As part of the completion of routine progress notes written by Behavior Support Professional, Case Managers and other relevant staff.

11. All Behavior Support Plans may not be implemented without obtaining informed consent of the consumer and legal guardian if guardian is appointed as well as documented IDT approval which should be included in the BSP.

12. When food is used as a positive reinforcer, the effect on nutrition and dental status shall be considered.

    a. Cigarettes or other tobacco products that may be deleterious to health shall not be used as rewards / positive reinforcers.
    b. Food constituting the make up of the normal three nutritional meals per day and normally scheduled snacks may not be included as reinforcers and should never be withheld. This can include things like soft drinks that a consumer may normally bring to ADS.

13. Consumers shall not discipline other consumers except as a part of an organized self-government program that is conducted in accordance with written policy.

14. A consumer may not be removed (discharged) from a treatment program for behavioral reasons unless they have demonstrated a chronic danger to themselves / other, and/or the overall operation of the program is being adversely affected by the inappropriate behavior or there are continued safety issues that have failed to improve through the use of PBS.

15. Most inappropriate behaviors can be dealt with successfully through appropriate use of the previous procedures. Few behaviors will require a physical intervention. Southern Highlands Community Mental Health Center only recognizes techniques taught in Crisis Intervention Training. These are safe, non-harmful disengagement and/or holding techniques used to control an individual until he or she can regain control of his or her behavior. These techniques should be utilized as a last resort, when an individual presents a danger to self or others.

16. It is the intent that all behavioral interventions follow the above prescribed process. In situations where the immediate health and safety the consumers and/or those around them are at risk, the BSP will be put into place immediately, a temporary protocol / safety plan providing instructions and a safety plan for staff to follow. This will provide them instruction on how to address the issue before a formal FBA and BSP can be developed and implemented. This period of time shall not exceed 90 days but every effort should be made to complete the process as soon as possible.

B. NONVIOLENT CRISIS INTERVENTION

It is the policy of this Center that physical intervention of consumers can only be used **as a last resort** when a person is considered a danger to themselves or others. This danger would include self-injurious behavior, physical aggression toward consumers or staff or actions that constitute imminent danger. Examples of imminent danger include: a consumer walking in front of moving traffic; sitting in the middle of a busy street; trying to drink a poisonous substance, etc.

Aggression or hostility is exhibited either verbally or physically. These two types of "acting out" behaviors often are misinterpreted by staff and this can lead to inappropriate responses. The general guideline to follow is when a person is verbally acting out, staff should verbally intervene. If a person is physically acting out, staff should intervene using nonviolent physical crisis intervention techniques.

The fundamental premise of this hierarchy of intervention is that behavior escalation does not occur by itself. People don't "act out" in a vacuum. The staff person who intervenes with a potentially violent person must realize that staff behavior has a tremendous impact on the individual. In many cases, the subsequent escalation or diffusion of a consumer's behavior may depend entirely on how staff reacts.

C. CRISIS DEVELOPMENT MODEL

It is helpful for staff to develop rapport and to know their consumers. Any change or increase in behavior can signal to staff that the consumer is experiencing anxiety over some issue. Staff need to respond to consumers who are showing anxiety in a

supportive manner – in trying to help find out what is bothering them and to help meet their immediate needs. A lot of times if staff intervene early at this behavior, crisis can be diverted.

Consumers may escalate their behavior from being anxious to becoming defensive. At this behavior level, the consumer is starting to lose rationality and control. However, it usually involves only verbal escalation.

Verbal escalation usually, but not always, occurs in a continuum. The following stages of verbal aggression with recommended staff responses are taken from Physical Intervention training.

Verbal Aggression Intervention Hierarchy

Consumer Stages	Staff Response
1. Questioning Stage – Two Types a. Information Seeking – Legitimate Questions b. Challenge – Manipulative-Personal Questions	1. a. Provide legitimate answers b. Help person refocus on issue.
2. Refusal State Consumer states they are not going to do something. High level of anxiety.	2. Staff should set limits, provide choices (positive choice first), state consequences. Avoid power struggles.
3. Release Stage Consumer has verbal "explosion." Loud, yelling.	3. Let them vent. Try to isolate behavior. If consumer will not leave area, ask "audience" to leave. Rational detachment, do not take statements personally.
4. Intimidation Stage Consumer is out of control, screaming and making threats of physical harm toward self or others.	4. Take threats serious. Isolate person if possible. Get assistance. Formulate Plan of Action: a. Follow policies b. Check environment for hazards c. Direct team response
5. Tension Reduction This is the time consumer starts to regain control.	5. Therapeutic rapport. Talk with the person and explain alternatives to their behavior.

Physical Aggression Intervention Hierarchy

Nonviolent physical intervention can only be used as a **last resort**. This is the point where all verbal interventions have failed. The person will not respond to reason and is presenting a danger to self, staff or other people in the area.

Physical intervention should be avoided for several reasons. There are legal implications of physically restraining someone. Also, physical intervention can be dangerous to the individual and staff. However, physical intervention should not be used until it is absolutely necessary because staff run the risk of escalating a situation which might have been defused through verbal means.

It must be emphasized that only non-injurious physical intervention techniques may be utilized. This affords the consumer the ultimate care and welfare by initiating physical control for their own safety. Physical intervention is never used as a punitive measure for consumer actions.

Physical aggression is expressed in forms, a strike and/or a grab. A strike is defined as any weapon hitting any target. An example would be a punch with the fist being the weapon and a person being the target. A grab is simply a strike that holds on. An example of this would be a pinch.

The hierarchy of physical aggression intervention is as follows:

Consumer Action	Staff Response
1. Strike – Hitting, punching	1. Block the weapon. 2. Move out of the way. 3. Move other consumers to safety. 4. Call for assistance.
2. Grab – Pinching, choking	1. Use psychological advantages of distraction or element of surprise. 2. Use physiological advantages of: a. Identify weak points b. Gain leverage c. Gain momentum 3. If alone, use personal safety techniques if needed as taught in Physical Intervention training. 4. Call for assistance. 5. In team response, use Team Control Position as taught in Physical Intervention training. 6. Move other consumers to safety.

3. Aggression toward others	1. If alone, staff should use personal safety techniques if needed. 2. Call for assistance. 3. In team response, use Team Control Position. 4. Move other consumers to safety.
4. Self-injurious behavior – cutting self, ingesting toxic substances.	1. Call for assistance. 2. In team response, use Team Control Position. 3. Move other consumers to safety.

Team Intervention For Physically Aggressive Individuals

1. A team response to any crisis situation is always recommended. This method of intervening with physically aggressive individuals provides for the safety of both staff and consumers. The team response also allows for professionalism as staff can more easily rationally detach from the behavior, not personalize the attack, as more than one person is involved. Finally, a team response provides more expertise with checks and balances. In any team response, a team leader evolves. This leader may be the first person on the scene, the individual with the most confidence and competence to handle the situation or the staff person that knows the consumer in crisis.

2. The team leader in any crisis response situation should perform the five (5) following duties:

    a. Assess situation – gather information

    b. Plan intervention – formulate strategy

    c. Direct the intervention – communicate with the team and assure each member is doing what is expected.

    d. Communicate with the consumer – only the team leader should talk to the consumer during the crisis, unless team leader delegates this duty to another team member.

    e. Follow-up – assure consumer and staff are not injured. Complete all required documentation. Notify all individuals that need to be aware of the incident. Debrief using postvention model.

    The purpose of this hierarchy of physical intervention is to emphasize that the primary responsibility of staff is the care, welfare, safety and security of our consumers. Physical intervention is only allowed when all verbal intervention techniques have been exhausted and when the consumer in crisis presents a danger to self or others. Even when physical intervention is employed, it must

be used in a manner that reduces the risk of injury to both consumers and staff with allowance for the person to calm down at their own pace.

3. Each facility operated by this organization will have a Crisis Response Team, with the exception of residential programs (including group homes, CPST, and residential SUD where all staff are trained in Physical Intervention techniques. This team will be appointed by the Chief Executive Officer in Princeton and the Clinic Administrators in Welch and Mullens. The teams will be composed of no less than five (5) individuals including alternates to assure coverage for staff absences.

4. This team will all be certified in the Physical Intervention Training.

5. When a staff person sees or is confronted by an individual out of control threatening or posing physical harm, call the front desk and have the operator page **"Doctor Strong"** and give location. The term **"Doctor Strong"** will notify staff of a potentially dangerous situation involving aggressive behavior. The location will give the crisis team the target area for their response. An example of an announcement initiating the Crisis Response Team is, **"Doctor Strong, please come to the lobby."** When Doctor Strong is paged, this should indicate to our receptionist staff that a crisis situation is occurring. They in turn will immediately contact supervisors who will then clear the lobby or other facility areas for safety. If police need to be called, staff involved in the situation will make the call or delegate another staff person to do so. Supervisory staff needs also to be informed that the police have been called. When Doctor Strong is called, staff not involved in the situation need to exercise caution and if possible remain in their offices with their doors closed. Staff should not be in the area observing if they are not directly involved with the consumer.

6. Other staff that are required to take Crisis Intervention training include: management and supervisory staff, nurses, clinical**,** and Waiver staff. These staff are required to complete the Crisis Intervention Training upon employment. For administrative staff, the course is lessened to exclude skills such as the physical intervention techniques.

D. DEBRIEFING USING POSTVENTION MODEL

After a consumer has acted out physically, they will eventually experience a drop in physical and emotional energy called tension reduction. Staff should intervene with Therapeutic Rapport. This means that staff are nonjudgmental and empathic with the consumer so that a debriefing can occur. The debriefing process, or postvention provides an opportunity to work toward change and growth for individuals who have acted out, as well as for staff members. The postvention process will deter crisis from occurring over and over again.

The postvention model is as follows:

CONTROL (Both Consumer and Staff)

Make sure that both staff and the person who acted out are back under emotional and physical control before the incident is discussed.

ORIENT

Consumer: Orient yourself to the basic facts. What happened? Be nonjudgmental; listen to the perspective of the individual who acted out.

Staff: Then, get the perspective of the different members of the team.

PATTERNS

Consumer: Look for a pattern of past behavior and what triggers the behavior.

Staff: Review the staff response to crisis situations. Are there patterns in the way the team responds? How was the team summoned to the scene? Did everyone know who the team leader was? Did staff members do anything that may have escalated the acting out individual? Was the best possible care, welfare, safety, and security provided to all who were involved?

INVESTIGATE

Consumer: Investigate alternatives to the inappropriate behavior and resources that could be helpful in making behavioral changes.

Staff: Look for ways to strengthen individual and team responses to crisis situations. Explore ways to prevent similar situations in the future. Identify resources that may be helpful for staff members. Is there a need to review and/or practice portions of their Nonviolent Crisis Intervention training? If the crisis was traumatic, are staff members in need of further debriefing with a trained counselor?

NEGOTIATE

Consumer: Negotiate a contract with the acting out individual. Make sure that the person understands what he/she can do instead of displaying inappropriate behavior. Include consequences for positive and negative behavior in your contract.

Staff: Agree to changes that will improve future interventions.

GIVE

Consumer: Return control to the person who acted out. Give back the responsibility to control his or her own behavior, along with your support and encouragement. By giving the person respect and treating him or her with dignity, this can be a time to build rapport and strengthen your relationship with the individual.

Staff: Provide one another with support and encouragement. Express trust and confidence in fellow team members.

Any time physical intervention is used, it must be documented on an Adverse Incident Report form (SH-103). If the physical intervention has not been approved by the Human Rights Committee, then it will be logged as a critical incident. It will be the discretion of the Chief Executive Officer **or designee,** to decide whether or not an investigation needs to occur to determine if the proper techniques were utilized.