Behavior Intervention

701 Series: Community Services Policies & Procedures
Home

POLICY

EPI emphasizes prevention, intervention and non-physical methods for managing interfering behavior. EPI provides training to staff using various curriculums to afford staff the tools needed to build relationships and intervene before crisis becomes dangerous.

Written procedures will specifically address, but not limited to, the following:

1. Hierarchy of Behavior Interventions
2. Process for Behavior Interventions

Applies To:

- All Community Service Staff

Effective Dates:

- Board approved: June 2018
- Policy updates: June 2018
- Procedure updates (latest): July 2019, August 2020

Regulation:

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Related:

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PROCEDURE

Interfering behaviors do not happen repeatedly without good reason; these behaviors serve a purpose for persons served. Interfering behaviors are communicative in nature, allowing persons served to achieve a particular outcome, including escape and avoidance or to obtain something desired. However, there are times when interfering behaviors may be the direct result of a medical or psychiatric concern.

A crisis can be defined as a moment in time when a person served loses rational and at times even physical control over his or her own behavior. This can be very challenging and anxiety-producing for those responsible for intervening. Due to the chaotic and unpredictable nature of crisis, it is vital for staff to remain calm and proceed with a plan. In order to attend to the relational aspects of behavior that often prevent interfering behaviors, EPI provides training to staff using Positive Behavior Supports and Crisis Prevention Institute curriculum to afford staff the tools needed build relationships and intervene before crisis becomes dangerous.

PROCEDURE - Hierarchy of Behavior Interventions:

1. Be empathic. Try not to judge or discount the feelings of others. Whether or not you think their feelings are justified, those feelings are real to the other person. Pay attention to them.
2. Clarify messages. Listen for the person's real message. What are the feelings behind the facts? Ask reflective questions and use both silence and restatements.
3. Respect personal space. Stand at least 1.5 to 3 feet from an acting-out person. Invading personal space tends to increase the individual's anxiety and may lead to acting-out behavior.

4. Be aware of your body position. Standing eye-to-eye and toe-to-toe with a person in your charge sends a challenging message. Standing one leg-length away and at an angle off to the side is less likely to escalate the individual.
5. Ignore challenging questions. When a person in your charge challenges your authority or a facility policy, redirect the individual's attention to the issue at hand. Answering challenging questions often results in a power struggle.
6. Permit verbal venting when possible. Allow the individual to release as much energy as possible by venting verbally. If you cannot allow this, state directives and reasonable limits during lulls in the venting process.
7. Set and enforce reasonable limits. If the person becomes belligerent, defensive, or disruptive, state limits and directives clearly and concisely. When setting limits, offer choices and consequences to the acting-out individual.
8. Keep your nonverbal cues nonthreatening. The more a person served loses control, the less he or she will be able listen to your actual words. More attention is paid to your nonverbal communication. Be aware of your gestures, facial expressions, movements, and tone of voice.

PROCEDURE - Process for Behavior Interventions

1. All Community Support staff will be trained on CPI (Crisis Prevention) responsive strategies to provide the best care, welfare, safety and security to persons served and staff:
    - Staff are trained within 6 months of hire date and annually thereafter unless increased frequency is deemed appropriate and necessary by supervisory staff.
2. A referral to the CPI team may be made when current intervention strategies are no longer effective. A referral may also be initiated if a pattern of incidents is identified for a person served using the Incident Report tracking and trending process.
    - The Program Manager initiates process by contacting the CPI team
    - Two or more members of the CPI team are assigned to perform the behavior analysis.
    - The whole team (CPI team, staff, supervisors and person served whenever possible) contributes to completion of the behavior analysis to determine the cause of interfering behavior and potential options for overcoming and/or replacing said behavior. From the behavior analysis, the CPI team provides written options and appropriate training for intervening with the interfering behavior
    - The whole team re-evaluates intervention strategies at established intervals to assess progress. All documentation regarding previous attempts/strategies to redirect the targeted behavior prior to the development of a behavioral plan will be gathered and analyzed. Should the team determine a Behavior Intervention Plan is necessary; the Program Director will be included in the process
3. The team, guided by the Program Director, will be responsible to develop the Behavior Intervention Plan. There will be some occurrences where outside sources in conjunction with EPI will develop the Behavior Intervention Plan in collaboration.
    - Behavior interventions such as corporal punishment, denial of requisite human needs, and use of restraint or medications as punishment,

aversive or noxious stimulation, seclusion, and verbal and/or physical abuse of persons served are prohibited. Group self-governance programs and house rules which include disciplinary and restrictive procedures are prohibited. Persons served should not discipline other persons served. Behavior intervention plans must be individualized and standing or as needed procedures to respond to problem behaviors are not permitted.

- Behavior interventions for responding to problem behaviors are not used in the absence of a problem behavior, for retribution, the convenience of staff, as a consequence for a lack of staff, or in the absence of nonadversive programing or positive teaching methods. The use of less restrictive and positive interventions must be systemically tried and demonstrated to be ineffective prior to the use of more restrictive procedures. Staff must treat individuals we serve with dignity, respect, and consideration at all times.
- Behavior interventions should not employ, or result in, denial of a nutritionally adequate diet. Edibles and fluids may be utilized as a positive reinforcer to shape a particular positive behavior, but should be evaluated in light of the person's nutritional status and faded when positive behaviors increase. Behavior interventions to respond to problem behaviors must be employed with sufficient safeguards and supervision to ensure the health, safety, welfare, and human rights of persons served are protected.
- Behavior intervention plans should emphasize the development of desirable and adaptive behaviors, rather than merely the elimination or suppression of problem behaviors. Behavior plans will reflect evaluation and decision making by the team, including the legally responsible person and person served, and others, as the person or legally responsible person feel should participate.

4. Any restrictive behavior interventions and procedures must be incorporated into the Behavior Intervention Plan with written informed consent of the legally responsible party. Verbal informed consent may be secured when immediate action is needed to implement a physician's order or new or revised behavior intervention plan; however, the legally responsible person must consent in writing as soon as possible. The informed consent will be maintained in the person's master file.
5. The Human Rights Committee must approve the use of restrictive behavior interventions and procedures. Verbal approval may be secured when immediate action is needed to implement a physician's order or new or revised behavior plan; however, the Human Rights Committee must approve the restrictive procedures in writing at the next available meeting.
    - All behavior intervention plans will only include the targeted behavior to be reduced or eliminated, baseline measurement of targeted behavior, reasonable intervention of targeted behavior that will lead to positive alternative behavior, reinforcements for positive behaviors, and person(s) responsible for implementation of the behavioral plan.
    - All staff persons involved in the initial and ongoing implementation of the Behavior Intervention Plan will be trained prior to implementation. Staff attendance at trainings will be documented by signature.
6. The Program Manager will, on a monthly basis, review data as it relates to progress or lack thereof with all behavior intervention plans. Based on the results of this review, the team may revise the behavior intervention plan. Progress notes will be maintained on the behavior intervention plan review. The interdisciplinary team will meet at least quarterly to discuss the progress made using the interventions identified by the Behavior Intervention Plan.
7. All behavior intervention plans authorizing the use of restrictive interventions and procedures automatically expire 12 months from the date of consent from the legally responsible party and approval by the Human Rights

Committee. At this time, the legally responsible party must again provide consent and the Human Rights Committee must reapprove the plan as noted within Procedures Four and Five. Ideally, this will occur at the time of the annual ISP.