

POLICY:

This program believes in the principle of respect, dignity and worth of each individual and that all actions towards any person must demonstrate respect for him/her as a human being.

It is the program's intent to create a positive and flexible living atmosphere for individuals and staff. This involves the creation of an environment which does not create conflict or socially unacceptable or dependent behaviors. Efforts will be focused on maintaining an environment where persons can be individuals and are allowed to make their own choices. Understanding--appropriate responding to--individual feelings and needs for control/choice will be subjects for training and continued review for both staff and individuals. Behaviors will be "managed" only if it is absolutely necessary to prevent injury to self or others or to avoid extreme social dysfunction/isolation.

The program further believes that before any behavior is "managed," except in an emergency situation, it is the program's responsibility to seek the communicative function of the behavior. What is the individual trying to convey by the behavior? Is the behavior communicating a desire for more choice or control in the life of the individual? Is a biting behavior communicating dental pain? Are there environmental conditions, within the home or the community, that are contributing to a perceived inappropriate behavior? Are there medical or dental conditions that are contributing? And finally, is it truly a behavior that needs change or is it an annoyance to staff, or a non-dysfunctional idiosyncrasy of the individual?

PROCEDURE:

Informal - Positive

If, after a careful analysis of the behavior including:

- The frequency of the behavior
- Consideration of medical/dental causes
- Consideration of environmental causes
- The message the behavior is trying to convey
- Conditions that precede the behavior

- What appears to reinforce the behavior or maintain it

It is determined that there is truly a behavior that needs alteration, then every effort will be made to informally assist the person to effectively manage stressful situations and circumstances.

The following are examples of informal methods that may be utilized:

1. Ongoing informal review of constructive means for self-assertion and conflict resolution (e.g., through role play, participation in setting rules, defining staff/individual roles, etc.)
2. "Talking through" incidents to determine whether a genuine problem exists and if it belongs to the individual or to his/her support system. Third-party review and facilitation may be employed to keep perspective fresh. The involvement of members of the individual's personal support network (e.g., family, friends, guardian) will be encouraged.
3. Redirection which involves assisting the person in changing their focus from what they were previously doing or involved in.
4. Modeling which involves having the individual imitate a particular behavior.
5. Positive reinforcement of appropriate behavior and non-response to an inappropriate behavior if it has been determined that ignoring the behavior is an appropriate response. In some situations ignoring is not an acceptable response.
6. Shaping which involves encouraging small changes in the individual's response that will ultimately lead to the most desired response.

While the recording requirements for informal approaches are not as extensive as those for formal programs, it is expected that staff will maintain Incident Reports, case notes, written summaries, etc. This ensures a good basis for planning recommendations and for ISP consideration if formal programming should be necessary at a later date.

Formal - Positive

If the behavior(s) continue to impair an individual's ability to effectively integrate into their home or community, to handle him/herself in a safe manner, or to interact safely with his/her peers, all informal interventions will be summarized. This will include an analysis of the degree of success and reasons for lack of success.

Every effort must be made to isolate the true problem to succeed. A formal behavior management program may then be developed using this information. The individual as part of the ISP Team must be involved in reviewing baseline information including re-examination of the analysis of the behavior(s) and developing the program, as well as approving the program itself prior to initiation.

The following are examples of formal methods that may be utilized alone or in combination with other methods:

1. Shaping (see informal methods).
2. Modeling (see informal methods).
3. Positive reinforcement of appropriate behavior and non-response to inappropriate behavior. The program will ensure that the appropriate behavior is either in the person's current repertoire or is acquired. Opportunities for positive reinforcement will be built into the program at a frequency greater than the frequency of the inappropriate behavior.
4. Token economy which involves symbolic reinforcers (points, checks, chips) that are exchanged for more tangible reinforcers/rewards.

NOTE: If money is used as a reinforcer it cannot be the individual's money that is used, but rather, must be funds from some other source.

5. Contingency contracting which involves the person making a commitment to accepting responsibility for his/her behavior.
6. Desensitization which involves lessening fears of performing a specific task (e.g., learning how to go down a fire escape or use a step stool).
7. The use of a break or pause in activity (i.e., allowing the person to remove themselves from an escalating situation, perhaps taking a walk to calm down).
8. Positive instructional sets which assist individuals in making transitions from one task or environment to another. Presentation of instructional sets involve the presentation of small acquired tasks that the person enjoys performing paired with verbal reinforcement.
9. Professional therapy for the individual (which may also involve members of his/her personal support network).

Psychotropics

The program views the use of psychotropic or other behavior-modifying medication as a sophisticated and complex intervention. The individual and the ISP Team will be aware of the reason the medication is prescribed, will plan for this therapy to meet a specific need indicated on the ISP, will pair this therapy with informal or formal methods listed above whenever appropriate. The appropriateness/effectiveness of this intervention will be reviewed at intervals (no less often than semiannually) to determine the continued need and/or lowest effective dosage.

Medications for use in behavior management shall be used only if it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the medication.

Formal - Positive with Contingencies

NOTE: No individual shall be required to pay for repairs necessary as a result of his/her behavior unless it has already been agreed to as part of an approved behavior management program.

If reasonable and documented efforts to remedy a specific behavior have been unsuccessful through the above procedures, the ISP Team may consider the use of aversive consequences paired with positive interventions to develop a functional alternative behavior. If an aversive consequence is to be used, the least intrusive option will be selected. The program will be specific to the individual, will be time-limited, will be approved by the ISP Team, and will be in particular consented to by the individual or his/her guardian. It will be evaluated monthly to determine the progress and effectiveness of the program. If an individual cannot provide informed consent and has no guardian, the ISP Team will review the need for an external review (such as a Human Rights Committee) of a proposed program prior to implementation.

Possible aversive options will not be listed here; each program must be individualized and a "menu" approach for planners to sample informally is not this program's intent.

However, this program will not use or condone the use of the following:

1. Physical punishment and/or abuse;
2. Seclusion in a locked room or time out;
3. Ridicule, coercion, threats or humiliation directed towards individuals;
4. Withholding of shelter, meals, clothing or aids to physical functioning;
5. Punishment of one individual by another; or
6. The use of chemical (see section on psychotropics) or mechanical restraints (see Physical Restraint Policy) except as ordered by a physician in response to a temporary and specific need while awaiting medical assistance.

Exceptions (excluding items cited above as prohibited) to this policy may be made on an individualized emergency basis based on the needs of the individual with the involvement and agreement of the Case Manager, the guardian, if applicable, and the Program Administrator. Individuals and families will be notified of changes in behavior intervention policies as they occur.

Approved by: _____ Date: _____
Jon Cooper, Director