Procedure No. 2-6-14 Revised: 04-26-24
Replaces Procedure No. 2-6-14 Issued: 06-09-98

SUBJECT: Behavioral Support Strategies and Procedures for Woodhaven Consumers

PURPOSE: To set forth guidelines to be followed in the delivery of behavioral supports and to carry out the mandate of Habilitation Services Policy No. 2.

The Missouri Department of Mental Health, Division of Developmental Disabilities has developed 9 CSR 45-3.090, hereby adopted as the procedures and guidelines for Woodhaven personnel in the area of behavioral support. The concepts from this document are summarized in this procedure.

These procedures are incorporated into new employee orientation section on positive behavioral intervention or Non-violent Crisis Intervention (NCI) and updated annually for all service delivery personnel.

Positive Behavioral Support is a process for designing individualized behavioral interventions and strategies based on understanding the relationship between the person's behavior and aspects of the person's environment. The overriding goal of PBS is to enhance the quality of life for individuals in their homes and the community settings. The emphasis is on increased self-control, independence, community relationships, values and meaningful relationships and self-determination. Individuals are assured the right of privacy, respect, and freedom from coercion and restraint as stated in DMH 9 CSR 45-5.010(3)(C)2E

Staff are trained to enhance their relationship with the individuals supported and to pivot from undesirable behaviors.

Our increased focus on dignity and respect for the person, understanding and supporting the person's effort, their vision of a worth-while life and better understanding the communicative value of behavior are an important component of our person-centered planning and should minimize the need for Reactive Strategies or Safety Crisis Plan. A reactive strategy is the use of an immediate and short term procedure that is necessary to address dangerous situations related to behaviors that place a person at risk.

However, there are instances when a Reactive Strategy must be developed due to on-going, consistent, problematic behaviors. It is important that staff understand that behavior is a form of communication and it serves a function for the individual and that function needs to be met through replacement behaviors. Staff must understand that it is unlikely that problematic behaviors will be completely eliminated. Staff should strive to reduce the frequency of problematic behaviors and teach the person supported replacement behaviors.

The ISP team will convene a meeting in order to develop a reactive strategy. Before the team begins to design a plan to change a person's supported behavior they must carefully evaluate the situation. The team must recognize that just because staff sometimes have the power to change a situation it does not mean that staff have the right to do so. It is essential that staff understand Woodhaven's procedure regarding rights restrictions. Behavioral techniques are intrusive. The team should be prepared to answer the following questions.

- Does the behavior present an imminent danger to the person supported or to others?-If the person is doing harm to self or others, or at imminent risk of such we have an obligation to intervene in some way.
- Is the behavior intolerable or just really annoying? Is it so bad, difficult or painful that it cannot be endured?

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The first step in determining if a Reactive Strategy is needed is ruling out all other potential problems. There are times when a problem behavior is a result of a medical, environmental or psychiatric condition or the side effect of a medication. Attempting to use a behavioral intervention alone in such a situation would be ineffective and possibly harmful. It is important that we rule out these issues before implementing a behavioral plan.

When developing a reactive strategy, the team will identify triggers, preventative strategies and barriers to using least restrictive strategies. The team will also consider the need for a functional behavior assessment and development of a formal behavior support plan.

A Behavioral Support Plan (BSP) must be developed by a licensed behavioral service provider in collaboration with the individual's team. The techniques included within the plan must be based on a functional assessment of targeted behaviors.

A safety crisis plan must be developed after the first use of a reactive strategy (see attached template).

Whenever Support Strategies are developed the ISP team will ensure that there is informed consent from either the person supported or their guardian. The consent should be documented on the signature page of the plan. All staff implementing a BSP or Reactive Strategy will be trained regarding the appropriate techniques to implement the plan. This documentation will be maintained in the home. It is very important that the team take accurate data.

Any individual meeting the reactive strategy threshold for two consecutive quarters shall be referred to the Regional Behavior Support Review Committee for consultation. If an individual meets the reactive strategy threshold for three or more quarters in a two year period, the planning team shall request behavioral services.

The attached document details what needs to be included within a rights restriction positive support plan.

Restriction of Rights

Restriction of rights is occasionally necessary to ensure the health, welfare, safety and security of the person supported. Restriction of rights strategies are only to be used as a last resort. There must be clear documentation in the plan indicating other strategies that have been attempted prior to limiting a right. When a plan has a rights restriction, it is reviewed by the Director of Programs and Quality Assurance Director internally and the Due Process Committee externally by Woodhaven's funding source, Central Missouri Regional Office. Rights restrictions are reviewed by the committee to ensure that rights restriction is appropriate, all other less intrusive methods have been attempted and that rights are restored in an appropriate and timely manner. An individual's rights may not be restricted by targeted case management or community-based services in any way without due process. Additionally, the core ISP team

reviews the rights restrictions on a monthly basis to ensure that the restriction remains necessary. If the restriction is approved, the individual will be notified by the Service Coordinator and service provider at the time of approval and the limitations will be explained in full to the individual and guardian to the extent they can understand. The individual has the right to appeal any restriction at any time by reaching out to their Service Coordinator to initiate the appeal process. All documentation regarding the rights restriction from the Due Process Committee will be kept in the individual's personal file along with their current ISP plan.

Woodhaven Rights Committee will review any rights restriction for private pay individuals. This committee is comprised of the Director of Programs, the Quality Assurance Director and the

Program Manager of the Positive Support Program. They will review any rights restriction to ensure that the restriction is appropriate, all other less intrusive methods have been attempted and the rights are restored in a timely manner. Additionally, the core ISP team reviews the rights restrictions on a monthly basis to ensure that the restriction remains necessary.

Any modification or restriction of a "right" must meet the following requirements:

- Specific assessed need and justified
- Positive interventions & supports used prior to modifications
- Less intrusive methods tried but did not work
- Clear description of the condition that is directly proportionate to the specific assessed need.
- Regular collection and review of data to measure on-going effectiveness
- Informed consent of individual supported
- Assurance that interventions and supports will cause no harm to individual supported
- A plan for working toward reinstating the restriction over time
- External advocate and right to participate in process

The following are unauthorized behavioral interventions/restraints/ techniques that are prohibited by the Department of Mental Health and Woodhaven:

1. Any techniques that interfere with breathing or any strategy in which a pillow, blanket, or other item is used to cover the individual's face.
2. Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object;
3. Restraints which involve staff lying/sitting on top of a person;
4. Restraints that use the hyperextension of joints;
5. Any technique or modification of a technique which has not been approved by the Division, and/or for which the person implementing has not received Division-approved training;
6. Mechanical restraints are prohibited from use in Home and community based settings;

7. Any strategy that may exacerbate a known medical or physical condition, or endanger the individual's life or is otherwise contraindicated for the individual by medical or professional evaluation:
8. Use of any reactive strategy or restrictive intervention on a "PRN" or "as required" basis. Identification of safe procedures for use during a crisis, in an individual's safety crisis plan, is not considered approval for a restraint procedure on an as needed basis;
9. Seclusion – Placement of a person alone in a locked or secured room or area which the person cannot leave at will, can only be utilized as part of an approve Behavior Support Plan. The use of seclusion time-out requires ongoing services from a Licensed Behavioral Service Provider and prior review and approval by the Regional Behavior Support Review Committee.
10. Standing orders for use of restraint procedures – unless part of a comprehensive safety crisis plan that delineates prevention, de-escalation and least restrictive procedures to attempt prior to use of restraint;
11. Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services;
12. Use of law enforcement or emergency departments cannot be incorporated into individual support plans or behavior support plans as "PRN" procedures or as contingencies to eliminate or reduce problem behaviors;
13. Reactive strategy techniques administered by other individuals who are being supported by the agency;
14. Corporal punishment or use of aversive conditioning – Applying painful stimuli as a penalty for certain behavior, or as a behavior modification technique;
15. Overcorrection strategies – Requiring the performance of repetitive behavior as a consequence of undesirable behavior designed to produce a reduction of the frequency of the behavior;
16. Placing persons in totally enclosed cribs or barred enclosures other than cribs;
17. Any treatment, procedure, technique or process prohibited by federal or state statute.

Emergency Strategies

When an individual is at imminent risk of physically harming themselves or other, it is considered an emergency situation. Emergency situations are not teaching moments. They require immediate intervention to protect individuals from engaging in aggressive or destructive behaviors from doing serious damage to themselves and others. The goal of the emergency situation is end the emergency as soon as possible. The purpose is not to attempt to figure out the cause of the behavior or teach an alternative behavior at that time. After any major emergency situation the team will debrief on the effectiveness of the team response and the behavior of the person supported. The Program Manager will coordinate this effort and ensure that a debriefing is completed within five days of the incident. This cannot be done until everyone is calm and in control of their emotions. The debriefing process is important to assess the effectiveness of the intervention as well as brainstorming, regarding ways to avoid getting into an emergency situation again. Emergency situations will typically require completing a community event report. Please see procedure 2-6-26 on reporting critical events

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Use of Restraints

The use of physical restraints is a last resort. Staffs are taught physical intervention techniques to ensure that they have skills and confidence to safely manage emergency situations. Any physical intervention will be used only when all other options have been exhausted and only when an individual is a danger to themselves or others. A team review of restraint must be completed with the Program Manger, Home Coordinator, Case manager from BCFR within 5 days of the incident. The team must document this meeting on the team review of restraint form and review the appropriateness of the restraint.

Due Process Review Committee

If a consumers plan includes rights restriction as part of the behavioral intervention, than the plan must undergo reviews to ensure that plan has supporting evidence that this level of intervention is needed. The committee will also monitor intervention strategies to ensure they are being used appropriately. All DMH consumer plans with rights restrictions written by Woodhaven employees will be reviewed at regional office of DMH by the Due Process Review committee. This committee includes professional staff from DMH as well as representative providers, consumers and family members.

Approved by:_____
Director of Residential & Community Services

Date:_____

Attachments: Behavior Support Plans with Proposed Rights Limitations
Postvention Process

BEHAVIOR SUPPORT PLANS WITH PROPOSED RIGHTS LIMITATIONS

1. **List right(s) restricted.**
   Needs to explain clearly and under what circumstances the right or rights will be restricted.

2. **List the behavior present which necessitates the restriction(s).**
   These need to be clearly defined. Describe the actual observable behavior
   For example:
   -Aggression-How does the person assault? Kicking, biting, scratching, punching, etc. Do they use weapons?
   -Self-Injurious behavior: Describe how the person might attempt to cause harm to themselves (picking at scabs, hand banging, etc.)
   -Elopement-When do they elope, where do they go, are they at risk, etc.

   It is important to clearly describe what the behavior looks like for individual.

3. **List the behavior(s) to be increased.** What are we going to teach the person as a functional alternative to the behavior? What coping skills do they currently have and what skills will they need to be taught?

4. **Explain the reason(s) the team thinks the behavior is occurring.** What is the function of the behavior? Some functions may be task avoidance, physical stimulation, attention seeking, tactile defensiveness, tangible reward attached to it, avoidance of situations that they dislike of fear, etc.

   What need is being met? How will the person learn to meet that need in a more socially appropriate way? Remember, most behaviors don't have just one function. It is also important to remember that if the behavior is caused by something that we have control over (routine, staffing patterns, visiting pets, lack of choice, etc) we may need to change our behavior.

5. **Antecedents to the behavior.** What, specifically, does this look like for the person? What factors/conditions are occurring before the behavior, is there a pattern? For example does it occur more often in the morning vs. evening, when a particular staff is working? At home or in the community? Is it impacted by family visits, medical appts, social events, menstrual cycles, levels of activity, etc?

   What actions will the staff take to address the antecedents when they occur to prevent escalation? It is very important to recognize what the antecedents are so staff can intervene positively prior to behavior occurring. The plan needs to detail how staff will intervene effectively.

6. **Describe interventions previously attempted.** What has the team already tried prior to considering a rights restriction? Detailed documentation may include previous plans that were less restrictive, ruling out medical issues, etc. In some cases the issues is such a health and safety issue that must be addressed immediately that there is not time to attempt less restrictive approaches. The rationale for that must be clearly explained in this section.

7. **How will the targeted behavior(s) be addressed when it occurs?** What is the method for the restriction; how will it be implemented? (i.e. locks on the refrigerator, but not cabinets, certain times of the day, etc.)

8. **Describe how the individual's rights will be restored, along with a specific timeline for the restoration.** This is very important. Specify how often the program will be

reviewed and by whom. Indicate measureable criteria for the reduction of elimination of the support plan.

9. **Describe the consumer and/or their guardian's involvement in the process to limit their rights.** Provide detail explanation on how the proposed rights restriction was reviewed and explained to both the individual and the guardian.

10. **Detail the documentation requirements for staff.** Explain how the staff document targeted behavior, when they complete a Community Event Report (CER) and timelines for reporting incidents.

11. **Identify the person responsible for implementation of the plan.** Who will ensure that the plan is implemented.

12. **Identify the person responsible for training staff on the plan.** Who will train the person on the plan?

13. **Outline the frequency with which this plan will be reviewed by the ISP team.**

14. **Include any proposed supports and objectives related to the rights restriction.** What's the outcome? What are we going to teach the person? What behaviors will be increased?

When a plan comes to the Due Process Review Committee for subsequent reviews (after** the initial review) the committee will be looking for specific and complete data that shows the effectiveness (or not) of the plan. It would be very beneficial for the data to be submitted <u>with</u> the plan so the committee members can review it before the meeting. (see attached)