

## **POSITIVE BEHAVIOR SUPPORTS AND INTERVENTIONS – Procedures**

### **Children’s Programs**

#### **Purpose**

- To ensure that supports and acceptable interventions are provided that are designed to prevent or diminish the use of challenging behaviors by Persons served by ERC.

#### **Scope**

- This procedure applies to Persons served in the **Children’s Services Programs**.
- All ERC employees and volunteers will be expected to comply with this procedure.
- Only employees certified in T.A.C.T. may implement Advanced Control Procedures.

#### **Definitions**

- “Acceptable and Unacceptable Interventions” include:
  - Acceptable: Conscious Discipline Techniques, T.A.C.T. Interventions, Separation from Activity or Setting, Restitution, Withholding Privileges, Therapeutic Interventions and Personal Property Removal. (Note: some interventions may require informed consent.)
  - Unacceptable: Physical punishment, seclusion where entry/exit is prevented, any procedure that denies sleep, shelter, bedding, food, drink, or use of bathroom facilities, and inappropriate vocalizations, maltreatment, neglect or forced exercise.
- “Challenging Behavior” can be defined as behaviors that:
  - Are harmful to self or others.
  - Are disruptive to others.
  - Cause serious or repeated property destruction.
  - Keeps the person from achieving personal goals.
  - Causes the person to be isolated from others.
  - Causes the person to lose opportunities.
- “Restrictive PBSI Plans” utilize only acceptable forms of interventions, but are interventions that may not be considered positive. Restrictive Plans require informed consent from the parent or guardian prior to implementation.
- “T.A.C.T.” stands for Therapeutic Alternatives in Crisis Training. This is a competency based training program that teaches staff to use least restrictive alternatives to managing aggressive behavior, with a focus on preventing the unwanted behavior. The goal of the program is to provide a “safe restraint free” environment that educates both Persons served and staff in alternative measures to aggressive behavior.

## Policy

- Refer to Positive Behavioral Supports and Interventions Policy.

## Procedure

- Refer to ERC Positive Behavioral Support and Intervention (PBSI) Continuum (see attached).
- A Risk Assessment is completed on each child prior to acceptance into the program. The risk assessment is updated annually, or as needs are identified. This assessment is just one instrument used in determining need for a PBSI Plan.
- The Interdisciplinary Team (IDT) is responsible for determining need for a PBSI Plan, developing the Plan, monitoring the Plan and revising the Plan. The IDT consists of:
  - The person served, as appropriate;
  - The guardian/advocate/parent;
  - The responsible Case Manager/Service Coordinator/Certified Teacher;
  - The LPN or RN, as appropriate;
  - The Physician or Psychiatrist, as appropriate;
  - The Counselor, as appropriate; and
  - Other staff, as appropriate.
- A PBSI Plan will include the following elements:
  - Description of the behavior to be modified;
  - Functional Analysis;
  - Thorough description of each step of the program to include duration and intensity of specific procedures, the methods of monitoring and analyzing the process, and special precautions that will be taken.
  - Restrictive Plans will include methods to reinstate rights and/or remove restrictions as soon as possible.
- The Individual Program Plan or PBSI Plan will also include:
  - Description of any alternatives to the specific procedures;
  - Description of all procedures already attempted;
  - Side effects and risks, if any, of the intervention, in comparison with those of allowing the challenging behavior to continue; and
  - Behavioral objectives.
- Interventions should be used in order of least restrictive, unless clinically contraindicated. Exceptions to this order must be fully documented and substantiated as to why more restrictive procedures are advisable before less restrictive ones.
- Any restrictive PBSI Plans require Human Rights Committee approval prior to implementation. Refer to "HUMAN RIGHTS COMMITTEE – Procedures".

- All PBSI Plans require a signed Informed Consent from the parent or guardian prior to implementation.
- PBSI Plans will be reviewed by the Interdisciplinary Team at least quarterly or as needed.
- Documentation Requirements:
  - Tlog – must be completed each time a target behavior occurs. Other challenging behaviors that are not identified in a PBSI Plan may be documented in a Tlog as well.
  - General Event Record (GER) – must be completed if there is an injury related to the behavior or if there was a restraint related to behavior.
  - Goal/Objective Data Sheets – may be used to document replacement behaviors listed in the IPP.
  - DHS Form 1910 when physical restraints are used.
- Staff members responsible for implementing PBSI Plans are trained on proper implementation, documentation and any special notification requirements. PBSI Plans must be made easily available to the staff responsible for implementing the plans.
- Emergency Procedures: TACT is to be implemented for any Persons served who does not currently have a PBSI Plan but who does display unanticipated behavior that places the Person served or others at serious threat of violence or risk of injury if no intervention occurs. Emergency procedures may not be repeated more than three (3) times within a six month period without the Interdisciplinary Team meeting to revise the Individual Program Plan and/or develop a PBSI Plan.
- Physical restraints must be reported to parent/guardian and to DHS, via the DHS form 1910.
- Investigations will be completed any time there is a physical restraint. Plan of corrective action will be documented on the GER.

Reviewed / Approved by

- Cathy Obana, Compliance Officer, developed procedure on 10/25/2011. Updated 2/4/15.
- Program Directors and Director of Administration reviewed and approved procedure on 10/25/2011, 4/2012, 4/2014, 5/2017.

Printing this document may make it obsolete. For the latest version of this policy, always check ERC's website at [www.ercinc.org/about/policies](http://www.ercinc.org/about/policies).

# ERC Positive Behavioral Support and Intervention (PBSI) Continuum (Revised 5/2017)

## Children's Programs

| Response Continuum   | Implementation   | Implementation Activities  | Documentation  |
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| <p><u>Level 1</u> – Support Applies to all ERC consumers.</p> <ol style="list-style-type: none"> <li>Determine behavioral expectations</li> <li>Create a healing and preventive environment</li> <li>Complete Risk Assessments</li> <li>Develop Individual Program Plan (IPP) – address support needs</li> <li>Develop Positive Behavioral Support and Intervention Plan (PBSI Plan)</li> <li>Monitor and Revise Plan(s) if applicable</li> <li>Quality Assurance (QA) Measures</li> </ol> | <ol style="list-style-type: none"> <li><u>When:</u> 08/01/2011 and updated at least annually<br/><u>By Whom:</u> Staff</li> <li><u>When:</u> Ongoing<br/><u>By Whom:</u> Program Directors, Supervisors, Case Managers, Certified Teachers and Service Coordinators</li> <li><u>When:</u> Prior to or on admission and at least annually thereafter<br/><u>By Whom:</u> Case Managers and/or Service Coordinators</li> <li><u>When:</u> During the initial programming conference (IPP can be revised as needed)<br/><u>By Whom:</u> Certified Teacher and Interdisciplinary Team (IDT)<br/><u>Approval:</u> Requires informed consent from parent or guardian</li> <li><u>When:</u> Within 30 days of admission if consumer takes behavior modifying medication and/or IDT determines needs based on Risk Assessment</li> </ol> | <ul style="list-style-type: none"> <li>Site Management System               <ul style="list-style-type: none"> <li>Behavioral Expectations / Rules</li> <li>Preventive environment</li> <li>Specify reinforcers and consequences</li> <li>Describe parent/guardian communication system</li> </ul> </li> <li>Parent / Guardian Education Program               <ul style="list-style-type: none"> <li>Meetings/conferences</li> <li>Brochure</li> <li>Client Handbook / Signed Receipt</li> </ul> </li> <li>Staff Education Program               <ul style="list-style-type: none"> <li>Staff expectations</li> <li>T.A.C.T. certification</li> <li>PBSI Training</li> <li>Variety of Systems</li> </ul> </li> <li>Risk Assessment and Needs Identification               <ul style="list-style-type: none"> <li>Input from IDT</li> <li>IPP development</li> <li>PBSI Plan development</li> </ul> </li> <li>Support / Intervention Systems               <ul style="list-style-type: none"> <li>T.A.C.T.</li> <li>Variety of Systems</li> <li>Behavior modifying medications</li> </ul> </li> <li>Quality Assurance System               <ul style="list-style-type: none"> <li>Reviews program and organization wide data trends</li> <li>Recommends plan of action for increases in challenging behavior</li> <li>Satisfaction Survey</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Signed Receipt form from Consumer Handbook</li> <li>Meetings/conferences attendance records</li> <li>Staff Training Records</li> <li>Safety Committee Minutes</li> <li>Results from satisfaction surveys</li> <li>QA Reviews – Interviews, Observations, Environmental and Documentation</li> <li>IPPs</li> <li>Signed Informed Consents for IPPs</li> <li>Signed Informed Consents for PBSI Plans.</li> <li>Children Programs – Intake Form</li> </ul> |

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|   | <p><u>By Whom:</u> IDT (to include Psychiatrist and/or Counselor as appropriate) and Case Managers and/or Service Coordinator</p> <p><u>Approval:</u> Requires informed consent from parent or guardian</p> <p>6. <u>When:</u> At least quarterly</p> <p><u>By Whom:</u> IDT (to include Psychiatrist and/or Counselor as appropriate) and Case Manager / Service Coordinator</p> <p>7. <u>When:</u> Quarterly</p> <p><u>By Whom:</u> Safety Committee and bi-Monthly Staff Meetings</p> | <p>o QA Reviews</p>   |   |
| <p><u>Level 2</u> – Intervention (Mild Agitation / Anxiety, Disruptive Behavior, or Behavior that negatively impacts self-preservation)</p> <p>Applies to all consumers showing signs of Mild Agitation and/or anxiety.</p> <ol style="list-style-type: none"> <li>1. Implement Positive Behavior Intervention Activities</li> <li>2. Evaluate for medical / health issues</li> <li>3. Develop PBSI Plan</li> </ol> | <ol style="list-style-type: none"> <li>1. <u>When:</u> Upon observation of mild agitation and/or anxiety and disruptive behavior</li> <li><u>By Whom:</u> All staff</li> <li>2. <u>When:</u> Challenging behaviors begin abruptly in a consumer that doesn't typically demonstrate this behavior</li> <li><u>By Whom:</u> Primary Care Physician</li> <li>3. <u>When:</u> Consumer frequently needs this level of intervention, begins</li> </ol>  | <ul style="list-style-type: none"> <li>• T.A.C.T. Staff Responses for Mild Agitation</li> <li>• Support / Intervention Systems <ul style="list-style-type: none"> <li>o Variety of Systems</li> <li>o Behavior modifying medications</li> </ul> </li> <li>• Medical Evaluation</li> <li>• Functional Assessment of Challenging Behavior</li> <li>• PBSI Plan – Development, Monitoring &amp; Revisions</li> </ul> | <ul style="list-style-type: none"> <li>• PBSI Plan</li> <li>• Signed Informed Consents for PBSI Plan</li> <li>• Physician Notes</li> <li>• Behavior Event Records (BERs) or Behavior tlogs</li> <li>• General Event Records (GERs)</li> <li>• Quarterly Progress Reports</li> </ul> |

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| <p>4. Monitor and Revise Plan as needed</p>   | <p>taking a behavior modifying medication, or Risk Assessment identifies a need<br/> <u>By Whom:</u> IDT(to include Psychiatrist and/or Counselor as appropriate) and Case Manager / Service Coordinator<br/> <u>Approval:</u> Requires parent or guardian informed consent.</p> <p>4. <u>When:</u> At least quarterly<br/> <u>By Whom:</u> IDT(to include Psychiatrist and/or Counselor as appropriate) and Case Manager / Service Coordinator</p>   |   |  |
| <p><u>Level 3 – Intervention (Moderate Agitation / Defensive)</u><br/> Applies to all consumers showing signs of Moderate Agitation and/or are defensive.</p> <ol style="list-style-type: none"> <li>1. Implement Positive Behavior Intervention Activities</li> <li>2. Evaluate for medical / health issues</li> <li>3. Develop PBSI Plan</li> <li>4. Monitor and Revise Plan</li> </ol> | <ol style="list-style-type: none"> <li>1. <u>When:</u> Upon observation of moderate agitation and/or defensiveness<br/> <u>By Whom:</u> All staff certified in T.A.C.T.</li> <li>2. <u>When:</u> Challenging behaviors begin abruptly in a consumer that doesn't typically demonstrate this behavior<br/> <u>By Whom:</u> Primary Care Physician</li> <li>3. <u>When:</u> Consumer frequently needs this level of intervention, begins taking a behavior modifying medication, or Risk</li> </ol> | <ul style="list-style-type: none"> <li>• T.A.C.T. Staff Responses for Moderate Agitation <ul style="list-style-type: none"> <li>• Support / Intervention Systems <ul style="list-style-type: none"> <li>○ Variety of Systems</li> <li>○ Behavior modifying medications</li> </ul> </li> <li>• Medical Evaluation</li> <li>• Functional Assessment of Challenging Behavior</li> </ul> </li> <li>• PBSI Plan – Development, Monitoring &amp; Revisions</li> </ul> | <ul style="list-style-type: none"> <li>• PBSI Plan</li> <li>• Signed Informed Consent for PBSI Plan</li> <li>• BERs or Behavior tlogs</li> <li>• GERS</li> <li>• Quarterly Progress Reports</li> </ul> |

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| <p><u>Level 4</u> – Intervention (Extreme Agitation / Danger to self and others)</p> <p>Applies to all clients showing signs of Extreme Agitation and who are a danger to self and others.</p> <ol style="list-style-type: none"> <li>1. Implement Positive Behavior Intervention Activities</li> <li>2. Suspend consumer from program until IDT can meet and determine action to be taken</li> <li>3. Evaluate for medical / health issues</li> <li>4. Develop PBSI Plan</li> </ol> | <p>Assessment identifies a need</p> <p><u>By Whom:</u> IDT(to include Psychiatrist and/or Counselor as appropriate) and Case Manager / Service Coordinator</p> <p><u>Approval:</u> Requires parent or guardian informed consent</p> <p>4. <u>When:</u> At least quarterly</p> <p><u>By Whom:</u> IDT (to include Psychiatrist and/or Counselor as appropriate) and Case Manager / Service Coordinator</p>  |   |  |
| <p><u>Level 4</u> – Intervention (Extreme Agitation / Danger to self and others)</p> <p>Applies to all clients showing signs of Extreme Agitation and who are a danger to self and others.</p> <ol style="list-style-type: none"> <li>1. Implement Positive Behavior Intervention Activities</li> <li>2. Suspend consumer from program until IDT can meet and determine action to be taken</li> <li>3. Evaluate for medical / health issues</li> <li>4. Develop PBSI Plan</li> </ol> | <p>1. <u>When:</u> Upon observation of extreme agitation and consumer poses danger to self and others</p> <p><u>By Whom:</u> <i>All staff certified in T.A.C.T.</i></p> <p>2. <u>When:</u> Based on scope of severity – immediately if deemed severe by Case Manager / Service Coordinator and/or client’s supervisor with PD approval.</p> <p><u>By Whom:</u> Case Manager / Service Coordinator</p> <p>3. <u>When:</u> Challenging behaviors begin abruptly in a client that doesn’t</p> | <ul style="list-style-type: none"> <li>• T.A.C.T. Staff Responses for Extreme Agitation <ul style="list-style-type: none"> <li>○ Support / Intervention Systems <ul style="list-style-type: none"> <li>○ Variety of Systems <ul style="list-style-type: none"> <li>○ Behavior modifying medications</li> </ul> </li> </ul> </li> <li>• Medical Evaluation</li> <li>• Functional Assessment of Challenging Behavior</li> <li>• PBSI Plan – Development, Monitoring &amp; Revisions</li> </ul> </li></ul> | <ul style="list-style-type: none"> <li>• PBSI Plan</li> <li>• Signed Informed Consent for PBSI Plan</li> <li>• BER’s or Behavior tlogs</li> <li>• Police Reports</li> <li>• GER’s</li> <li>• Quarterly Progress Reports</li> </ul> |

5. Monitor and Revise Plan

typically demonstrate this behavior  
By Whom: Primary Care Physician

4. When: Consumer frequently needs this level of intervention, begins taking a behavior modifying medication, or Risk Assessment identifies a need  
By Whom: IDT(to include Psychiatrist and/or Counselor as appropriate) and Case Manager / Service Coordinator  
Approval: All staff certified in T.A.C.T.

5. When: At least quarterly  
By Whom: IDT(to include Psychiatrist and/or Counselor as appropriate) and Case Manager / Service Coordinator