

POSITIVE BEHAVIOR SUPPORTS AND INTERVENTIONS – Procedures ICF/DD 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 **ICF/DD 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, FOCUS Teaching System techniques, Separation from Activity or Setting, Restitution, Withholding Privileges, Therapeutic Interventions and Personal Property Removal. (Note: some interventions may require HRC approval and/or 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 and/or involve a Right’s Restriction. Restrictive Plans require Human Rights Committee approval and informed consent from Person served and/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 new admission (on or before admission) and is updated annually or as needs are identified. This assessment is one instrument used in determining need for a PBSI Plan.
- Persons served taking behavior modifying medications must have a PBSI Plan. A PBSI Plan must be developed within the first 30 days of admission for Persons served who are being admitted on behavior modifying medications. When possible, PBSI Plans are instituted prior to use of behavior modifying medications as a form of least restrictive intervention. Otherwise, a PBSI Plan will be implemented within 30 days of initiating a behavior modifying medication. The PBSI Plan is a part of the Individual Program Plan.
- The Interdisciplinary Team (IDT) is responsible for determining the 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/Program Coordinator;
 - The RN or LPN;
 - 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 (including those that are monitoring behavior modifying medications) require Human Rights Committee approval prior to implementation. Refer to “HUMAN RIGHTS COMMITTEE – Procedures”.
- All PBSI Plans require a signed Informed Consent from the Person served or guardian. Consent must be obtained prior to implementation.
- PBSI Plans will be monitored/reviewed by the Interdisciplinary Team (and Human Rights Committee for restrictive plans, to include those plans utilizing behavior modifying medications) at least quarterly. This may be done via the Quarterly Progress Report process, or a more formal Interdisciplinary Team Meeting.
 - The Abnormal Involuntary Movement Scale (AIMS) will be completed on anyone taking an antipsychotic medication by the RN, or designee, as a part of this monitoring process.
- Documentation Requirements:
 - Behavior Event Record (BER) – 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 BER as well.
 - General Event Record (GER) – must be completed if there is an injury related to the behavior or if there was a physical restraint related to behavior.
 - Individual Support Program (ISP) – may be used to document replacement behaviors listed in the IPP.
 - T-Log – may be used to document additional information or to alert other staff that there is a new BER or GER.
- Staff members responsible for implementing PBSI Plans are trained on proper implementation, documentation and any special notification requirements.
- *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.
- 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 9/2011.
- Program Directors and Director of Administration reviewed and approved procedure on 9/2011, 4/2014, 4/2017.

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