

OPERATING PROCEDURES

SUBJECT:	BEHAVIOUR MANAGEMENT
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POLICY STATEMENT:	PS CS01(09)	EFFECTIVE DATE:	14/02/2010
FUNCTIONAL AREA:	Client Services	DOCUMENT REF:	OP CS01-07(10)
RESPONSIBILITY:	Chief Executive	REVISION NUMBER:	1

REVISION SCHEDULE

EFFECTIVE DATE	ALTERATION(S)	AUTHORISED Signed/Title	AUTHORISED DATE

1. Scope

In the past strategies to support individuals manage their behaviour have often been extremely restrictive and resulted in the person with a disability being de-powered and having to submit in order to succeed. Individuals whose behaviour is challenging traditionally have been institutionalised and segregated from the community and their behaviour seen as a deliberate strategy to undermine staff.

CLASS is committed to providing supports that maximises the individual's ability to live and be part of the community. In doing so CLASS is committed to addressing the wrongs of the past and will support clients to develop their skills in relation to their behaviour in non-aversive ways.

CLASS Inc is committed to protecting the right of individuals to be treated with dignity and respect. When supporting people using behavioural intervention strategies, CLASS Inc will follow the practices of least restrictive alternative, positive and pro-active programming and non-aversive strategies.

Behaviour management strategies will be documented in an individual behaviour intervention plan and evaluated against community standards for the personal and social growth of the individual.

CLASS Inc has a commitment to providing support for people with a disability and challenging behaviours that recognise all people can learn and develop skills to become confident and competent members of the community and who have a valuable contribution to make throughout their lives.

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CLASS Inc has an expectation that all staff will implement positive and pro-active behavioural intervention strategies and adequate training will be provided for them to meet this goal. Outlined below are CLASS procedures in relation to Behaviour management and supporting clients to manage their behaviour.

2. CLIENT RIGHTS

Clients have the same rights as all other members of the community and it is the aim of CLASS to ensure that these rights are protected particularly in the design and implementation of both formal and informal behaviour management intervention strategies.

These following client rights will be upheld in the development and implementation of behavioural intervention strategies and programmes:

All clients have the right -

- to be free from physical, verbal, emotional and financial abuse;
- to be free from unwanted touch;
- to the non restrictive intervention; unless authorised.
- to be free from invasion of privacy;
- to periodic, ongoing and independent scrutiny of intervention strategies;
- to feel safe and secure;
- to consistent responses;
- to have intervention strategies explained;
- to have professional support;
- to have adequate support; if further funding is required to provide adequate support CLASS will negotiate with funders.
- to have involvement and consultation with key people in the clients life;
- to have his/her individuality recognised;
- for confidentiality to be respected;
- to be free from overuse of methods (e.g. using planned ignoring for 8 hours);

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- to documented and well-designed programmes;
- to trained and informed staff;
- to dispute strategies through the Grievance Procedure;
- to dispute strategies through the Guardianship Board;
- to maintenance and development of quality of life.

3. STAFF RIGHTS

Staff also have rights to enable them to be able to effectively and safely support clients in the development and implementation of behavioural intervention strategies and programmes:

Staff have the right to -

- adequate training;
- adequate support;
- be informed about individual behaviour intervention plans;
- be informed about any behaviours they may confront;
- be informed about emergency procedures;
- be protected wherever possible from harm or injury;
- withdraw from a dangerous situation if this does not place others at risk; and
- adequate professional support

4. BEHAVIOUR INTERVENTION PLAN

4.1 Definition

An individualised behaviour intervention plan is a working document which is a record of non-aversive behaviour management and skill development programmes. It also provides staff with clear guidelines on how best to support an individual who uses challenging or interesting behaviours in order to have his/her needs met.

4.2 Rationale

Challenging behaviours serve a necessary function for a person and are usually a result of a person not having his/her needs met. The quality of life issues that face many people

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with an intellectual disability and who present with challenging/interesting behaviours, are-

- lack of connection with family and/or friends
- lack of enjoyable/interesting experiences
- lack of opportunities or freedom to make choices and decision
- lack of opportunities to contribute or be valued
- an inability to communicate needs
- lack of training in coping skills
- physical and emotional well-being
- safety from harm

For people with educational, developmental and behavioural needs, the focus has moved towards community integration and towards more appropriate and dignified means of meeting people's needs.

4.3 The assumptions for any behaviour management plan are that -

- all people have the potential to learn;
- challenging behaviours occur for a variety of reasons and are learned and effective tools for having a person's needs met;
- behaviour is controlled by the environment and interactions with which a person lives;
- behaviour can be affected by medical, physiological, psychiatric and psychological problems;
- behaviour can be affected by social expectations and attitudes.

With a holistic approach to assisting a person with challenging behaviours, more effective supports can be provided and the person can learn to cope and respond to life in more appropriate ways without having to resort to challenging behaviours.

4.4 Pro-active programming assists people to

- develop and maintain positive relationships;

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- initiate informed choice-making;
- develop opportunities for experiences and incidental learning;
- enjoy the environment in which they live;
- have their rights respected;
- learn more acceptable ways of responding or more effective ways to communicate needs;
- tolerate or cope with naturally occurring aversive events;
- minimise the occurrence of challenging behaviours using focussed support strategies, e.g. well-planned reinforcement schedules.

5. Characteristics of the Behaviour Intervention Plan

Each individualised behaviour intervention plan will include:

- An introduction to the person and the impact their disability may have on behaviour and learning.
- A list of behaviours that the person has displayed.
- Operational definitions of the behaviours targeted for intervention.
- Guidelines for staff regarding how best to support the person and avoid the recurrence of the behaviour.
- Guidelines as to how best to support the person during the escalation of the behaviour.
- Guidelines as to how best to support the person following the occurrence of the behaviour.
- An emergency reaction plan for targeted or physically dangerous behaviours to be implemented at the time of the behaviour.
- Programmes that are non-aversive and are aimed at skill development and increasing coping skills. Common skill development areas will include expanding social networks, increasing choice and control, developing communication and relaxation training.

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6. The Elements of a Behaviour Intervention Plan

A Behaviour Intervention Plan is made up of several components.

6.1 Assessment

- Aims to identify the function of the behaviour through observation of the behaviour, evaluation of a person's interactions with others and evaluation of the environment and the person's lifestyle.

The assessment can -

- determine if an individual's needs are being met and the areas requiring improvement;
- determine a person's skills and competency levels;
- define the frequency, intensity and duration of behaviours;
- define the motivation and reinforcers of the behaviour;
- determine the antecedents and consequences of behaviour.

Information provided through an assessment assists in planning strategies to avoid behaviours before they occur and assist in reducing the occurrence of behavioural incidents, and ensure personal growth through continued competency enhancement.

6.2 Ecological Manipulations

Behaviours occur as a result of the living, working and interacting environments of a person. By changing elements in each environment, people's needs may be better met and behaviours may decrease. Information about the environment comes from the assessment process.

6.3 Positive Programming

This component of a behaviour intervention plan focuses on increasing a person's skills and competencies to facilitate a decrease in behavioural incidents and encourage social interactions. The main areas for skill and competency development are communication skills, domestic, vocational, recreational, social, community and coping skills.

6.4 Focussed Support Strategies

These strategies are designed to produce a rapid decrease in behaviours through the use of a variety of reinforcement schedules -

- differential reinforcement of other behaviours (DRO)

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- differential reinforcement of low rates of behaviour (DRL)
- differential reinforcement of incompatible behaviours (DRI)
- reinforcement for engaging in alternative behaviours (ALT-R)
- reinforcement for engaging in problem behaviours at the right time, in the right place (Stimulus Control)

This may not be an element in all behaviour intervention plans.

6.5 Reactive Strategies

This is an emergency plan of actions for people to take when the behaviour is occurring. These strategies do not aim to teach the person, but are in place to protect the person, others and staff from potential harm or injury.

6.6 Evaluation of Program Strategies

The evaluation process -

- note changes in behaviour, i.e. decreases in behaviour, increases in appropriate, alternative behaviours;
- shows if the programme needs to be altered to better meet a person's needs;
- monitors progress rates;
- monitors progress in skill development and competencies;
- monitors staff consistency in program implementation;
- checks for generalisation of skills;
- checks for maintenance of skills;
- staff are encouraged to discuss any difficulties in implementing program strategies with their Line Manager.

Program Strategies will be continually reviewed and regularly evaluated (Management and staff, or as needed (i.e. crisis situation)).

7. Observing / Recording / Reporting Behaviour

For each behavioural intervention plan there is likely to be the expectation that staff will contribute to monitoring and evaluating the success of the program strategies in place. Staff will be expected to

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record each behavioural incident and report each incident where there is a threat of property damage, physical injury, or harm to any individuals at the time of the incident.

8. Responding to Behaviours in Emergency Situations

People who exhibit severe behaviour problems do so in order to have their needs understood and met. It is expected that throughout the process of pro-active programming people will continue to experience difficulties in coping and outbursts of behaviour that threatens injury to self, others and damage to property, may occur. At such times staff have a duty to respond immediately in order to protect the individual and others at risk.

8.1 Behavioural Outbursts

Behavioural outbursts tend to follow a pattern of escalation and de-escalation. Understanding this pattern can assist staff in supporting a person prior to and during the behavioural incident. The pattern is as follows:

- Antecedent / Triggers - Those events that initiate the behavioural outburst. It is important to identify the antecedents/ triggers in order to plan to diffuse the situation.
- Escalation – The period of time during which a person’s anxiety increases. People may show physical signs that they are becoming anxious. Staff should be familiar with these physical signs and have a clear knowledge of how best to calm, to redirect or divert the person to avoid the behavioural incident.
- Peak - The behavioural outburst. Each person will have in their behaviour intervention plan emergency strategies that staff can use in order to
 - minimise the risk of harm to the client (s) to others and to themselves. It is paramount that safety be the focus of any strategy at this time.
- De-escalation - Following the behavioural outburst people will begin to calm. It is important that staff recognise the physical signs of de-escalation and are aware of how best to support the person to recover from the outburst as documented in the behaviour intervention plan. It is often best not to make demands of the person at this time.
- Remorse - Many people will feel guilt, shame, remorse or regret following a severe behaviour outburst. Staff needs to reassure and comfort the person and encourage the person to become involved again in activities.
- Recovery - Once the behaviour has finished and the person has calmed (this may take minutes or hours) it is the time to teach more appropriate ways of communicating needs. Positive programmes will be documented in the behaviour intervention plan.

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In the event of an emergency situation where there is a risk of harm or physical injury to the individual or others, or there is a risk of property damage, staff will ensure the safety of all individuals in the emergency or at risk situation as follows:

- staff will remove other people from the situation, if safe, to protect them from harm;
- where it is safe, staff will protect the individual from self-injurious behaviours;
- staff will protect themselves from injury or harm.
- If risk of injury is high, withdraw all people to a safe environment if possible until the person has calmed.
- If the person is threatening with a weapon, e.g. knife, all people will be withdrawn to a safe environment, if possible, and the police will be called to assist. Staff are not to attempt to disarm a person.
- If the person is at risk of injuring themselves, it may be necessary to use physical restraint as documented in the individual's emergency reaction plan.
- If assistance or extra staff support is required, the on-call manager is to be contacted after hours, or CLASS Office during office hours.
- It is the responsibility of all staff to familiarise themselves with each client's individual behaviour intervention plan and emergency reaction plan.

8.2 Actions at the time of Emergency

Some simple techniques that staff can use to minimise the incidence and risk of severe behavioural outbursts are -

- remain calm, do not over-react
- use a protective stance (refer to Protective Behaviours)
- be aware of the environment -
 - the location of self and others
 - the location of exits and escape routes
 - dim lighting if it is safe to do so
 - sound (quieten down, turn off televisions, radios, etc)

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- Provide the person with as much personal space as possible (you may need to leave the room).
- Do not move quickly towards the person
- Do not raise your voice as this may be viewed as aggressive or threatening to the person. Maintain voice control -
 - keep voice low, calm;
 - keep talk to a minimum.
- Avoid making demands wherever possible, but if necessary tell the person what to do not what not to do.
- Watch the person's behaviour and listen to everything the person says as this may identify the nature of the problem and assist in diffusing the situation.
- The person may become distressed, upset or remorseful. Reassure the person and continue to make no demands of them.
- DO NOT tell the person what they have done.
- DO NOT use this time to teach the person.
- DO NOT reprimand.

The person will have the opportunity to debrief once they are completely calm. This may take minutes, hours or days depending on the individual.

8.3 Assist others involved in the Incident.

It is important that other clients have the opportunity to understand what has happened. The client(s) may feel unsafe, confused and frightened.

- reassure the client(s)
- allow the client(s) time for tears
- assist the client(s) to feel safe.

Understand that everyone experiencing a behaviour outburst, whether they have been removed from the situation or not, will be frightened or will be feeling an emotional or physical reaction to the incident.

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Staff will assist clients to access counselling supports or will assist clients in coping with the physical and emotional impact of the behavioural outburst.

It is important for staff to debrief following a high risk situation. Acknowledge that you too will experience a physical and/or emotional impact from the experience.

You may wish to -

- speak to other staff within the same service;
- contact the on-call manager after hours to –
 - discuss the situation;
 - be relieved from duty; or
 - have the on-call manager attend the situation;

Contact the Line Manager or Chief Executive Officer during office hours to -

- discuss the situation;
- be relieved from duty; or
- have a manager attend the situation.

NB: Counselling services are available to staff if requested

9. Protective Strategies in Emergency Situations.

Each client that exhibits potentially harmful behaviours will have an individualised emergency action plan. If clients display new and different behaviours there are some general protective strategies that staff can use to protect themselves and others.

The aim of protective strategies is to enable staff or clients to remove the immediate threat of injury. Protective Strategies -

- will not teach the client
- will not diffuse the situation
- will not stop the behaviour

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9.1 Specific strategies

- If grabbed by hair push the person's hands towards your head and hold in that position. Retreat from the person, still holding onto his/her hands.
- If being bitten, push body part into or towards the person's mouth
- If being kicked, leave the situation if possible or place object, e.g. Chair, between yourself and the person. Move yourself so object, e.g. Table, is between you and the person
- If someone is attempting to grab you, move in a way that makes it difficult for the person to hold on, e.g.
 - If someone is trying to grab your arms move away from the person, if possible, flail your arms like windscreen wipers
 - If someone is trying to grab your legs keep moving your legs or move away from the person
 - If someone has grabbed you, do not wrestle with the person unless it is clear that you will be able to escape. Hold onto the person's hands if possible. **Call for assistance.**
- If someone is Head-banging (self-injurious). Cushion the blow if possible by placing a pillow, rolled blanket between the person's head and the object they are hitting.

Physical restraint may be necessary but must be documented in the person's emergency reaction plan if it is used.

- If Someone is Head-banging (you)
 - Escape, if possible, call for assistance.
 - Drop to the floor, curl into a ball protecting your head OR push the person to one side or over and run.
- If Someone is Throwing Objects
 - Do NOT put yourself in the line of fire. Remove yourself from the situation.
 - Obscure the person's vision, e.g. turn off lights, throw a blanket over their head so that they cannot see where you are.
 - DO NOT attempt to catch or deflect objects – move away.

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- A sudden and threatening invasion of personal space with intent to injure
 - Move away.
 - Leave the room, if possible.
 - Spin the person and run away.
 - Push the attacker over or to one side and run.
 - Drop and curl protecting head.
- If someone is spitting or throwing bodily secretions remove yourself from the situation if possible or cover yourself with a blanket, sheet or towel. When the person has calmed, clean the area being careful to use infection control measures

10. Techniques to assist in Supporting People with Challenging Behaviours.

The following techniques will greatly assist clients manage their behaviour.

10.1. Diversion

One strategy for interrupting an escalating behaviour is to redirect or direct the person to an activity that has a strong attraction for that person.

This may include directing a person towards an activity that has a ritualistic or compulsive quality to it or is reinforcing to the person. For example, a person who needs to have the knives and forks in specific places, it may be helpful to empty the knives and forks onto a bench or floor and direct that person to put the knives and forks away.

10.2. Maintaining Non-Contingent Reinforcing Events

Challenging behaviour may occur because a person has a low level of reinforcing events in their day, i.e. may be bored, life is not enjoyable. Therefore, providing someone with a reinforcing event, maintained at a high level throughout the day regardless (non-contingent) of behaviour, is a practical and easily maintained method of ensuring that behaviours are kept to a minimum.

As long as the reinforcing events are non-contingent then they will not act to reinforce inappropriate behaviour. When people's lives are not reinforcing, reducing a person's access to reinforcing events may be ethically questionable.

10.3. Proximity Control

Being close to or away from a person can have an impact on a person's behaviour. A reassuring touch (or moving closer to the person) may be enough to break an escalating behaviour.

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Listen to what the person is telling you, show an interest and acknowledge emotions. This tells the person that staff can help, understand and know that the problem is important. This may help the person to calm.

10.8. Facilitating Relaxation

As in instructional control, provide a person with clear directions to assist him/her in learning the process of relaxation or assist a person to relax when agitated, upset or angry.

10.9. Stimulus Change

Using a novel stimulus (or unexpected event) at the time when a person's behaviour is escalating.

The aim of introducing an unexpected event is to interrupt the course of escalation or stop the behaviour. Examples of stimulus change are turning all the lights off, jumping on a table and singing Christmas Carols, talking to an imaginary person.

The effect of introducing a novel stimulus is temporary and if the same stimulus is used repeatedly, it is no longer a surprise and will not work.

11. Related Documents

This Operating Procedure is related to and should be read in conjunction with the following controlled documents

- PS CS01(09) Policy Statement, Client Services
Disability Services Act 1993

APPROVED BY THE CHIEF EXECUTIVE			
This Operating Procedures supersedes all other Behaviour Management Operating Procedures and is applicable across CLASS inc. from the authorising date below.			
Authorising Officer	Position	Date	Signature
Mark Kulinski	Chief Executive	14/02/2010	