

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

701 Behavioral Intervention and Change

Choices In Community Living, Inc. requires all employees to respond to the need for ongoing behavior support within all client environments (i.e. work, home, community). It is the policy of CICL to review these Behavioral Intervention and Change policy with all staff and to make them available to individuals receiving services, legal guardians and County/State personnel.

The agency uses positive teaching and support strategies and the least intrusive forms of interventions. The agency uses strategies that promote dignity, growth, development and self reliance of the individual being served, emphasize choices in daily decision making and emphasizing self-management and self-determination.

Behavior support strategies are integrated into the client’s service plan and provide a systematic approach to helping the individual learn positive behaviors while reducing unacceptable behaviors. The agency engages in teaching and support strategies to change behavior with and-supervision that ensure the due process and safety, welfare and rights of its clients.

All staff will be trained (and documented) on the details of a written Behavior Support Plan and ISP behavior strategies before they work alone with individuals.

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

Definitions

Aversive Intervention A behavior support plan which employs an unpleasant and/or intrusive stimulus. This stimulus has the purpose and effect of decreasing the target behavior.

Baseline A measure of strength or level (rate, duration, latency) of behavior before an intervention is introduced. Baseline measures are continued until enough information is gathered to develop an appropriate intervention and can be used as comparisons to assess the effects of different interventions on the same target behavior.

Crisis A situation when a client ceases to use only verbal and gesture threats and challenges, is no longer responding to staff direction and support, observable behavior escalates for a prolonged period of time, or is so intense as to cause harm to self, others or property.

Functional Analysis A systematic assessment of factors in the environment which may serve as reinforcing consequences for an existing behavior.

Informed Consent An agreement to allow proposed action, treatment or service to happen after a full disclosure of the relevant facts. The facts necessary to make the decision include information about the risks and benefits of the action, treatment or service; acceptable alternatives to such action , treatment or service; the consequences of not

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

receiving such action, treatment or service; and the right to refuse such action, treatment or service.

Instructional Strategies

Strategies used by staff to assist the client in maintaining self-control and self-determination. It can consist of a reinforcement schedule, environmental engineering and/or staff approach.

Least Restrictive Approach

An intervention that is the least intrusive and disruptive to the individual and represents the least departure from normal patterns of living that can be effective in meeting the client's needs.

Positive Behavior Plan

A systematic plan contracted for the purpose of replacement behaviors solely by using positive reinforcement. The replacement behavior may or may not be a substitute behavior for target maladaptive behavior. Consistent positive behavior plans may be implemented prior to the use of aversive techniques. The Interdisciplinary Team uses periodic reviews and updates to track positive behavior plans. All aversive plans must have a positive component.

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

Restraint	Chemical Restraint	A prescribed medication for the purpose of modifying, diminishing, controlling or altering a specific behavior. Chemical restraint does not include medications prescribed for the treatment of a diagnosed disorder as found in the current version of the American Psychiatric Association’s “Diagnostic and Statistical Manual” (DSM) or medications prescribed for treatment of a seizure disorder.
	Emerging Methods and Technology	New methods of restraint or seclusion that create possible health and safety risks for the client.
	Manual Restraint	A hands-on method that is used to control an identified behavior by restricting the movement or function of the client’s head, neck, torso, one or more limbs or entire body, using sufficient force to cause the possibility of injury.

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

Mechanical Restraint A device that restricts a client's movement or function applied for purposes of behavior support, including a device used in any vehicle, except a seat belt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat.

Standing Plan (as needed) The use of a negative or aversive consequence or an emergency intervention as the standard response to a client's behavior without developing a behavior support plan as required.

Time Away Supporting the client to leave a situation immediately following an identified behavior by requiring the client to leave the area; requiring the client to leave using manual guidance; by escorting the client to a separate room or area without preventing the client from leaving the separate room or area by applying physical force or by latching or holding closed a door or other barrier; by moving others from the area; and/or by requiring a partition or other separation between the client and others.

Time Out An intervention used to confine a client in a room and preventing the client from leaving the room by applying

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

physical force or by closing a door or other barrier, including placement in such a room when a staff person remains in the room with the client.

Voluntary Relaxation An identified choice between two or more environments in which the client independently leaves the current situation in order to regain self-control.

Evaluation

Evaluate clients receiving behavior control medications for a behavior support plan. If there is no diagnosed disorder as found in the current version of the American Psychiatric Association “Diagnostic and Statistical Manual”, develop a plan. If there is a diagnosis, behaviors may still be present that warrant a plan. The prescribing physician is involved in the team process.

Complete a behavior assessment, including identification and consideration of any medical factors, prior to the development of a behavior plan to help identify possible causes or functions of a behavior and to determine the most appropriate new skills.

Behavior Support

Behavior support is the use of reinforcement, deliberate environmental manipulation and/or aversive consequences to produce an observable measurable decrease in maladaptive behavior and increase in appropriate replacement behavior.

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

Behavior support plans (positive and aversive) are always written and are designed to teach appropriate new skills as well as to reduce and/or eliminate inappropriate behaviors.

CICL uses the county specific board of DDS Human Rights Committee to review and approve all Behavior Support plans.

Behavior support is characterized by:

- Interactions and speech that reflect respect, dignity and a positive regard for the client
- The setting of acceptable behavior limits for the client
- The use of people first language instead of referring to the client by trait, behavior or disability
- Staff speech that is even toned, made in positive and personal terms, and without threatening overtones or coercion
- Conversations with the client rather than about the client while in the client's presence
- The absence of demeaning, belittling or degrading speech or punishment
- Respect for the client's privacy by not discussing the client with someone who does not need the information

The agency uses the following types of behavior support:

A. Instructional Strategies

Strategies used routinely by all staff to affirm, reinforce, shape, motivate, reward and encourage the individual in maintaining positive skills and behaviors.

B. Positive Intervention Strategies

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

Required when normal, routine positive reinforcement paired with instructional strategies are unsuccessful and the behavior can be defined as an interfering behavior, or if the frequency and severity of the behavior warrants more formal programming.

C. Aversive Intervention Strategies

Strategies which employ an unpleasant or intrusive procedure to reduce or control maladaptive behavior. They are used in situations in which the behaviors exhibited are dangerous to the client or others, and only after less aversive teaching and support strategies have been ineffective.

All behavior support plans include, but are not limited to:

- Case history including medical information
- Results of a behavior assessment
- Baseline data
- Descriptions of the specific behavior
- The intervention strategy
- The desired outcome
- Persons responsible for implementation
- Training of persons responsible for implementation
- Review guidelines
- Signature
- Date
- Space for dissenting opinions

Ensure reasons for dissenting opinions are stated. The Interdisciplinary Team attempts to resolve any dissenting opinions.

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

The intervention plan remains in place until the Interdisciplinary Team determines it needs revision or can be discontinued.

Prior to Implementation

Obtain informed consent from the client or legal guardian if client is over 18 years of age and from the legal guardian if client is under 18 years of age prior to implementing positive behavior support plans. Obtain approval from the Program Director. Present behavior support plans in a manner that can be understood by the client and legal guardian. When informed consent cannot be documented in writing at the time it is obtained, document the consent in writing within three days of implementation. Update informed consent annually. The Interdisciplinary Team approves any revisions to a behavior support plan. Obtain a new informed consent.

Prior to implementation of plans with aversive components, obtain informed consent. Complete a Medical/Medication review to ensure there are no medical contraindications to the plan.

Review

A Behavior Review Committee shall initially review and approve/reject all plans that incorporate aversive strategies, including restraint and time out. This committee shall also review ongoing plans that incorporate aversive strategies including restraint and time out. The agency may form its own Behavior Review Committee or use the Board's committee. The committee will include persons

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

knowledgeable in behavior support procedures, including administrators and persons employed by a provider responsible for implementing behavior plans

The Human Rights Committee reviews and approves or rejects all plans that incorporate aversive strategies, including restraint and time out, and those which involve potential risks to the client’s rights and protections. This committee ensures the rights of the client are protected. It will also approve all crisis intervention personal safety techniques used by direct service providers.

After required approvals, review behavior support plans initially within two weeks of implementation to determine if any modifications are needed. After that, review behavior support plans at all formal reviews of the Individual Service Plan, not exceeding 180 days for positive plans. Review aversive support plans every 30 days. Provide status reports from these reviews to the client or legal guardian, legal guardian if the client is under 18, provider and others from the Interdisciplinary Team.

Restraints and Timeout

Restraints and timeout are only used with behaviors that are destructive to self or others and only when less intrusive strategies have proven unsuccessful. They must be approved before use by the county board of DDS Human Rights Committee and reported to DODD within 5 working days after approval.

Use of timeout requires the following safeguards:

- A. Do not key lock a time out room. The door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

- B. Provide adequate light and ventilation in the room and a safe environment for the client.
- C. Protect a client in a time out room from hazardous conditions including, but not limited to, presence of sharp corners and objects, uncovered light fixtures, and unprotected electrical outlets.
- D. Maintain the client under constant visual supervision at all times.
- E. Record time out activities.
- F. Emergency placement (i.e. without a written plan) of a client in a time out room is not allowed.

Discontinue restraint or time out if it results in serious harm or injury to the client or does not achieve the desired results as defined in the behavior support plan.

Report use of restraint or time out in an unapproved manner, without obtaining required consent or approval or that results in an injury as a major unusual incident.

Obtain approval from the Director of the Ohio Department of MR/DD before using the following methods of restraint:

1. Any emerging methods and technology designated by the director as requiring prior approval.

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

2. Any other extraordinary measures designed by the director as requiring prior approval, including brief application of electric shock to a part of the client's body following an identified behavior.

Prohibited Actions

Prohibited actions are those interventions which are damaging to a client's health, safety, mental and emotional well-being, personal dignity or self-esteem.

Report prohibited actions as major unusual incidents.

Prohibited actions include the following:

1. Any physical abuse such as striking, shoving, spitting on, paddling, spanking, pinching, corporal punishment or any other action to inflict pain.
2. Any sexual abuse.
3. Abusive language, including swearing and/or yelling (a raised voice may be used in a crisis situation as a startle reflex).
4. Threats, ridicule or use of objects in a demeaning manner.
5. Total elimination of room illumination or painful auditory stimulation.
6. Procedures that cause emotional or physical pain.
7. Aversive strategies that frighten or cause pain to the client.

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

8. Time out in a room with the door closed, exceeding one hour for any one incident and exceeding more than two hours within a 24 hour period.
9. Placing a client in a time out room and leaving him/her unsupervised.
10. Systematic, planned intervention using manual, mechanical or chemical restraints except when necessary to protect health, safety and property and only when all other conditions required by the behavior support policies and procedures have been met.
11. Medication for behavior control, unless it is prescribed by and under the supervision of a licensed physician involved in the interdisciplinary planning process.
12. Squirting a client with any substance as a consequence for a behavior.
13. Denial of breakfast, lunch or dinner.
14. Medically or physically contraindicated procedures.
15. Interventions used for staff convenience, as a substitute for on-going programming or as retaliation.
16. Use of noxious substance (i.e. ammonia, vinegar) or similar type substances.
17. Using standing or as needed plans.

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

18. A client disciplined by another client.

Crisis Interventions

A crisis is an unexpected emergency which necessitates an immediate response to protect a client from injuring themselves or others.

A sudden change in behavior such as pacing, crying, shouting, refusal or obsessing can signal that a crisis may occur.

These sudden changes in behavior are a form of communication. The response to these changes in behavior can determine whether a situation will calm down or escalate. Respond in a manner that is least intrusive and move to more intrusive, as necessary. Do not use time out as a crisis intervention technique.

Crisis intervention listed below from least intrusive to most intrusive:

1. Verbal intervention Ask the client what is wrong. Ask if you can help.

2. Alter the environment Change seating or remove objects or other clients.

3. Redirection/distraction Refocus attention on something else without minimizing the problem. Ask a question about an unrelated topic. Clap hands loudly.

4. Offer alternative choices

Date Adopted	10/85	Section	700 Behavioral Intervention and Change
Date Revised	10/94, 08/02, 02/12, 08/14	Subject	701 Behavioral Intervention and Change
Rule Referenced	5123:2-3-25, 5123:2-1-02		

5. Set clear limits Say “When you speak softly, we can talk” or “You need to stay in this area”.

6. Utilize personal safety techniques

Staff receive training in the implementation of approved crisis intervention techniques. The Executive Director is responsible to ensure training occurs.

Document each crisis situation. If the crisis intervention involved any type of restraint, report it as an MUI/UI.

Monitor these crisis situations to determine patterns. If crisis interventions are used on a frequent basis, it is no longer considered crisis behavior. Review the now predictable behavior through the behavior plan development process.

If the behavior occurs more than once per week, three times a month, or nine times a year, review the behavior through the program planning process.

The County Board of MR/DD Human Rights Committee approves all crisis intervention personal safety techniques. The Executive Director is responsible to submit crisis intervention personal safety techniques for approval.