

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
DDS DIRECTOR'S OFFICE POLICY MANUAL**

<b>Policy Type</b>	<b>Subject of Policy</b>	<b>Policy No.</b>
<b>Service</b>	<b>Behavior Management</b>	<b>3011-D</b>

1. **Purpose.** This policy is intended to provide guidelines for managing challenging behaviors of individuals residing in DDS operated programs (Human Development Centers).
2. **Scope.** This policy applies to all DDS operated programs (Human Development Centers) and their employees/volunteers. All such programs will include a review of this policy as part of the employee orientation process.

3. **Definition of Terms**

*Behavior management*, as covered by this policy, serves as a guide to ensure that an individual's actions that are aggressive, disruptive and/or present a danger to the individual or to others are managed with the least restrictive method. Behavior management is not a substitute for other forms of active treatment and is incorporated into program plans, based on individual needs.

*Qualified Mental Retardation Professional (QMRP)* or QMRP designee is used in this policy as a person designated to monitor, supervise, and make decisions regarding specific behavioral situations. QMRP/designee will be assigned by the administrator of the DDS program in which he/she works. Criteria for selection will involve prior training, experience, and demonstrated ability in the area of behavioral management. The QMRP/designee must be in a position that is on a level involving supervisory or decision-making responsibilities. The QMRP designee is authorized to perform any of the duties of the QMRP as outlined by regulations or policy.

*Interdisciplinary Team (IDT)* is defined as a group of persons (professionals, paraprofessionals and non-professionals) who develop an individual's program plan and whose participation is required in order to identify the needs of the individual and to devise ways to meet those needs. The IDT includes the individual and may also include those persons who have worked or will work most closely with the individual, those persons who provide needed assessments or services, and the individual's family, guardian, or advocate. In general, the IDT includes persons professionally qualified in such fields as health care, education, psychology, and social work.

*Licensed nurse* is defined as a registered nurse or licensed practical nurse. The agency may use a physician, in lieu of a licensed nurse, but this is not required.

Replacement: This policy replaces DDS Commissioner's Policy 3011-D, dated January 28, 1981, March 13, 1981, and DDS Director's Policy dated October 1, 1991; December 1, 1993; and January 30, 1998.

Reviewed: Arkansas Legislative Council Rules and Regulations Subcommittee \_\_\_\_\_, 2003

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4. **Policy**

**NOTE:** It is the philosophy of the agency to utilize all positive approaches to behavior management prior to and in conjunction with more restrictive programmatic techniques. Positive approaches may include, but are not limited to: positive reinforcement, gentle teaching, redirection, graduated guidance, and modeling of appropriate behaviors. Measures to address positive behavior should be incorporated into formal program efforts to the extent feasible.

Efforts at positive programming prove to be successful with the majority of maladaptive behaviors. All Human Development Centers will maintain policies and procedures for positive programming. The use of behavioral programming other than positive is designed for the individuals who repetitively engage in dangerously aggressive behavior and for whom other interventions have not been effective. All behavior programs developed in accordance with this policy will be designed to reduce or eliminate the target behavior(s) within a specified time frame, will be supported by documentation that positive, less restrictive methods have been systematically attempted and failed, will be monitored regularly by the individual's QMRP and Interdisciplinary Team (IDT), and will be revised if proved to be ineffective. The potential harmful effects of each procedure will be weighed carefully against the harmful effects of the targeted behavior and the IDT will determine if the harmful effects of the behavior outweigh the potentially harmful effects of the procedure.

**Category I:**

Category I procedures are those which may be used without prior approval of the Human Rights Committee or psychology staff. To ensure consistency, they should be addressed by the IDT. Frequent use (as determined by IDT) of these procedures with an individual indicates the need for consideration of the development of a behavior plan by the individual's IDT.

The individual must be supervised during these procedures. With the exception of verbal intervention, any use of Category I procedures, whether part of a formal behavior program or not, requires documentation on a Behavior Incident Report, Data Sheet, or other locally used behavior documentation system.

- A. **Verbal Intervention:** Verbal intervention is utilized to stop an inappropriate behavior in progress and involves telling the individual "no" or "stop", identifying the behavior, and redirecting to an appropriate activity. The command is given in a firm but normal tone of voice. Threats, screaming, yelling or issuing repetitive or multiple sets of commands are not considered verbal correction and are inappropriate.
- B. **Separation From Activity Up to 30 Minutes:** The individual is prevented from engaging in a reinforcing activity in which he/she has displayed inappropriate behavior. Separation is maintained within the same room or outdoor area where the activity is conducted. This is considered a Category I procedure if compliance by the individual can be

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accomplished through verbal prompting/physical prompting without requiring personal restraint (holding).

- C. Separation From Setting Up to 30 Minutes: The individual is removed from the area where the reinforcing activity is taking place. Separation must occur under observation either outdoors or in a living or training area (bathrooms, storage rooms and closets do not constitute living/training area). This is considered a Category I procedure if compliance by the individual can be accomplished through verbal prompting/physical prompting without requiring personal restraint (holding).

**Note:** Separation to Allow Calming (STAC) – Also available is the positive procedure of STAC whereby the person is encouraged to move to an area away from the person or situation that upset them. At the same time, they are assisted in directing their attention to talking about the problem, listening to music, talking about family, relaxing quietly, going for a walk, etc. The activity should be chosen by the person in need of calming. When sufficiently calm, staff will assist the person in resuming normal activities.

- D. Assignment of Additional Chores: The individual is assigned additional chores as a consequence for inappropriate behavior. Additional chores may be assigned only if such chores are already a part of the Individual Program Plan (IPP) and are not designed to replace work assignments of housekeeping personnel.
- E. Restitution: The individual is cued to restore any property damaged, stolen or defaced. If appropriate to the individual's level of functioning, he/she may be cued to offer a verbal apology to the offended person. If appropriate to the individual's ability to comprehend, monetary reimbursement for the value of the damaged or stolen property may be required if this is a part of the IPP. In lieu of full value, a symbolic portion of the value may be required. Monetary reimbursement requires Human Rights Committee approval and Guardian consent.

**Note:** The individual is not degraded nor put on display while restoring damage. The individual is given the same equipment and protection to complete the restitution as would normally be given to a person not responsible for the damage.

- F. Withholding Privileges: The individual loses a particular privilege following the occurrence of an inappropriate behavior. Privileges include such things as special planned community activities. However, trips off grounds are special and should only be curtailed if problem behavior is anticipated during that trip. Examples of situations where problem behaviors may be anticipated include a problem behavior having already occurred and the person is not fully calm, or, a problem behavior has not yet occurred, but there are indications that a problem behavior is likely. The curtailing of trips off grounds should be done after consultation with psychology staff, or with supervisory staff if psychology staff is not available. Privileges do not include basic living activities, such as meals, habilitation activities, or basic rights afforded all individuals.

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- G. Personal Property Removal (less than one hour): Removal of an individual's personal item that is being used in an inappropriate or unsafe manner or location. For example, if an individual disturbs others in a common TV room by playing his radio too loudly and will not reduce the volume when instructed, the radio may be removed from that individual for a time not to exceed one hour. The item will be held in a secure area and will be returned to the individual's room or to the individual directly, as appropriate (See Section 6, *Page 8 of 9*).

Category II:

Category II procedures may only be used as part of a formal behavior program designed by the individual's IDT, written by a licensed psychological professional, and approved by a licensed psychologist, physician, Human Rights Committee, and the facility administrator. Behavior program approval will include receipt of a signed consent from the individual and/or guardian.

- A. Response Cost: The individual loses reinforcers previously earned in a behavior management system, (i.e., Token Economy Program)
- B. Overcorrection - includes the following procedures:
- 1) Restitutive Overcorrection: Requires the individual to restore the environment to a state that is better than it was before the occurrence of the inappropriate behavior.
  - 2) Positive Practice Overcorrection: Requires the individual to engage in an intensive practice period in which the alternative appropriate behavior is practiced.
- C. Contingent Personal Property Removal (up to 24 hours maximum): Immediate removal of an individual's personal belongings contingent on the occurrence of a targeted behavior. Confiscated property will be held in a secure area and will be returned to the individual's room or individual directly, as appropriate. This procedure is considered Category II if the individual voluntarily (without duress or coercion) surrenders the property upon request.

Category III:

Category III procedures may only be used as part of a formal behavior program designed by the individual's IDT, written by a licensed psychological professional, and approved by a licensed psychologist, physician, other professionals, as indicated by the nature of the program, Human Rights Committee, and the facility administrator. Behavior program approval will include receipt of a signed consent from the individual and/or guardian. The individual's record documents the IDT's conclusion that the potential harmful effects of each restrictive procedure (restraint, etc.) are clearly outweighed by the harmful effects of the targeted behavior.

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- A. Separation Time Out (Activity or Setting): Placement of an individual in a quiet area away from reinforcing activities or persons as a result of an inappropriate behavior occurring. The individual will be visually monitored during the time out. Further conditions include *either*:
- 1) Separation lasting for over 30 minutes to one (1) hour maximum.
  - 2) Separation (any length of time) requiring physical intervention/personal restraint to ensure compliance.
- B. Contingent Personal Property Removal (up to 24 hours maximum): Immediate removal of an individual's personal belongings contingent on the occurrence of a targeted behavior. Confiscated property will be held in a secure area and will be returned to the individual's room or to the individual directly, as appropriate. This procedure is considered Category III if the individual does not voluntarily surrender the property upon request, and it must be physically removed.
- C. Sensory Deprivation: Involves the temporary impeding of one of the individual's senses for a period of time, contingent upon the occurrence of the target behavior. Most often, this procedure includes only the use of a blindfold or cloth placed over the individual's eyes when it has been shown to facilitate calming. The individual must be visually supervised during the use of this procedure, which may be used in combination with other Category III procedures, as designated in the individual program. It could also include lessening auditory input by covering the individual's ears, or covering a body part (usually the hands) to limit tactile stimulation, hand in mouth, or biting.
- D. Restraint: When utilizing restraint as a programmatic option, a hierarchy of lesser restrictive procedures will be attempted prior to restraint, except in limited cases where this is clearly clinically contraindicated. IDT consideration will be given to parent/guardian notification of the use of restraint and address it in the behavior program.
- 1) **Personal Restraint: In order to prevent personal injury or serious property damage**, the individual or a portion of an individual's body is immobilized by another person or persons in order to prevent personal injury or serious property damage. Approved methods of intervention must be in the individual's behavior program. This is planned personal restraint, contingent upon occurrence of a target behavior. When available, a licensed nurse should monitor the personal restraint and/or check the individual's physical condition as soon as possible following restraint.

Excluded as personal restraint are: physical assistance, prompting of graduated physical guidance to assist individuals during such procedures as toothbrushing and feeding, or to control random head or arm movements during such procedures

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as haircutting, or the use of physical assistance in escorting, redirecting, or in manual guidance techniques are not considered personal restraint and do not require documentation as personal restraint. Also excluded as programmed personal restraint is the use of personal restraint in an emergency situation (Section 6, *Page 8 of 9*) or during a necessary medical or dental procedure.

In the event of personal restraint, the QMRP/designee of the area must be notified as soon as possible. Programmed personal restraint will occur until the individual is calm and will not exceed fifteen (15) minutes. The IDT will define what constitutes calm behavior for this individual when used in a behavior program.

- 2) **Mechanical Restraint: In order to prevent personal injury or serious property damage**, the individual or a portion of the individual's body is immobilized until calm by an approved device or devices which may also prevent normal functioning, as described in section C, above. Restraints must be checked for safety and integrity prior to use. The device's use will not exceed 15 minutes without an extension of time approved and documented by the QMRP/designee, preferably, after face-to-face attention. Unless otherwise determined by the IDT, QMRP/designee extensions will be obtained every 15 minutes until the individual is calm. The IDT should define what constitutes calm behavior for this individual when used in a behavior program. Unless determined clinically contraindicated by the QMRP/designee, should the time in restraint reach 55 minutes, the individual must be released for five minutes for motion, liquid intake, or toileting.

Should time in restraint reach 1 hour and 50 minutes, the individual must be released for at least 10 minutes—for motion, liquid intake, or toileting. If this 10-minute release is judged to be a danger to the individual and/others, additional staff should be called to ensure safety for all concerned. In addition, the individual will be checked, face to face, at least every 15 minutes for safety, well being, and integrity of the restraint. Constant observation is required.

Note: On-site monitoring by the QMRP/designee is recommended. When available, a licensed nurse should monitor the mechanical restraint. If unavailable to monitor, a licensed nurse shall check the individual's physical condition as soon as possible following restraint, but in no case later than thirty minutes after the initiation of the restraint.

Excluded as programmed mechanical restraint is the use of restraints in an emergency situation (Section 6, *Page 8 of 9*), during a necessary medical or dental procedure, or to promote healing following a medical procedure or injury. Devices such as a helmet which are not prescribed for the purpose of restricting an individual's movement and/or normal functioning, but rather for their safety and protection are not considered a mechanical restraint.

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Note: For medical management, please refer to local site Policy on drugs to manage behavior (Behavior Management/Psychiatric Interventions).

**5. Conditions for Use of Behavior Programs.**

- A. A formal behavior program will be developed by the IDT, written by a licensed psychological professional, and approved by a psychologist. It will include the following elements:
- 1) Description of the behavior to be modified;
  - 2) Functional Analysis;
  - 3) 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;
  - 4) Description of any alternatives to the specific procedures;
- B. The Individual Program Plan or behavior program will include:
- 1) Description of all procedures already attempted;
  - 2) Side effects and risks, if any, of the intervention, in comparison with those of allowing the maladaptive behavior to continue; and
  - 3) Behavioral objectives.
- C. Behavior Management Procedures 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.
- D. All persons administering Category II and III procedures must have been trained in the administration of those specific procedures and have personally experienced those particular procedures, unless medically contraindicated for that person.
- E. The Human Rights Committee will review all Category II and III programs at least every 6 months.
- F. IDT consideration will be given to seeking consultation from outside expertise when IDT staff resources have been exhausted, as evidenced by the use of Category III procedures for over one (1) year without significant progress. If an outside consultant has been used without success, the agency should continue to access this or other outside expertise until an effective strategy is realized.

An outside consultant is defined as a professional of any discipline and who is not a member of the IDT. For instance, the outside consultant may be a member of the HDC

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staff not on the identified IDT, the agency staff, or a professional not affiliated with the agency.

6. **Emergency Procedures**. Nothing in this policy prohibits the use of emergency restraint (mechanical or personal), confiscation of any item used in a threatening manner, or removal from the environment for the purpose of protecting the individual and others around him/her. This includes the use of restraint procedures in the course of an established program, when the individual becomes a danger to him/herself or others, prior to staff being able to implement a lesser restrictive hierarchy. However, it is emphasized that emergency procedures may not be used at frequent intervals, becoming a routine method of intervention. If emergency procedures are utilized three times in a six-month period, the IDT will meet to conduct a functional analysis and develop an appropriate plan of action. The emergency use of restraint must conform to ICF/MR regulations and must be reported immediately to the facility administrator or designee.
  
7. **Prohibitions**: These activities are expressly prohibited.
  - A. Corporal punishment - refers to the application of painful stimuli to the body as a penalty for certain behavior, and includes, but is not limited to, hitting, pinching, the use of electrical shock or other infliction of pain, whether or not applied as part of a systematic behavior intervention program.
  - B. Individuals who receive services from the agency disciplining other individuals unless involved in an organized and approved self-governing program. Individuals will not participate in the actual administration of discipline.
  - C. Seclusion of an individual alone in a room or other area from which entry/exit is prevented. This does not include placement in a time-out area for brief, programmed time segments, as part of a behavior program that meets all applicable standards.
  - D. *Unless specifically requested by family/guardian*, any procedure that denies visitation or communication with family members.
  - E. Any procedure that denies sleep, shelter, bedding, food, drink, or use of bathroom facilities.
  - F. Inappropriate vocalizations, maltreatment, neglect, or forced exercise.
  
8. **Informed Consent**. The individual served and/or guardian, as appropriate, will be provided a copy of the behavior program which utilizes Category II and III procedures. Informed consent will be obtained PRIOR to the implementation of the program, with the following procedures:

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- A. Persons 18 years of age or older who have no legally appointed guardian may give informed consent for their behavior program. If there is a question about the individual's ability to give informed consent and no guardian can be located, appropriate legal action must be pursued to have someone appointed who can give consent.
  - B. Consent by the legal guardian(s) is required if guardianship has been established.
  - C. The legally adequate consent will:
    - 1) Specify, in terms that are easily understood, the restrictive or intrusive procedure(s) involved;
    - 2) Inform the person(s) giving consent of any potentially harmful effects of the procedure(s);
    - 3) Be time-limited, not to exceed one year; and
    - 4) State that consent may be withdrawn at any time.
9. **Uncategorized Procedures.** In the event a proposed procedure does not readily fit in one of the prescribed categories, it may be utilized on an emergency basis, if necessary, at the discretion of the administrator or designee until the appropriate category is determined.

**NOTE:** Behavior Management Policy 3011-D does not preclude the use of other restrictive/intrusive procedures that would prevent serious bodily harm and/or destruction of property or death. These procedures can only be considered when lesser restrictive procedures have been proven ineffective or their implementation are determined to be clinically contraindicated. Approvals required are the same as those for Category III procedures. Additional approvals may be required as deemed necessary by the facility administrator.