BrightLife
Enhancement Services
Holistic approach to healthcare

Behavior Management

POLICY:

A. Brightlife Enhancement Services and each of its programs are committed to delivering positive interventions for persons accessing services, who may demonstrate behavioral concerns.

INTENT:

A. Provide guidance and support to each of its programs providing positive interventions while nurturing personal growth and dignity of persons served.

PROCEDURE:

A. When or if persons served demonstrate behavioral concerns, staff will implement de-escalation strategies that empower persons served to manage their own behavior.

B. **<u>De-escalation Strategies:</u>**

After evaluating the environment for personal safety, staff may employ verbal de-escalation techniques to support management of crisis behaviors.

1. Use tone of voice to assist in de-escalating persons served. Use a modulated, low, monotonous tone. Raising one's voice only escalates a situation.
2. Stay and appear calm. Staff anxiety can make the person served feel more anxious and unsafe. This, in turn, escalates the situation further.
3. Remove the person from loud, busy environments to an environment that is calm and quiet. This also prevents feeling more anxious and unsafe.
4. Don't try to reason with, correct, or persuade an escalated person. Reasoning is not possible while escalated.
5. Be respectful, even when firmly setting limits. Agitated individuals are sensitive to feeling shame and disrespect.
6. Give choices when possible, with both alternatives being safe.
7. Redirect to an enjoyable activity or to a person with good rapport.
8. Keep instructions and dialogue simple in attempting to bring the level of arousal down.
9. Give appropriate physical space.
10. Listen—active listening often is enough to de-escalate the situation. Remember, the goal is to calm the person down and help him or her to feel safe and in control.

11. Conversations should occur only when calm and able to engage in understanding.

In keeping with the organizations mission and values the goal is to build positive relationships and empower clients to manager their own behavior by reacting safely, sensitively, and with dignity.

C. <u>Prohibited Restraint, Seclusion or Restrictive Techniques:</u>

In no event, may the following, aversive, inappropriate techniques of managing behavior be:

- Corporal punishment
- Punishment for a manifestation of a disability
- Prone restraints: those restraints in which a student is held face down on the floor
- Locked rooms, locked boxes, or other locked structures or spaces from which person cannot readily exit
- Noxious substances
- Deprivation of basic human rights, such as withholding meals, water, or fresh air
- Treatment of a demeaning nature
- Electric shock

D. <u>Treatment Team Review:</u>

The use of de-escalation strategies to manage aggressive or concerning behavior requires a meeting of the treatment team to review the current plan for appropriateness and effectiveness. At this **monthly and quarterly** scheduled meeting, the team considers whether the person served needs a functional behavioral assessment, re-evaluation, a new or revised positive behavior support plan (safety management plan), or a change in the level of care to address behavior.

If it is found that the level of care needs to be modified, a referral for the appropriate level of care will be made and documented in the clinical file. This will be reviewed and discussed with person served, family, or others as appropriate and legally necessary.

E. <u>Standard for Privileges:</u>

All privileges must be granted or withheld in a manner which provides the most appropriate and least restrictive care and treatment consistent with safety, welfare, and legal rights of persons served, staff and the public. Assignment of privilege level or restriction shall be based on the ability of the client to manage safely without unacceptable risk of serious harm to self or others. Privileges may

not be taken away as punishment. For example, privileges may not be withheld if person served chooses to refuse treatment.

If restriction of services occurs or a privilege option is modified, for example, home based services are no longer appropriate or safe; the client will be notified of the reasons for this decision and when or how this decision can be changed. Privilege level must be determined with as much participation from the person served as possible and consideration toward physical, developmental, and abuse history.

F. Privileges and Restrictions:

The type, frequency, and environment (location) of services, and privileges is determined based on the following factors:

- Current risk of harm to self and/or others
- Ability to care for self
- History of significant harm to self or others
- Legal status
- Applicable legal issues
- History and/or current pattern of substance abuse
- Therapeutic goal(s) to be served by privilege level (e.g. autonomy, safety)
- Manner in which privilege status is determined is consistent with the multidisciplinary treatment plan

The following factors must also be considered when determining privilege level for child or adolescent clients:

- Safety of home setting and ability of parent/guardian to provide appropriate supervision
- Ability to make sound judgments tied in with level of impulsivity
- Child or adolescent's demonstrated behaviors and conformance with the treatment plan

G. Changes in Privilege:

The privilege level may only be changed after a review by the attending physician or clinical director, in consultation with the treatment team. A change in the privilege level will be made when necessary to meet the individual's needs. Adjustments to the privilege categories must be considered at each treatment plan review, and, if necessary, more often. All changes in the privilege level must be documented in the progress notes.

H. Request for Change in Privileges or Restrictions:

A client who wants to change privilege level or restrictions should first talk with the treatment team. The treatment team may consider a request for change during its

regular treatment team meetings or during a periodic review. The client should argue that he or

she could safely manage a higher level of privileges or less restrictions without unacceptable risk of harm. If the person served is unable to negotiate a change with the treatment team, the following three options are available.

I. Special Clinical Review:

Persons served may request a special clinical review if he or she disagrees with a privilege decision. They may obtain help in this process from a treatment advocate.

J. Modifying or Appealing the Client Treatment Plan:

As the person served moves through various privilege levels, the attending physician or clinical director documents in the treatment plan the criteria necessary for achieving the next privilege level. Thus, privilege level is influenced by language in the treatment plan. Person served has the right to reject part or all the content of any treatment plan. A client who is unhappy with their privilege level may seek to modify or appeal the treatment plan. Such an appeal must be filed within 10 days of the action or decision being appealed. For example, the client should appeal within 10 days of being informed either orally or in writing of the change in privilege status. If the treatment plan is rejected, but an appeal is not filed in a timely manner, the treatment plan is accepted. To make the appeal, the client must write a letter describing the matter and the reason for appeal.

K. Complaint:

The client may make a formal written or oral complaint pursuant to the complaint process regulations. The complaint shall go to the person in charge of the facility in which the person is confined or to a staff member of the facility, who shall forward the complaint to the person in charge. The complaint should explain how the current privilege level or restriction constitutes "a condition that he or she believes to be dangerous, illegal, or inhumane," the standard set out in the regulations.

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