

**Cottonwood, Inc.
Policies and Procedures**

SECTION: Consumer Related

POLICY NO: 05-011

SUBJECT: Behavioral Supports

EFFECTIVE DATE: September 1990

**Licensing Regulation
Reference:** 30-63-23

Policy:

It is the policy of Cottonwood Inc. to use positive, non-restrictive procedures to teach appropriate behaviors. Behavior programs will emphasize the development of desirable and adaptive behaviors. Behavior support programs and Risk Assessments will reflect evaluation and decision making by the consumer, guardian and their support team. The Behavior Plan will also be referenced in the Person Centered Support Plan (Support Plan). In all aspects of behavior management the balance of risk versus choice will be carefully considered.

Efforts to alter possible contributing environmental factors will be made prior to the implementation of behavioral procedures. When behavior support procedures are utilized, the hierarchy of least to most restrictive interventions will be followed. In some situations, the potential for harm may warrant immediate restrictive interventions; however the least restrictive effective measures will be utilized. Corporal punishment, aversive or noxious stimulation and mistreatment (abuse) of consumers is prohibited.

Psychotropic medication for individuals receiving services at Cottonwood, Inc. shall be monitored and maintained at the minimum effective dose. Psychotropic medications shall be used only after the consumer, guardian and support team have carefully weighed potential benefits and side effects of the medication.

Psychotropic medications shall not be used as punishment, for staff convenience, as a substitute for a positive program or in the absence of a systematic data collection method with which to evaluate drug efficacy.

Restrictive procedures and psychotropic medications that are used to manage behavior must be incorporated into a written behavior support plan that is designed by a support team to lead to the least restrictive way of managing the behavior or psychiatric disorder. The Behavior Support Plan is reviewed by the Internal Review Committee, Human Rights Committee (HRC) and consumer (and/or guardian if applicable). Psychotropic medications may be started prior to a formal HRC review with guardian/consumer informed consent. The consumer and/or guardian must consent in writing. The consent and medication history will be reviewed at the next HRC meeting.

Procedures:

1. Positive Behavioral Intervention

- A. The support team, based on functional assessments and/or baseline measures, may determine that an individual requires a positive behavioral procedure to reduce a targeted behavior. The support team will determine, based on the least restrictive model, the types of positive behavioral procedures utilized in a plan to reduce a behavior and to teach the individual new appropriate adaptive behaviors.
- B. The Case Manager will, on a monthly basis, review data as it relates to each positive behavioral program and make revisions accordingly.
- C. The Case Manager and support team will review the plan formally at the time of the annual Support Plan Meeting.
- D. A positive behavioral intervention may or may not have a formalized plan.
- E. A positive behavioral intervention does not have to be reviewed by the Human Rights Committee.

2. Restrictive Behavioral Intervention

- A. Unless emergency conditions exist, restrictive interventions may be used only after positive behavioral measures have been proven ineffective. The support team will determine the type of restrictive procedure needed to reduce an identified behavior, based on the outcome of comprehensive functional assessment and baseline measures. Protection from harm issues and any contraindications must be taken into account.
- B. If there is a recommendation by the support team, the restrictive procedures and Informed Consent shall be reviewed by the Internal Review Committee (IRC) using the IRC checklist. Subsequent review by the Human Rights Committee is also necessary.
- C. The Case Manager will, on a monthly basis, review data as it relates to each restrictive program. Based on this data, program revisions will be recommended as needed. Changes in program objectives and methodologies will be determined by the support team as an individual makes progress or demonstrates a lack of progress. Any significant changes of a restrictive nature need to be approved by the IRC and Human Rights Committee who will also review the Behavior Support Plans at least annually.

3. Medication Intervention

- A. The support team shall review, discuss and make recommendations regarding the initiation, monitoring and adjustment of psychotropic medication using assessments, baseline data and data summaries. Support team members not present at meetings may give input by contacting the Case Manager.
- B. Data will be obtained by direct support staff at the direction of the Case Manager.

- C. When a problem is severe enough to warrant a team meeting the information below will be used prior to a consult with a psychiatrist:
 - 1. Identification of the presenting problem. Target behaviors shall be defined in specific observable and measurable terms, including the onset and offset of each incident of the target behavior.
 - 2. Identification of antecedents and results of the behavior.
 - 3. A review of the intervention history and the results of previous attempts to modify the target behavior or condition, including psychotropic medications; behavioral programs and/or other therapeutic programs.
 - 4. Development of a plan based on the assessment to include any needed referrals, programmatic interventions, environmental changes or other recommended measures.
 - D. If the support team determines that a referral for psychiatric or psychological consultation is appropriate the case manager or non-Cottonwood, Inc. Designated Health Care Coordinator will make the necessary arrangements.
 - E. If a medication is prescribed, the medication review will be added to the behavior support plan or a new plan created.
 - F. Individuals taking psychotropic medication shall be monitored by direct support staff for side effects as recommended by the prescribing psychiatrist/physician. Direct support staff will be given a description of possible side effects and a data sheet, or other instructions on how to document their observations.
 - G. An individual's psychotropic medication will be reviewed by the support team at least annually.
 - H. Information regarding the measured effectiveness of the medication according to the data quantification, the existence and nature of side-effects, and other input from team members regarding recommended changes will be provided to the consumer/guardian and the prescribing physician. Final decisions regarding the use or dosage of psychotropic medication will be made by the consumer/guardian and the psychiatrist/physician with oversight review provided by the Human Rights Committee. Any subsequent changes made to medications will be presented to the HRC after seeking consumer signature and guardian signature, if applicable.
 - I. The prescribing psychiatrist/physician shall be consulted to develop a minimum effective dose. This shall be reviewed by the prescriber at least semi-annually or more frequently if requested for any individual who is taking psychotropic medication in order to ascertain whether the medication continues to be necessary; and, if so, the minimum effective dose.
4. Each Behavior Support Plan shall specify the following:

- A. Target Behaviors/Psychiatric Symptoms: Maladaptive behaviors and significant psychiatric symptoms be decreased. Possible replacement behaviors are also identified in this section.
- B. Response of support team including current interventions: Actions to decrease negative/inappropriate behaviors and actions to increase positive behaviors. Current medications to prevent/decrease psychiatric symptoms
- C. Data collection procedures including frequency and severity
- D. Baseline of target behaviors
- E. Rationale
- F. Statement of Desired Outcomes and Methods to Determine Effectiveness
- G. Fading Plan
- H. History
 - 1. Social/Psychiatric/Relevant behavior/symptoms history
 - 2. Psychotropic medication monitoring appointment history, if shared
- I. Data Analysis: Process to be used and data interpretation including graph and/or narrative
- J. Possible side effects to the individual/implication for the rights of others
- K. Informed Consent on file

Note: Behavior Support Plans developed by another provider and submitted to Cottonwood, Inc. IRC/HRC for review must meet the requirements of Article 63 but may be in a different format.

Definitions:

1. Positive Behavioral Management Intervention

- A. **Positive reinforcement** – an item or event that is given only contingently and is enjoyed by the recipient and can be used to increase an adaptive behavior. Positive reinforcement could include activities, social praise and objects.

Food may be used as a positive reinforcer only when all of the following conditions are met:

Alternative reinforcers have proven ineffective.

The procedure is not medically or nutritionally contraindicated.

The procedure is specifically time-limited.

The procedure is specified in the Behavior Management Plan.

- B. **Redirection** – a type of prompt, either gestural, verbal or physical, utilized by staff as a means to refocus a person’s attention to an activity or event which would result in the individual receiving positive reinforcement.
- C. **Teaching** – a procedure, on a one-to-one consumer to staff basis, which reduces behaviors and teaches an alternative behavior. The teaching procedure could include teaching the consumer a work skill, activity, physical exercise and/or social skills training.
- D. **Blocking and Redirecting** – a procedure where staff, utilizing their hands, block the behavior and redirect the person either through a gestural, verbal, or physical prompt to an activity or event where the person may receive positive reinforcement.

2. Restrictive Behavior Management Interventions

- A. **Restrictive Procedures** – inhibit an individual’s movement, ability to obtain positive reinforcement, or ability to participate in programs.
- B. **Response Cost** – is a form of behavior management in which the loss of a specific amount of reinforcement occurs, contingent upon the performance on an inappropriate behavior, and results in the decreased probability of the future occurrence of the behavior. Each occurrence of the inappropriate behavior results in the loss of a specific amount of positive reinforcement already held by the individual.
- C. **Exclusionary Time Out** – as a rule, Cottonwood, Inc. does not use exclusionary time out.
- D. **Alternate Work Area** – an alternate work area is defined as an area other than a consumer’s regular work area to which a consumer goes to de-escalate. This procedure may be used on an emergency basis for episodes of aggression, however it must be incorporated in to a formal program if usage of the procedure exceeds two times in a 90-day period. As this is defined as a work area, all guidelines which apply to a regular work area also apply to the alternate work area, and all other programs remain in place. Guidelines include:
 - 1. work is provided
 - 2. egress is permitted
 - 3. procedure is time-limited
 - 4. access to restrooms and water is provided
 - 5. isolated break and/or lunch periods may be considered based on the type or severity of the behavior
 - 6. supervision is provided by work supervisors to ensure compliance

7. use is documented to assess effectiveness.
3. Support Team – an interdisciplinary team, at a minimum, should include the person served/guardian, the Case Manager and at least one services coordinator responsible for a service the individual receives. Ideally, the interdisciplinary team will also include other primary staff directly involved in the process of defining, refining, and meeting goals (including Cottonwood, Inc.'s nurse, direct support staff, other service providers, physicians, therapists, pharmacist, etc. as applicable). The team may also include other significant persons, such as employers, family members, peers, etc., at the option of the person served/guardian and Cottonwood, Inc.
4. Baseline – is defined as a period of time a behavior is measured in order to establish how often a target behavior occurs. A baseline serves as a standard against which to evaluate the effectiveness of any subsequent change or intervention.
5. Target Behavior is the behavior to be measured and changed.