COBB COUNTY COMMUNITY SERVICES BOARD

Policy # 8010	Non-Violent Practices
Origination Date: March 30, 2004	
Revision Date: March 11, 2005; March 21, 2006; January 21, 2009; August 28, 2009; September 9, 2009, July 20, 2010, September 24, 2012,October 17, 2013, August 5, 2015, February 29, 2019 Reviewed Date: June 29, 2007, October 17, 2016	
Related Policies	
Approved: Foster Norman Foster Norman, Executive Director	3-1-19 Effective Date

POLICY:

It is the policy of the Cobb County Community Services Board that persons are provided with access to needed positive behavioral supports as part of the service delivery process. The methods utilized are in accordance with DHR's Rules and Regulations for Consumer Rights, Chapter 290-4-9, and CARF Standards for Behavior Management, and with the American Psychological Association's most current edition of the Standards for Providers of Psychological Services.

The Cobb County Community Services Board provide training and guidance to staff in handling combative clients to protect a combative client from hurting him- or herself or others or destroying property.

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PROCEDURE:

Aggressive/Assaultive Clients

1. CSB trains staff using the Crisis Prevention Institute's (CPI) Non-Violent Crisis Intervention program, which includes verbal techniques for the purpose of de-escalation and safe management of clients. All direct care staff receive training within the first 60 days of hire and ongoing training consistent with CPI's recommended training schedule.
2. The staff member will notify the closest staff person as soon as a potentially combative client is recognized.
3. The notified staff will contact the program manager and/or the case coordinator.
4. The clinical coordinator, program director, or a mental health professional is notified.
5. If the client becomes combative in a public area (such as a waiting room), the staff member shall attempt to have the client go to the closest empty office. In addition, call Code Green if needed. Staff should use the largest room with the least furnishings available. If other clients can be removed, the waiting room is suitable.
6. If the combative client cannot be removed from the public area peacefully, then staff shall instruct all other clients to leave the immediate area.
7. Once the combative client is isolated from other clients, the staff person makes every effort to talk calmly to the client assuring him/her that he/she is safe and that no one is going to harm him/her. Family members, if available, may be used to offer reassurance.
8. If combative client is in a small room, the door remains open with the client having access to the door to avoid feeling "boxed in." The staff member directs other staff as to whether assistance is needed inside the room or whether availability outside the room is best.
9. If combative client makes an effort to attack or throw things at staff members or other clients, the staff member and/or client(s) exit quickly, leaving the client alone in the room with the door open.
10. If the combative client is destructive to property or leaves the room in an effort to attack staff or clients, the local police department should be called by available staff. If possible, the outside doors should be locked to prevent the client from leaving.
11. While waiting for the police, the staff member should continue to try to calm the client, and if necessary, encourage the client to walk around to release energy.
12. If a client becomes violent, police should be called immediately. Every effort will be made to remove all other staff and clients to safety, and to ensure by persuasion the safety of the violent person.

13. If two clients become combative with each other, staff should follow the above procedures, summon the appropriate clinical staff, and try to persuade the least agitated client to calm down. At no time should staff try to come between two combative clients nor should they allow other clients to intervene. The police should be called and the above precautions taken if neither client can be persuaded to stop.
14. If a client or two clients become combative in a group setting, the staff person should remove other clients from the room and call for assistance and follow the procedures outlined above.
15. When the police arrive, the staff member in consultation with the clinical staff will determine if inpatient psychiatric evaluation is needed or whether the legal authorities should take the client into custody.
16. The staff will make clinical recommendation to the police officer and expedite implementation by telephone calls to the appropriate facility.
17. If the client is taken into custody by police (regardless of disposition) and releases are signed, the family will be notified.
18. An incident report should be completed within 4 hours or the end of shift. The incident should also be documented in the clinical record.
19. If a client is discharged from a program for aggressive/assaultive behavior the program staff will provide references to the client/family for follow-up care.
20. Follow-up of clients discharged from a program because of aggressive/assaultive behavior will occur within 72 hours of the episode.

Community Based Staff:

1. Staff members will receive Crisis Prevention Institute (CPI) training in non-violent crisis intervention techniques. This training has a core philosophy of providing for the care, welfare, safety, and security of everyone involved in a crisis situation, the program's proven strategies give human service providers the skills to safely and effectively respond to anxious, hostile, or violent behavior while balancing the responsibilities of care. Crisis Prevention Institute (CPI) specialty classes available upon request. Recertification is based on the recommended CPI schedule.
2. Staff also receive the Relias training "De-escalating Hostile Clients" annually. Crisis Prevention Institute (CPI) specialty classes are available upon request and other evidenced based trainings can be provided based on staff's needs.
3. Safety concerns are discussed during meetings and any possible special considerations are set-up, i.e. calling the team leader prior to entering into a crisis situation, calling when the crisis is handled and leaving the house, which individuals will always require two team members, etc.
4. If an individual is posing a significant safety risk to themselves or staff, a staff member can/will contact local law enforcement to assist them in de-escalating the individual.

Positive Behavioral Support

1. Positive behavioral support involves the assessment and restructuring of environments so that people can experience needed support/assistance with diminishing their disruptive behavior. At the same time, the overall aim of support intervention is to promote the learning of more effective ways for persons to adapt, to move toward independence, and ultimately to experience

increased opportunities for lifestyle enhancement. The process of developing positive and effective behavioral interventions is a dynamic collaborative effort at problem-solving involving information gathering, assessment of the variables affecting a person's behavior, and designing/implementing strategies to meet individual behavior support needs.

2. Individual strategic behavioral support plans are developed through a flexible, but systematic, process of functional behavioral assessment. The result is a positive support plan comprised of assessment-based intervention strategies tailored to a person's specific needs and circumstances. Interventions can include a wide range of options, but typically involve: (1) some rearrangement of the environment so that problems can be prevented and desirable behaviors can be encouraged, (2) guidance or assistance for the person to use new skills as a replacement for disruptive behaviors, and (3) procedures for evaluating efficacy, monitoring, and reassessment of the plan strategies as needed. Support plans focus on proactive and educative approaches that blend values about the rights of people with a practical view of how learning and behavior change occur.
3. From the beginning, support teams including the client, their families and/or other supporters, and direct service provider staff are formed to work collaboratively in the assessment and intervention planning process. In general, support teams should always include people who know the person best, have a personal commitment to positive outcomes, and represent the range of environments in which the individual participates, and have access to resources for plan implementation. The support plan focuses not only on decreasing specific target behaviors, but also on building more effective and lasting adaptive skills with the client in the promotion of positive behavior change. In this way, outcomes decided upon by the team are driven by a positive and long-term vision of an improved quality of life for that person. Due to consideration of the characteristics of an individual client's needs and circumstances (e.g. differences in the severity of disruptive problems, complexity of environments), a flexible and creative approach is necessary. Certain aspects of the process may need to be varied such as types of data collection measures employed, the scope of information gathered, the initial extent of the plan, and the degree of monitoring/reassessment needed.

Client Consequences and Restrictions

Under certain circumstances restriction of privileges may occur as an intervention to modify the behavior:

1. Each program in the agency establishes its defined consequences for behavior intervention for clients who are participating in the program. This process is described in the program rules, the service plan or other programmatic documents.
2. The loss of a privilege results when a client acts or behaves inappropriately, and other interventions to change or shape behavior fail.
3. Loss of privilege is time limited in duration and consequence specific for each client. The treatment team determines the type and time frame for the loss of privilege, and the client is included in the process.
4. The treatment team consists of all staff, both clinical and support, which may be involved in the client's care and treatment.

5. At the end of the time period for which the privilege has been lost, the client's restricted or loss of privilege will be reinstated by the treatment team unless the team decides there is reason to extend the loss of privilege. If an extension of the loss of privilege be necessary, the client is included in the decision.
6. For DD clients positive behavioral supports are used as outlined in their behavioral support plan.

Client Consequences Inappropriate Behavior

Client consequences for inappropriate behavior are determined with input from staff involved in the incident. Final decision resides with appropriate clinical staff.

Outpatient

- Specific behaviors and concerns are defined in operational/observable terms by staff.
- Treatment teams meets to develop intervention strategies that are linked to the specific behavior.
- Team reaches a consensus regarding behaviors to target and formulate a plan to obtain desired outcome. Discuss with client the consequences as decided by the clinical team.

Residential

- Community Support Worker reports immediately alleged misbehavior to the site supervisor.
- The client participates in the review process.
- The site supervisor meets with the clinical staff person who works with the client. Any information related to a specific incident/behavior is presented at this time to the clinical team.
- The treatment team will determine the appropriate consequences interventions.

Residential and Day Service

- The use of seclusion, restraint or any form of corporal punishment is prohibited.
- Each program will have written guidelines regarding rules and consequences, which will be reviewed, by the client, and parent/guardian when appropriate, before the client enters the program.
- If a client displays disruptive behavior in the program, he/she may be asked to undergo a period of separation from the rest of the group. In such cases, supervision will never take place in a locked area or room, and staff will monitor the client until control is regained. Appropriate staff will assess client, if needed, to see if further control is needed or further interventions would be appropriate. The client will be allowed to rejoin the group when, on the judgment of the group leader, it is safe for the client and environment.

BHCC

Acting out client

- Principles of nonviolent crisis intervention are implemented as necessary including calming, giving directives, establishing therapeutic rapport, setting limits, redirecting and empathetic listening.
- If client continues to escalate, a last resort may be seclusion and/or restraints.

Supportive Employment

Specific issues/concerns are identified by the entire team including the client; strategies are developed along with the client's input to target areas of concern and implemented to achieve desired outcomes. These strategies are reviewed by the entire team and modified as needed to achieve desired outcomes. Principles of APSE guidelines are followed.

PROHIBITED PROCEDURES:

Further, to ensure that client's rights are protected, and that service is provided in a manner consistent with *best practice standards* outlined here, behavior support guidelines established by the Cobb CSB and the Douglas CSB *specifically prohibit the use of restrictive or otherwise unacceptable actions* by staff members, including but not limited to the following criteria examples:

- Fear-eliciting/aversive or any other restrictive/intrusive consequences
- Corporal punishment of clients by staff
- Physical abuse or verbal abuse of clients by staff
- Seclusion (**confinement to an area in which egress is prevented**) Exception BHCC.
- Physical Restraint - physical management of a client. Exception BHCC. See Seclusion and Restraint Policy #8079.
- Medication prescribed for behavior control in lieu of adjunctive behavior support measures designed to improve self-management and to reduce safety risk factors (**harmful effects of behavior vs. drug side effects**)
- Restrictive time-out areas or practices
- Deprivation of a nutritionally adequate diet, or other failure to provide for a client's necessary shelter, clothing, safety/protection needs
- Disciplinary action by clients against other clients

PROCEDURAL COMPONENTS:

Team Process/Support Plan Outcomes: Team Forming/Initial Collaboration Efforts

- Support team is involved in the assessment and intervention process (includes participation by key supporters from all environments - client, parents, family,
- Other natural supporters, direct service providers, advocates, other interested persons).
- Specific behaviors of concern are defined in operational/observable terms (what the person does that is self-limiting or problematic).
- Data collection tools are designed and baseline measures of behaviors of concern are decided upon (frequency, duration, intensity) in order to begin information gathering.
- Team reaches consensus regarding behaviors to target and formulates broad support plan outcomes (improved social relationships, greater community participation).

Functional Behavioral Assessment: Information Gathering/Evidence of Causation

1 Pertinent records are reviewed (current plan of care, progress notes, and clinical evaluations, Incident Reports, previous interventions employed, anecdotal accounts, correspondence, historical and background information).

- Functional assessment interviews are conducted with more than one person (individual,

parent/family members or other natural supporters, related service providers, employers, other interested parties).

- Direct observations are made across relevant settings/circumstances (multiple environments, over time) and by more than one observer.
- Other assessments are conducted to determine broader variables affecting the individual's behavior (ecological analysis, determination of typical activity patterns, opportunities for meeting the person's productivity, leisure, and community participation needs; medical and/or psychiatric referrals for consult/exams, if needed, are arranged to rule out contributions to current behavioral support needs).
- Data collection measures are utilized to gain objective clinical information regarding conditions preceding and following problem behavior, as well as motivational, and/or ecological/environmental variables that might be affecting the person's behavior.
- Information is collected until consistent, reliably recorded data allows objective evidence of behavioral patterns and likely related causative influences.

<u>Functional Behavioral Assessment</u>: Pattern Analysis/Evaluative Summary/Consensus

- Patterns are identified from the information collected that include a) most and least likely circumstances in which behaviors of concern occur, b) setting events or trigger variables involved and c) specific functions the behavior appears to serve for the individual.
- Broader variables (ecological, activity, opportunities for choice in lifestyle) are identified.
- Evaluative summary based on data analysis is reviewed and approved by team.

<u>Support Plan Development</u>: Effective Strategies for Lasting Positive Behavioral Change

- Intervention strategies are clearly linked to the functional assessment information
- Positive behavior support plan is designed that includes:
  - + Descriptions of the behaviors of concern, intervention outcomes, and patterns identified through functional behavioral assessment data analysis.
  - + Modifications to the physical and/or social environment that may prevent problem behavior and/or increase the likelihood of expression of alternative adaptive behaviors.
  - + Specific adaptive behavioral skills to be taught and/or reinforced that will achieve the same function as the unacceptable behavior, and allow the person to cope more effectively with their circumstances.
  - + Strategies for managing consequences so that reinforcement is maximized for positive behavior and minimized for problem behavior.
- Positive behavioral outcomes expected from the intervention and specific adaptive skills to be strengthened are incorporated into the person's overall plan of care.
- If necessary to ensure safety and effective crisis prevention for individuals presenting a risk for danger to self or others, agency approved CPI Nonviolent Crisis Prevention Techniques are utilized as emergency crisis intervention procedures; reporting is completed by agency Incident Report, leading to oversight review/action planning.
- Positive behavioral support plan facilitates achievement of broad goals identified by the team to ensure quality of life enhancement, and serves to promote lasting positive behavior change for the supported person with a disability.
- Everyone working with the individual on a regular basis is familiar with the support plan and collaborates to implement strategies shown to be effective.

Implementation and Monitoring Outcomes: Action Planning/Training/Evaluation

- Training and resources needed to ensure implementation of the behavioral support plan are made available to the individual's support team.
- An action plan for implementation through team collaboration and shared responsibility is developed, including agreed upon activities, persons responsible, and necessary time lines for completion.
- Support plan is monitored by the team through direct involvement, through review of reports of observational and objective data gathered, and through periodic reviews during scheduled and called meetings, and through direct and ongoing contact with the person's supporters.
- Support team communicates consistently to assess the individual's progress and to make adjustments to procedures, if needed, to continue to promote adaptive skill competencies necessary for them to achieve full potential and community inclusion.

PROGRAMMATIC CONSIDERATIONS:

1. By definition, support team members will receive necessary guidance/training prior to implementation in an individual's support plan with updates as indicated. All other interested supporters who wish to become involved are required to satisfy this requirement as well prior to participation in support plan procedures.
2. Agency staff training in the Crisis Prevention Institute's Nonviolent Crisis Intervention course is mandatory according to separate organizational policy for staff that performs direct client supervisory/support roles. Individuals are also expected to maintain currency of certification through documented refresher training without lapse. Current CPI certification is therefore also considered mandatory for agency staff that participates in support plan implementation.