

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA043

NAME: BEHAVIOR MANAGEMENT GUIDELINES

INITIAL APPROVAL DATE:	04/09/1996	BY: Administrative Committee
STAKEHOLDER REVIEW:	04/06/2022	BY: Consumer Advisory Board
(LAST) REVISION DATE:	01/23/2024	BY: Recipient Rights Officer
(LAST) REVIEW DATE:	02/15/2024 07/21/2022	BY: Policy Committee BY: Behavior Treatment Committee
DISCONTINUED ON:	NA	REPLACED BY:

I. PURPOSE

To establish standard practice for behavior interventions, management plans, techniques, and review.

II. APPLICATION

Populations: **ALL**
Programs: **Direct - ALL**
Contracted - ALL

III. DEFINITIONS

Aversive Techniques: Those techniques which require the deliberate infliction of painful stimulation (or stimuli which would be painful to the average person) to achieve their effectiveness. Sanilac CMH does not support or utilize any aversive treatment, and considers it prohibited.

Emergency Interventions: There are only two emergency interventions approved by MDCH for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: CPI and the request for law enforcement intervention.

Intrusive Techniques: Those techniques that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control, of a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Examples of this include use of a medication or drug that is not a standard treatment or dosage, when it is used to manage, control or extinguish an individual's behavior or restrict the individual's freedom of movement. Another intrusive technique is CPI used to free a person's hold from causing harm, danger, or pain, such as biting or pulling hair. Use of intrusive techniques requires review and approval of the Behavior Treatment Committee.

Physical Management: A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent the individual from physically harming himself, herself, or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. The following are

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examples to further clarify the definition of physical management:

- Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm is considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it is not physical management if the individual stops the behavior without resistance.
- When a caregiver places his hands on an individual's biceps to prevent him or her from running out the door and the individual resists and continues to try and get out the door, it IS considered physical management. However, if the individual no longer attempts to run out the door, it is NOT considered physical management.

Physical management involving prone immobilization of an individual for behavioral control purposes is **prohibited under any circumstances**.

Positive Behavior Support (PBS): A set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment. Positive behavior support combines valued outcomes, behavioral, and biomedical science, validated procedures; and systems change to enhance quality of life and reduce problem behaviors such as self-injury, aggression, property destruction, pica, defiance, and disruption.

Request for Law Enforcement Interventions: Calling 911 and requesting law enforcement assistance as a result of an individual exhibiting a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Law enforcement should be called for assistance *only when*: caregivers are unable to remove other individuals from the hazardous situation to assure their safety and protection, safe implementation of physical management is impractical, and/or approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of harm to the individual or others.

Restrictive techniques: Those techniques which, when implemented, will result in the limitation of the recipient's rights as specified in the Mental Health Code. Examples of such techniques used for the purposes of management or extinction of seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm, include prohibiting communication with others to achieve therapeutic objectives, prohibiting ordinary access to meals or any other limitation of the freedom of movement of an individual. Restrictive techniques include the use of a drug or medication when it is used as a restriction to manage, control or extinguish an individual's behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition. Use of restrictive techniques requires the review and approval of the Committee.

Token Economy: A system involving the principles and procedures of operant conditioning to the management of a social setting such as a ward, classroom, or group home. Tokens are given contingent on completion of specified activities and are exchangeable for goods or privileges desired by the individual. A token economy is considered restrictive if the token system has a response cost (i.e., a fine or the participant is penalized in some manner.) Sanilac CMH only supports reward/incentive systems, and does not approve those with response costs.

Special Consent: Means obtaining the prior written approval of the recipient or the legal guardian, specific to the use of a particular approach, prior to the implementation of any behavior treatment intervention that includes the use of intrusive or restrictive interventions or those which would otherwise entail violating the recipient's rights. The general consent to the individualized plan of services and/or supports is not sufficient to authorize implementation of such a behavior treatment intervention.

IV. POLICY

It shall be the policy of Sanilac CMH that an individual receiving public mental health services who exhibits seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of harm shall receive services using the least intrusive and restrictive interventions for unprecedented and unpredicted crisis or emergency occurrences of such behaviors. For all non-emergent or continuing occurrences of these behaviors, Sanilac CMH will first conduct appropriate assessments and evaluations to rule out physical, medical, and environmental (e.g., trauma, interpersonal relationships) conditions that might be the cause of the behaviors. As determined by MDCH, a Behavior Treatment Committee shall be appointed to function in an advocacy capacity to review the use of behavior management techniques, unusual clinical interventions and adverse incidents, to ensure consistency with accepted standards of clinical practice.

Further aversive techniques shall not be used. Intrusive and restrictive treatment interventions or those including Token Economies will be utilized only according to the following standards.

V. STANDARDS

- A. These interventions are not initiated unless other appropriate interventions have been attempted and have been unsuccessful in addressing the target symptom/behavior.
- B. The target symptom/behavior presents a significant risk to the individual served or others.
- C. The treatment intervention is in compliance with standards established by the Michigan Mental Health Code, other applicable law, the policies of the Michigan Department of Community Health, and all Sanilac County Community Mental Health Authority Recipient Rights policies. Acceptable behavioral treatment plans are designed to reduce maladaptive behaviors, to maximize behavioral self-control, or to restore normalized psychological functioning, reality orientation, and emotional adjustment, thus enabling the individual to function more appropriately in interpersonal and social relationships.
- D. The treatment intervention is based on a comprehensive assessment of the behavioral needs of the individual, is part of an Individualized Plan of Service (IPOS), and specific consent has been obtained for the use of the treatment intervention from the individual served/their legal representative.
- E. The treatment intervention is reviewed at least quarterly by the Sanilac County Community Mental Health Authority Behavior Treatment Committee (BTC) for appropriateness, effectiveness and continuation.
- F. In those cases where individuals being served, or persons who are physically present on agency premises, exhibit or pose a threat of violent or destructive behaviors not addressed by any treatment intervention, and which present a substantial physical risk to themselves or others, or substantial property damage, staff will utilize the following strategies:
 - Staff present will immediately alert others to the risk. As appropriate to the severity of the risk, emergency response assistance will be summoned utilizing the "911" system. Confrontation avoidance techniques will be utilized as possible to avert injury.
 - In an event where serious physical harm is initiated or occurring, and staff have been trained in appropriate confrontation avoidance techniques, staff will take action to avert physical injury to any party, utilizing as minimal physical control response possible, until the episode abates, or additional assistance arrives.

VI. PROCEDURES

- A. The Behavior Treatment Committee (BTC) will be appointed by the CEO and will consist of at least three members: a Psychiatrist, a Full or Limited License Psychologist and/or Behavioral Analyst, and a Clinical Supervisor or Director. At least one of the committee members shall not be the developer or implementer of the behavior treatment plan. In the absence of the Committee Chairperson, another licensed clinical master's level supervisor or director will be asked to chair the meeting. The Recipient Rights Officer will participate in the meetings as an ex officio member. The Peer Support representative will participate in the meetings as an ad hoc member. The Recipient Rights Officer and the Peer Support will have voice but no vote.
- B. The Committee and Committee Chair shall be appointed by the Agency for a term of not more than two years. Members may be re-appointed to consecutive terms. Prior to implementation, and at least quarterly, the BTC will review and approve/disapprove all behavioral programs utilizing restrictive, and/or intrusive techniques, and/or token economies and those techniques requiring special consent by the recipient or legal guardian. The BTC Committee will also review the use of psychoactive medications, when they are prescribed to any individuals diagnosed with a developmental disability, when they are utilized for behavior control purposes where the target behavior is not due to an active psychotic process.
- C. The primary staff/case holder, who is assigned to a recipient requiring review according to the above standards, will be responsible for completing the BTC review form #1036 and presenting the case to BTC for review as appropriate. Review and approval (or disapproval) of behavioral treatment plans shall be done in light of current research and prevailing standards of practice.
- D. The BTC will schedule monthly meetings to conduct such reviews. Review of an individual's treatment plan, medication and/or behavioral programs will occur as often as deemed necessary by the BTC.
- E. Minutes of the BTC meetings will be kept and will clearly delineate the actions of the committee.
- F. The BTC will provide their decisions, recommendations and/or instructions, to the primary staff/case holder on the approved Agency BTC form.
- G. BTC may also:
 - 1. Advise and recommend specific behavior modification training for staff.
 - 2. Advise the CEO regarding administrative and other policies affecting behavior modification practices.
 - 3. Provide specific case consultation as requested by staff.
- H. Expedited Review of Proposed Behavior Treatment Plans: Expedited plan reviews may be requested when based on data presented by the professional staff (Psychologist, RN, Supports Coordinator, Case Manager) the plan requires immediate implementation. The Committee Chair may receive, review and approve such plans on behalf of the Committee. The Recipient Rights Officer must be informed of the proposed plan to assure that any potential rights issues are addressed prior to implementation of the plan. Upon approval, the plan may be implemented. All plans approved in this manner must be subject to full review at the next regular meeting of the Committee.

VII. ATTACHMENTS

None

VIII. REFERENCES

Behavior Treatment Committee Review Form #1036