

## **Behavior Management: (addendum to handbook)**

It shall be the policy of CVBH to maintain a safe and therapeutic environment that promotes the growth, development, and recovery of all persons served (consumers). All behavioral management practices will use skills/techniques that assist the consumer to achieve the goals and objectives specified in person centered plan, service plan or the behavioral plan.

### **Prohibited Behavioral Management Procedures:**

Under **No** circumstances shall the following prohibited procedures be authorized or used by CVBH Employees:

1. Any intervention that would be considered corporal punishment.
2. The contingent use of painful body contact
3. Substances administered to induce painful bodily reactions
4. Electric Shock
5. Unpleasant tasting foodstuffs
6. Contingent application of any noxious substances which include but are not limited to noise, bad smells, or splashing with water;
7. Any potential physically painful procedure, excluding prescribed injections, or stimulus which is administered to the client for the purpose of reducing the frequency or intensity of a behavior.
8. Locking of consumer in a room;
9. Discipline of one consumer by another consumer
10. Isolation outside of staff proximity
11. Utilization of Protective Devices unless specified in approved behavioral plan
12. Isolation Time Out (this does not include voluntary time-out from activities).
13. Seclusion
14. Chemical Restraint
15. Mechanical Restraint, to include, but not limited to: cuffs, ankle straps, sheets, or restraining shirts.
16. Planned non-attention to specific undesirable behaviors when these behaviors are health threatening
17. Contingent deprivation of any basic necessity

### **Accepted Behavioral Management Procedures**

Each program and service operated by CVBH will provide services/supports that promote a safe-therapeutic environment for consumers. This shall include: 1) using the least restrictive and most appropriate setting and method; 2) promoting coping and engagement skills that are alternatives to injurious behaviors of self or others; 3) providing choices of activities meaningful to the person served; and, 4) sharing of control over decisions with the consumer and/or legal guardian. The following behavioral Management Procedures **may be** used as authorized to manage consumers in the least restrictive manner possible.

1. Structuring The Environment
2. Planned ignoring of the behavior

3. Prompting
4. Nonverbal Intervention
5. Redirecting
6. Directive Statements
7. Voluntary Time Out from the group or activity
8. Verbal Warning
9. Behavior Modification/Token Economy upon approval of Chief Clinical Officer or designee.
10. Search and Seizure<sup>1</sup>
11. Interventions as outlined in the consumer's person centered plan, behavioral plan, and crisis plans.
12. Face-to-face conference or treatment team meeting with consumer and/or legal guardian to discuss management of the problem behavior and determine appropriate intervention.
13. Suspension from program for an agreed amount of time as recommended by supervisor of program/service and as approved by Chief Clinical Officer or designee. Must be in compliance with CVBH suspension and expulsion policy and procedure
14. Expulsion or Involuntary Discharge as approved by Chief Clinical Officer. All consumers that are expelled or discharged from CVBH's programs/services shall receive a referral and linkage to needed services and/or referral to a more restrictive service/level of care that can more effectively serve the needs of the consumer.
15. Restrictive Interventions <sup>2</sup>, such as but not limited to personal restraint, positive practice over-correction, or physical blocking, when a staff member is trained and privileged for NCI/Restrictive Interventions and when:
  - a. Used in emergency situations, in order to terminate a behavior or action in which a consumer is in imminent danger of abuse or injury to self or other persons or when property damage is occurring that poses imminent risk of danger of injury or harm to self/others;
  - b. Utilized only when availability of a staff member certified in CPR who can monitor the consumer's physical and psychological well-being.
  - c. Used as a planned measure of therapeutic treatment as specified in (a) above (behavioral plan). When a restrictive intervention is used as a planned intervention:
    - i. The restrictive intervention shall be considered a planned intervention and shall be included in the consumer's person centered plan whenever it is used:
      1. More than four times, or for more than 40 hours in a calendar month;
      2. In a single episode in which the original order is renewed for up to a total of 24 hours;

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<sup>1</sup> Search and seizure of consumer's body and personal belongings may only be searched, after obtaining approval from supervisor, and conducted with witness. Employees must have valid suspicion that consumer possesses drugs, or a weapon, or other contraband detrimental to the consumers care. All contraband, will be confiscated and placed in a safe location or given to law enforcement. Documentation of the search and seizure will be documented on CVBH's Adverse Event Form. Legal guardian will be notified, informed of search and seizure activities, and a decision made regarding consequences/contraband. Information will be documented in the consumer record, service notes.

<sup>2</sup> Per APSM 95-2, 10A NCAC 27E .0104-Restrictive Interventions shall not be employed as a means of coercion, punishment, or retaliation by employees, or for the convenience of employees due to inadequacy of staffing. Restrictive Interventions shall not be used in a manner that causes harm or abuse. The use of Restrictive Interventions shall be considered a restriction of the consumer's rights as specified in G.S. 122C-62(e) for rights restrictions.

3. As a measure of therapeutic treatment designed to reduce dangerousness, aggressive, self-injurious or undesirable behaviors to a level which will allow the use of less restrictive treatment procedures.
  - ii. The requirement for a consent or approval shall be considered valid for no more than six months and that the decision to continue the specific intervention shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed;
  - iii. Prior to the initiation or continued use of any planned intervention, the following written notifications, consents, and approvals shall be obtained and documented in the consumer service record:
    1. Approval of the behavioral plan shall be the responsibility of the assigned qualified professional and the treatment team, if applicable, shall be based on an assessment of the client and a review of consumer record documentation.
    2. Consent of the consumer or legally responsible person, after participation in treatment planning and after the specific intervention and the reason for it have been explained.
    3. Notification of the QPIC that the specific intervention has been planned for the client and the rationale for the utilization of the intervention, and
    4. Physician approval, after an initial medical examination, when the plan includes a specific intervention with reasonably foreseeable physical consequences. In such cases, periodic planned monitoring by a physician shall be incorporated into the plan.
  - iv. Within 30 days of initiation of the use of a planned intervention the Consumer Rights Committee/Intervention Advisory Committee (committee), by majority vote may recommend approval or disapproval of the plan or may abstain from making a recommendation;
  - v. Within any time during the use of a planned intervention, if requested the committee shall be given the opportunity to review the person centered plan. Consumer confidentiality shall be protected at all times and breached only with the written consent of the consumer or legal guardian.
  - vi. If the committee does not approve the initial or continued use of a planned intervention, the intervention shall not be initiated or continued. Appeals regarding any disagreement over the use of the planned intervention shall be managed by CVBH's complaint and appeals policy/procedure.
- d. When using Restrictive Interventions, employees shall use only that degree of force necessary to repel or secure a violent and aggressive consumer in a manner that assures the highest degree of safety for consumer (s), employees, and facility.

16. Protective devices, such as but not limited to helmets, gloves, or splints, may be utilized when specified in the Behavioral Plan and under the following conditions:
- a. The necessity for the device has been assessed and the device is applied by an employee who has been trained and has demonstrated competence in the utilization of the protective device.
  - b. The use of positive and less restrictive alternatives have been reviewed and documented and the protective device selected is the most appropriate measure.
  - c. The consumer is frequently observed and provided opportunities for toileting, exercise, etc. as needed every hour. If the consumer is restrained and subject to potential injury by another consumer a facility employee shall remain with the consumer at all times.
  - d. All behavior plans that specify a protective device shall be approved by the Consumer Rights Committee.

The leadership, management, and supervisors of CVBH will utilize Quality Management Practices to assure that consumers are treated within their rights and in the least restrictive manner, to include information from the following sources: 1) collecting Critical Incident Report, DHHS Restrictive Intervention Details Report, and adverse event data related to the behavioral management of consumers; 2) use of data to improve services and the behavioral management of consumers; 3) review of all incident of emergency restrictive interventions and assure procedural conformance; and, 4) use of the Consumer Rights Committee/Intervention Advisory Committee to review trends and make procedural recommendations that assist the organization to serve the consumer in the least restrictive manner possible. Within these quality management practices corrective action planning will be used to improve service quality/performance and consumer satisfaction with services received.

NC Division of MH/DD/SA guidelines and rules (APSM 30-1, APSM 95-2, NCI) and Commission on the Accreditation of Rehabilitation Facilities behavioral health standards/criteria (CARF)<sup>3</sup> shall be utilized in the development, implementation, and maintenance of CVBH's Behavior Management policy and procedures. All procedures related to this policy shall be in compliance with applicable federal/state law and administrative code.

## **Procedures:**

### **Consumer and/or Legal Guardian as Appropriate**

1. Shall receive orientation to CVBH's behavioral management practices and procedures
2. Shall provide informed consent and choice to receive services within the behavioral management practices outlined in this policy and procedure.
3. May withdraw consent at anytime by contacting their assigned staff member or other assigned/primary clinician or as withdrew by legal guardian.
4. May appeal any decision made by direct care teams or employees through the use of CVBH's Complaint and Appeals policy and procedure.

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<sup>3</sup> For purposes of CARF Behavioral Health Standards/Criteria, CVBH only utilizes Emergency Intervention Procedures in response to aggression or assault.