

CENTRAL STATE HOSPITAL POLICY

SUBJECT: BEHAVIOR SUPPORT

ANNUAL REVIEW MONTH: February

RESPONSIBLE FOR REVIEW: Coordinator of CSH Psychology Services

LAST REVISION DATE: August 2008

PURPOSE:

The staff of Central State Hospital recognizes that all behavior is a form of communication, and that the behavior of the staff impacts the behavior of the people receiving treatment. In addressing this communication, the staff will use positive behavior support principles in the provision of treatment to all people who receive services at this facility. The purpose of an individualized Behavior Support Plan (BSP) is to delineate specific, and therefore consistent, positive interventions to facilitate a decrease in the occurrence of one or more maladaptive behaviors by the reinforcement, and therefore increase in the occurrence of, one or more pro-social behaviors that serve the same function for that individual.

DEFINITIONS:

- 1) A **Behavior Support Plan** is a specialized part of the treatment plan that is written for an individual and that provides to all staff specific directions regarding:
 - a. What to do on a daily basis to prevent the occurrence of dangerous behaviors;
 - b. How to reinforce the identified adaptive and socially acceptable behavior;
 - c. What to do should a particular maladaptive behavior occur; and
 - d. When to use special/restrictive procedures to ensure the safety of the individual and others in that person's environment.

- 2) **Special or restrictive behavior management procedures** restrict the individual's freedom of physical movement; restrict the normal functioning of or normal access to a portion or portions of the individual's body; or limit the opportunity for reinforcement of inappropriate behavior. These procedures include, but are not limited to, seclusion and manual or mechanical restraint. The Mandt-defined techniques of the one/two person side body hug restraint and the one/two person one/two arm standing restraint are manual restraints and must be documented as such. Restrictive behavior management techniques are reserved for emergency situations in which all less restrictive techniques have failed and the individual or others in that person's environment are in imminent danger due to his/her behavior.

- 3) A staff member is considered **qualified** to write and/or train staff on a BSP if that person holds the position of Behavior Specialist or Psychologist or if the person is a QMRP in the ICF's/MR.
- 4) A **Standard Operating Procedure (SOP)** is a set of generally effective positive behavioral interventions to be used for specific, commonly seen, behaviors.

USE OF SOP's:

The principles and practices taught in the Mandt Relational training must always be used. The SOP's are to be used to augment these principles and practices when clients exhibit recurrent dangerous behaviors. These SOP's are based on the principles of applied behavior analysis. If at any time seclusion or a manual or mechanical restraint is used, DMHDDAD Policy 3.104 – Use of Seclusion or Restraint for Emergency Safety Situations in DHR Division of MHDDAD Hospitals, found in the policy section of the CSH website, must be followed.

The SOP's are to be used for clients:

- Who are hospitalized for a short period of time, generally 7 to 10 days AND who exhibit one or more of the behaviors addressed by the SOP's;
- Who are hospitalized for longer periods of time AND who have the new emergence of one or more of the behaviors addressed by the SOP's;
- Who are newly admitted to the hospital AND have a history of exhibiting, in their previous place of residence, one or more of the behaviors addressed by the SOP's.

The SOP's are to be used for a short period of time; until the client is discharged from the hospital or until an individualized BSP can be written.

The SOP's can be implemented by any member of the Treatment Team at any time. The next working day following implementation of an SOP, the Treatment Team must determine if the SOP needs to be continued and if an individualized BSP needs to be written for that client. If the SOP is continued, a copy of the SOP is placed in the medical record as part of the Individualized Treatment Plan.

Approved SOP's are attached to this policy and address:

- Aggression
- Verbal Aggression
- Suicidal Gestures-Actions
- Self Injurious Behavior
- Property Destruction
- Sexually Inappropriate Behavior
- Threatening Behavior

INITIATION OF A BSP:

- 1) The referral for the development of a BSP originates with the treatment team. All members of the treatment team are expected to present to the team an identified behavior problem. The team will then determine if a BSP is needed to address the individual behavior(s) and request the development of a BSP if indicated.
- 2) The psychology services staff member or other qualified staff member, as a member of the treatment team, carries primary responsibility for writing the BSP, but does so in conjunction with the rest of the treatment team.

DEVELOPMENT OF THE BSP:

- 1) The development of the BSP is based on the data regarding the behavior(s) to address and on the results of the functional assessment of the individual behavior(s).
- 2) All behavior support techniques are based on the principles of applied behavior analysis.
- 3) All BSP's will include, at a minimum, the elements of the approved format.
- 4) The psychology services staff member or other qualified staff member will train all staff involved in the care of the individual in the specific techniques to be utilized, and will maintain documentation of that training.

FORMAT:

- 1) The basic format will include the following elements:
 - a. IDENTIFYING INFORMATION
 - b. ISSUES PROMPTING BEHAVIOR SUPPORT PLAN
 - c. BEHAVIORS TO INCREASE
 - d. BEHAVIORS TO DECREASE
 - e. ENVIRONMENTAL SUPPORTS
 - f. ANTECEDENT INTERVENTIONS
 - g. CONSEQUENCE INTERVENTIONS
 - h. EMERGENCY PROCEDURES (This section may be omitted when emergency procedures are not identified; but must be included when special/restrictive procedures are included in the BSP)
 - i. DATA COLLECTION
- 2) See attachment A for the complete format, with instructions.
- 3) Each respective service area may add elements to this format, based on the needs of the people served in that area, but may not remove elements from this format.

OVERSIGHT:

- 1) Each service area must have a rights oversight team to provide:
 - a. Initial review of every BSP for any infringement of individual rights; and
 - b. Review of data and plan effectiveness initially and annually when the individual is hospitalized long term and NOT on psychotropic medications AND NO restrictive procedures are included in the BSP; or
 - c. Review and approval annually when the individual is hospitalized long term and is on psychotropic medications and/or restrictive procedures are included in the BSP.

- 2) Each BSP must be reviewed and, if acceptable, signed by the following people:
 - a. The program author;
 - b. The team leader (as representative of the rest of the treatment team); and
 - c. The rights oversight committee.

SPECIAL OR RESTRICTIVE PROCEDURES:

- 1) Special or restrictive procedures, as defined above, may be included in a BSP for a person who resides in the ICF/MR when the need for the use of such procedures is predictable. That is, if someone has required the use of such procedures in the recent past and that person's behavior can reasonably be expected to escalate to that point again in the near future.
- 2) Restrictive procedures must be included in the plan for someone who resides in the ICF/MR when two or more are used in any 30 day time span.
- 3) Special or restrictive procedures may not be included in the BSP for someone who resides in PTFS.
- 4) The use of a restrictive procedure that is included in a BSP requires all of the procedures, including but not limited to medical staff orders, monitoring and documentation, that are required for the emergency application of these same procedures.
- 5) The use of special or restrictive procedures constitutes behavior management, not support, in that such procedures are not conducive to the individual learning adaptive and socially acceptable methods for obtaining their desired goal.
- 6) Inclusion of special or restrictive procedures in the BSP is not to be considered a permanent or long-term solution to the individual's dangerous behavior.
- 7) In no way does the presence of or lack of such procedures in any person's BSP preclude the use of the approved Mandt techniques in any emergency situation.
- 8) Any BSP that contains special or restrictive procedures must also list the risks of these procedures and the safeguards put in place to ensure that the risk of harm to the individual is minimized.
- 9) Any BSP that includes the use of special or restrictive procedures must have as its primary goal a reduction in the behaviors that necessitate the use of these procedures and therefore the elimination of the need for these procedures.
- 10) When special or restrictive procedures are included in the BSP, additional oversight, in the form of review and signature, by the Licensed Nursing Home Administrator or equivalent is required.

CONSENT:

- 1) All plans that are written for people who reside in the ICF's/MR and all plans that include special or restrictive procedures, regardless of living unit, require consent for the specific BSP, with an explanation of the procedures contained therein, and this consent must be obtained from:
 - a. The individual, if that person is an adult and has decision making capacity at the time that consent is to be obtained; or
 - b. The guardian, if the court has determined that the person is incompetent; or
 - c. The custodial parent or guardian, if the person is a minor; or

- d. The representative, acting as advocate for the person, if the person lacks decision making capacity and does not have a court appointed guardian.
- 2) If consent is required and the person who is to provide consent, as listed above, refuses to consent:
 - a. The treatment team must meet and determine if there are any alternatives to the BSP or procedures included in the BSP. This meeting will include the person for whom the plan is written, unless contraindicated, and the person who is refusing consent, if applicable.
 - b. Document in the medical record the outcome of this meeting.
 - i. If alternatives that are acceptable to the person/guardian/representative and to the treatment team are identified, the alternatives are implemented.
 - ii. If no acceptable alternatives are identified, the treatment team must determine if the risk of not implementing the plan outweighs the risk of implementing the plan. The result of this determination is documented in the medial record.
 - iii. If the risk analysis by the treatment team determines that the plan must be implemented despite the individual refusing to consent, the treatment team must consult the Clinical Director for direction.
 - 3) No special/restrictive procedures may be implemented as a part of a BSP without an Informed Consent for the Behavior Support Plan that describes the behavior support procedures to be employed.

Approved:

This policy has been approved by the CEO and CMO on 8/08.

ATTACHEMENTS:

- A – Behavior Support Plan Format
- B – SOP for Aggression
- C – SOP for Verbal Aggression
- D – SOP for Suicidal Gestures-Actions
- E – SOP for Self Injurious Behavior
- F – SOP for Property Destruction
- G – SOP for Sexually Inappropriate Behavior
- F – SOP for Threatening Behavior

BEHAVIOR SUPPORT PLAN FORMAT

IDENTIFYING INFORMATION

- Name:
- Avatar #:
- Living Unit:

ISSUES PROMPTING BEHAVIOR SUPPORT PLAN

- Put historical information here, regarding how long the behavior has been a problem, what has been tried in the past, did that work. Put the results of the functional assessment/behavior evaluation in this section, particularly what is the function of the behavior (not the motivation) for that person and what is the reinforcer that the person is getting for doing that behavior. Also include what psychotropic medications the person is on and for what diagnosis/problem.

BEHAVIORS TO INCREASE

- List the behaviors that need to be increased and serve the same function as the behaviors to decrease (functional replacement behavior), with definitions. You do not have to have one behavior to increase for each behavior to decrease. However, the tone of the program should be POSITIVE and this is a great place to start that.

BEHAVIORS TO DECREASE

- List the “traditional” target behaviors, with definitions/examples. This must address the behaviors that have a demonstrated functional relationship with environmental events/circumstances. We cannot address problems such as an acute psychotic break behaviorally. Remember, you cannot effectively address multiple behaviors at once. You need to address the most risky behaviors first, and, when these have effectively decreased, you may go on to other, less urgent behaviors.

ENVIRONMENTAL SUPPORTS

- What **should** be present in the individual’s environment? This is not limited to the physical environment, but rather should include social and professional interactions, especially with the staff. Remember, interactions with the HST’s are considered professional interactions. Social interactions may other clients on the unit.
- What **should not** be present in the individuals’ environment? Ditto above.

ANTECEDENT INTERVENTIONS

- What event(s) is (are) likely to occur right before a problem behavior? We are talking about behaviors that have a temporal continuity with (occur just before) the behavior addressed, not a cause and effect relationship. But remember, sometimes the antecedent may be temporally remote, as is the

- case with people who “hold a grudge.” List the known or recognized antecedents to the behaviors to decrease, with description/definition.
- What should staff do if this antecedent event(s) happens, or what can you do to keep it from happening? Be precise so that the staff can intervene appropriately and prevent the behaviors to decrease from occurring. Remember, sometimes (frequently) the client actually does have a legitimate concern or problem, and asking them to discuss the issue and work out a resolution may do more to prevent the unwanted behaviors than anything else.

CONSEQUENCE INTERVENTIONS

- Behaviors to increase: What should you do if the behaviors to increase occur? What is the reinforcer to be used.
- Behaviors to decrease: What should you do if the behaviors to decrease occur? How are you to not reinforce this behavior.

EMERGENCY PROCEDURES (This section is used when special/restrictive procedures or other emergency procedures are included in the plan.)

- Ms/Mr _____ has required [seclusion, manual or mechanical (pick one or both) restraint] for the control of severely [aggressive or self abusive (pick one or both)] behavior. The treatment team has reviewed the circumstances of the use of this/these procedure(s) with the Restraint Review Team and has determined that the probability of the need for repeated use of this/these procedure(s) is high.
- [Seclusion, Manual or Mechanical (pick one or both) restraint] may be used for the control of severely [aggressive or self abusive (pick one or both)] behavior defined as (insert here the specific behaviors and under what circumstances for which you will permit the use of these restrictive procedures).

DATA COLLECTION

- Be brief, this document is for the direct care staff and therefore you need to put in this what they need to know. When possible, the behavior specialist should collect the data.

This entire document must be directed at the direct care staff, the primary people implementing the plan. The document must be brief, but precise and informative. It should tell the staff exactly what to do in the event that these behaviors occur.

Emphasis throughout the BSP MUST be on positive interventions. In no way should the plan be or sound punitive. Privileges (actually, the right) to participate in activities WILL NOT be restricted due to behavior, unless the behavior occurs immediately before or during the activity. Then the decision to barr the person from participating in the activity may be made ONLY by a leader of the treatment team or activity (or the shift supervisor if after hours). Participation in activities is part of the treatment that we are providing and the staff must work with the client to teach him/her how to behave at the activity, not merely restrict him/her from participating.

STANDARD OPERATING PROCEDURE

Aggression

(e.g. hitting, punching, slapping, scratching, pushing, spitting, etc.)

Environmental Supports
√ Ensure that the person is monitored at all times. This will decrease the opportunity for and the probability of the behavior occurring.
√ Do not leave the person alone (unsupervised) with vulnerable or identified/previous targets.
√ Provide access to activities that can release physical energy (e.g. basketball, exercising, walking, dancing, etc.)
√ Provide access to “calming” activities (e.g. books, puzzles, craft activities, magazines, music, etc.) at regular intervals during the day.
√ Ensure that the person is involved in structured activities to prevent the opportunity for the inappropriate behavior to occur.
√ Limit exposure to settings that may cause the person stress or invoke anger (e.g. noisy or crowded environments, identified people that the person does not like, etc.).

What to do if the behavior occurs	
WHAT IS HAPPENING:	YOU DO:
The person becomes irritable, pacing the floor, raising his/her voice, etc.	<ul style="list-style-type: none"> * Invite the person to come with you to another area to do an activity (walk, music, card game, etc.). * Ask the person what the problem is, what is bothering him/her so much and address that problem with him/her.
The person has become aggressive.	<ul style="list-style-type: none"> * Tell the person to stop and implement deflection or physical redirection to maintain the safety of others. * Move others out of the person’s immediate vicinity (to across the room, out of the room, etc.) * Geographically separate the 2 (or more) combatants (e.g. to separate rooms). * Speak with each of the combatants individually and privately, asking them what was the problem and working through the problem with them. * Maintain close observation when the people involved rejoin the group (close observation means close enough to immediately intervene if the aggression recurs). * Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. * Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.

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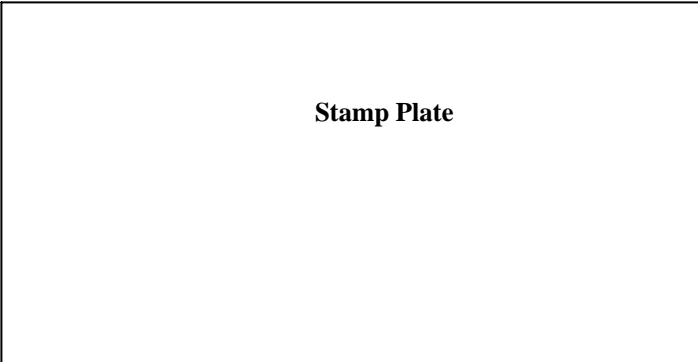
STANDARD OPERATING PROCEDURE

Verbal Aggression

(Verbal Aggression: Verbally calling people out their names, cursing, Yelling and etc).

Environmental Supports	
√	Ensure the opportunity to leave the area when environment becomes over-whelming (e.g.: walk frustrations off, take a break, etc).
√	Provide access to activities that can release physical energy (e.g. basketball, exercising, walking, dancing, etc.)
√	Provide access to “calming” activities (e.g. books, puzzles, craft activities, magazines, music, etc.) at regular intervals during the day.
√	Ensure that the person is involved in structured activities to prevent the opportunity for the inappropriate behavior to occur.
√	Limit exposure to settings that may cause the person stress or invoke anger (e.g. noisy or crowded environments, identified people that the person does not like, etc.).

What to do if the behavior occurs	
WHAT IS HAPPENING:	YOU DO:
The person is being verbally aggressive.	<ul style="list-style-type: none"> * Tell the person to stop. * If the person stops, tell him/her “good, thank you.” * If the person does not stop, ask the person if he/she needs to leave the area. * If the person does not stop and does not leave the area, tell the person that the language is not appropriate and that if he/she continues, he/she will have to leave the area. * If the person continues verbal aggression and does not leave the area on his/her own, prompt (use verbal prompt’s first, then physical prompt’s using the approved Mandt techniques if needed) the person to leave the area. * Ask the person what the problem is and then help the person resolve the problem. * When the person is free from verbal aggression, return the person to the scheduled activity.



STANDARD OPERATING PROCEDURE

Suicidal Gestures/Actions

Environmental Supports
<ul style="list-style-type: none"> √ Ensure that the person is monitored at all times. This will decrease the probability that the behavior will occur. √ Ensure that the person is not alone (unsupervised). √ Ensure that no objects are in the persons environment that he/she could use to attempt suicide with (e.g., rope, cords, plastic bags, glass, sharp objects) √ Multiple times throughout the day offer the opportunity for the person to discuss any feelings, thoughts or issues he/she might have. √ Provide supervised access to activities that can release physical energy in a positive outlet (e.g. basketball, walking, dancing, etc.) √ Provide supervised access to music, books, puzzles, magazines, etc. at regular times during the day. √ Ensure the person is involved in structured activities to prevent time for suicide attempts to occur. √ Ensure that someone is assigned to supervise the person if you have to leave the group/person for any reason.

What to do if the behavior occurs	
WHAT IS HAPPENING:	YOU DO:
<p>The person makes a statement that he or she wants to hurt or kill himself or herself and/or reveals a plan to hurt or kill himself or herself.</p>	<ul style="list-style-type: none"> * Ensure that the person is safe and is supervised. * As soon as the person is in a safe place and supervised, notify the physician, nurse, team leader, psychologist and/or behavior specialist of these statements or revelations. * Write a progress note about the incident and your interventions in the persons medical record.
<p>The person attempts to run out in front of a car or into a busy road.</p>	<ul style="list-style-type: none"> * Tell the person to stop and physically redirect him/her away from the road. * Immediately escort the person back to the living unit. * Immediately report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. DO NOT leave the person alone when making this report. * Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.
<p>The person makes a gesture that implies that they are going to attempt suicide (e.g., picks up sharp object and holds it to his/her body, places rope around his/her neck).</p>	<ul style="list-style-type: none"> * Tell the person to stop and ask him/her to hand over the object. * If the person hands over the object, ask him/her if he/she has any other objects to hurt himself or herself with, and request that he/she had over that/those objects, also. * If the person hands over all objects, talk to him/her, asking if you can do anything to help.

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	<ul style="list-style-type: none">* If the person does not hand over the object, call for help.* If the person does not hand over the object and instead proceeds to try to harm himself/herself, immediately proceed with the steps outlined in the next section.* Immediately report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. DO NOT leave the person alone when making this report.* Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.
<p>The person uses an object to inflict harm to himself or herself (e.g., uses a sharp object (broken glass, screw, paperclip, etc.) to cut himself or herself; uses a cord or rope to hang himself or herself).</p>	<ul style="list-style-type: none">* Tell the person to stop and use deflection, physical redirection and/or manual restraint to prevent him/her from causing harm. Use the level of intervention necessary to ensure the safety of the person.* Call for help.* If the person stops, ask him or her to hand over the object.* Immediately report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. DO NOT leave the person alone when making this report.* Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.

STANDARD OPERATING PROCEDURE
Self Injurious Behavior (SIB)
(e.g. slapping/hitting self, head banging, biting self, etc.)

Environmental Supports
<ul style="list-style-type: none"> √ Ensure that the individual is monitored at all times. This will decrease the opportunity for and the probability of the behavior occurring. √ Provide access to activities that can release physical energy, as well as, alternative opportunities for appropriate hands usage (e.g. basketball, exercising, walking, reading, painting, writing etc.) √ Provide access to “calming” activities (e.g. music, reading, etc.) √ Limit exposure to settings that may cause the person stress (e.g. noisy or crowded environments).

What to do if the behavior occurs	
WHAT IS HAPPENING:	YOU DO:
<p>The individual is displaying SIB</p>	<ul style="list-style-type: none"> * Tell the person to stop and implement deflecting or physical redirection. * When you tell the person to stop, be specific, such as “Stop, don’t slap yourself in the face.” * If the person stops the SIB, tell them “good, thank you.” Then ask the person to tell you what is upsetting him /her and try to help the person solve the problem. * If the person wants to leave the area, show him/her an area that is quiet where they can go, but continue to supervise them in this area (supervise means remaining close enough that you can intervene if the SIB recurs). * If the person will speak with you, talk with the person about why he/she hurts himself/herself. * If the behavior continues, continue implementing above steps. * Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. * Write a progress note about the behavior and your interventions in the person’s medical record.

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STANDARD OPERATING PROCEDURE
Property Destruction
(Breaking furniture, pulling pictures from wall, putting holes in wall, etc)

Environmental Supports
<ul style="list-style-type: none"> √ Ensure that the person is monitored at all times. This will decrease the opportunity for and the probability of the behavior occurring. Know where the person is and who her or she is with. √ Do not leave the person alone (unsupervised) with materials that can be easily destroyed or turned into weapons. √ Provide access to activities that can release physical energy in a positive outlet (e.g. basketball, walking, dancing, etc.) √ Provide access to music, books, puzzles, magazines, etc. at regular times during the day. √ Ensure the person is involved in structured activities to prevent time for inappropriate behavior to occur. √ Be aware of objects in the environment that weapons can be made from.

What to do if the behavior occurs	
WHAT IS HAPPENING:	YOU DO:
<p>The person tries to destroy property (chair, table, picture on wall, etc).</p>	<ul style="list-style-type: none"> * Tell the person “Stop, don’t do that (be specific e.g. do not pull the picture off the wall). That is not appropriate, etc (whatever fits the situation.)” * If the person stops the behavior, tell him/her “good, thank you”. * Ask the person if he/she needs to leave the room/area for a few minutes. * If the person does not want to leave, he/she can stay. * If the person wants to leave the area, show him/her an area that is quiet and supervised where he/she can go to calm down. * If the behavior continues, calmly tell the person “you will have to leave the room, dayroom, group room, etc. (wherever he/she is) and escort him/her out, if necessary. * When the person is out of the room, ask him/her what the problem is and what you can do to help him/her. * When the person is no longer displaying the behavior, return him/her to the activity. * Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. * Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.

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STANDARD OPERATING PROCEDURE Sexually Inappropriate Behavior

Environmental Supports
<ul style="list-style-type: none"> √ Ensure that the person is monitored at all times. This will decrease the probability that the behavior will occur √ Ensure that the person is not alone (unsupervised) with any vulnerable person or potential victim. √ Ensure that the person has clothing that fits appropriately and will not fall down accidentally. √ Keep the person active and involved in treatment and structured activities to prevent time for inappropriate behavior to occur. √ Ensure that someone is assigned to supervise the person if you have to leave the group/person for any reason. √ DO NOT SHOUT OUT OR LOOK SHOCKED IF ONE OF THESE BEHAVIORS OCCURS. STAY CALM AND DO NOT PROVIDE ANY MORE ATTENTION THAN THE SITUATION WARRANTS.

What to do if the behavior occurs.	
WHAT IS HAPPENING:	YOU DO:
<p>The person exposes him/her self to others.</p>	<ul style="list-style-type: none"> * In a firm voice, tell the person “That is not appropriate, zip your pants, put down your shirt, etc (whatever fits the situation”). * If the person does what you asked, tell him/her “good, thank you” and continue with the activity. * If the behavior continues, calmly tell the person “you will have to leave the room, dayroom, group room, etc (wherever they are)” and escort him/her, if necessary, to an appropriate place for your area. * When in an appropriate environment to address the person’s clothing, help him/her straighten their clothes, if needed. * Return the person to the group when he/she is dressed appropriately. * Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. * Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.
<p>Public masturbation- The person touches or rubs their genitals in any public area of the unit such as the day room, group room or hallway.</p>	<ul style="list-style-type: none"> * In a firm voice, tell the person “That is not appropriate, zip your pants, take your hand out of your pants, etc (whatever fits the situation).” * If the person does what you asked, tell him/her “good, thank you” and have the person wash his/her hands and continue with the activity. * If the behavior continues, calmly tell the person “you will have to leave the room, dayroom, group room, etc (wherever they are)” and escort him/her, if necessary, to an appropriate place for your area. * Tell the person that the appropriate place for this behavior is in the bathroom or their bedroom. * Tell the person that it is not time for that behavior and they should wait until after the activity or group is over to masturbate.

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	<ul style="list-style-type: none"> * Return the person to the group when he/she is no longer trying to touch himself/herself and has washed his/her hands. * Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. * Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.
<p>The person touched or tried to touch another person on the breast, buttocks or genitals.</p>	<ul style="list-style-type: none"> * In a firm voice, tell the person “That is not appropriate, keep your hands to yourself”. * When the person puts their hands down, tell him/her “good, thank you” and continue with the activity. * If the behavior continues, calmly tell the person “you will have to leave the group.” * Help the person move to an area away from the other people but where he/she can continue to participate in the activity, not to seclusion or time-out, but far enough away from the other people that the person cannot touch anyone. * Return the person to the group when he/she is no longer trying to touch others inappropriately. * Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. * Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.
<p>Predatory Behavior– A person appears to be either repeatedly following or watching/staring at or closely observing another person, including a staff person.</p>	<ul style="list-style-type: none"> * Closely monitor the person doing the watching/following to make sure no harm comes to the one being watched/followed. * Stay between the two people to avoid a physical altercation. * Maintain a physical/geographic separation between the two people. * Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. * Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.
<p>Verbal behavior – A person making sexual remarks to others.</p>	<ul style="list-style-type: none"> * Do not reinforce the verbal behavior by providing attention to the person. Try very hard not to pay attention to inappropriate verbalizations of any type. * Help the person who is being targeted to go to another part of the room and engage the target in an activity that is fun or reinforcing, providing as much attention as possible to the targeted person. * In a therapy or educational group - tell the person making the comments “that is not appropriate language. Please stop or you will have to leave the group”. * If the person stops, tell him/her “thank you” and then engage him/her in the group activity. * If the person does not stop, ask him/her to leave the group, and assist if necessary. * Return the person to the group when he/she has stopped making the verbal sexual comments. * Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. * Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.

STANDARD OPERATING PROCEDURE Threatening Behavior

Environmental Supports
√ Ensure that the person is monitored at all times. This will decrease the probability that the behavior will occur.
√ Ensure that the person is not in a group with others that he or she has threatened before.
√ Provide access to activities that can release physical energy in a positive outlet (e.g. basketball, walking, dancing, etc.)
√ Provide access to music, books, puzzles, magazines, etc. at regular times during the day.
√ Ensure that the person is involved in structured activities to prevent time for inappropriate behavior to occur.
√ Ensure that someone is assigned to supervise the group if another person is having behavioral difficulties, particularly if a Code is called.

What to do if the behavior occurs.	
WHAT IS HAPPENING:	YOU DO:
The person gestures to another person that he is going to hurt and/or kill another person (e.g., using his finger like a knife against his throat, using his hand like a gun against his head, holding his hands in a choking manner towards another).	<ul style="list-style-type: none"> * Go to the person and quietly tell him/her to stop and explain to him/her why that behavior is not appropriate. * If the person stops the behavior, tell him/her “good, thank you.” * Ask the person if he/she is having a problem with the other person they making the threat towards. Work with the person to resolve the problem. * If the behavior continues, calmly tell the person “If you choose to continue that behavior you cannot continue it here.” * If the person chooses to continue the behavior, escort the person out of the room/area and ask him/her what the problem is and what you can do to help them. Use the MANDT SODAS (Situation-Options-Disadvantages-Advantages-Solution) method to problem solve to help him/her generate other alternatives. * Return the person to the activity after you have talked with him/her and when he/she is no longer displaying the threatening behavior. * Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist. * Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.
The person verbally tells another person that he is going to hurt and/or kill another	<ul style="list-style-type: none"> * Go to the person and quietly tell him/her to stop and explain to him/her why that behavior is not appropriate. * If the person stops the behavior, tell him/her “good, thank you.”

Stamp Plate

<p>person (e.g., I am going to kill you, you just wait till lights are out, you better not turn your back on me).</p>	<ul style="list-style-type: none">* Ask the person if he/she is having a problem with the other person they making the threat towards. Work with the person to resolve the problem.* If the behavior continues, calmly tell the person “If you choose to continue that behavior you cannot continue it here.”* If the person chooses to continue the behavior, escort the person out of the room/area and ask him/her what the problem is and what you can do to help them. Use the MANDT SODAS (Situation-Options-Disadvantages-Advantages-Solution) method to problem solve to help him/her generate other alternatives.* Return the person to the activity after you have talked with him/her and when he/she is no longer displaying the threatening behavior.* Report the behavior to your Supervisor, Nurse, Team Leader and/or Behavior Specialist.* Write a progress note about the behavior(s) and your interventions in the medical record(s) of the person/people involved.
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