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| BEHAVIOR MANAGEMENT & COGNITION | | | | NO. 250 | |
| POLICY:  When a person served displays cognitive needs and/or exhibits dangerous or maladaptive behavior, it is the responsibility of staff to take steps to protect the client, the staff and the environment. The treatment team must assess the behavioral, cognitive, medical, and rehabilitation needs of the person served and determine a course of treatment to achieve predicted outcomes.  PROCEDURES:  1.0 Winning Wheels, Inc. shall govern the use of special training procedures used to modify behaviors that the interdisciplinary team determines to be a problem or maladaptive, including, but not limited to, aggressive combative and self-injurious behaviors. Such assessments of contraindications to such procedures are conducted on an individualized, ongoing basis. The frequency and intensity of such reviews increase in direct proportion to the level of intrusiveness of the procedures.  2.0 Winning Wheels, Inc. prohibits the use of corporal punishment, seclusion, abuse, and neglect of individuals.  3.0 To maximize the individual's growth, development and independence, the program shall use positive reinforcement in keeping with the individual's development level and learning, emotional and environmental needs. Personnel will identify and implement procedures to eliminate or minimize environmental factors that contribute to maladaptive or inappropriate behaviors.  4.0 The plan of an individual who exhibits maladaptive behavior shall include provisions to train the individual in the circumstances under which the behavior can be exhibited adoptively, or how to channel the behavior into similar but adaptive expressions, or how to replace the maladaptive behavior with adaptive behavior. Individualized behavior plans are developed as appropriate, which may include special tickets, an incentive program where residents can earn tickets for things (i.e. special phone calls, pop, etc.). If behavior warrants, patient may lose an outing privilege. See care plan for individualized program.  5.0 Emergency procedures used to prevent individuals from harming themselves or others shall not be repeated more than three times within a six-month period without being incorporated into a written positive behavior management plan by the team. The program promotes therapeutic use of pharmacological restraints.  6.0 Aversive conditioning or restrictive procedures shall not be used and/or may be implemented when nonrestrictive procedures have failed to produce the desired behavioral changes.  7.0 1) The interdisciplinary team shall determine and document in the record that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the procedure;  2) The procedure shall be an integral part of the treatment which will lead to a less restrictive way to manage and ultimately eliminate the behavior; and will be integrated into the plan(s) of the persons served. | | | | | |
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| 3) The record shall document that informed consent was obtained as verified by the signature of the person served on his / her program plan; and will be explained to the person(s) served in a form, manner and language that can be understood by them, followed by discussion.  4) The program's committee governing behavior-comprised of appropriately qualified professionals, consisting at a minimum of a CRRN, physician, and a social worker shall review and approve the procedure required for behavior programs that use reinforcers with potentially negative health effects (e.g. candy, caffeine drinks, etc.). Such programs should be used when:  a) Alternative positive reinforcers have proved ineffective.  b) The programs are not medically, psychologically, or nutritionally contraindicated.  c) The programs are time-limited.  d) The programs are specified in the persons' individual plans.  8.0 If there is a change in responsiveness or a resident becomes disturbed, unmanageable, severely agitated, extremely distracted/disoriented, or an elopement risk, they shall be examined by their physician, a psychiatrist, and / or neuropsychologist, and a behavior management plan developed (including medication adjustments) and implemented as appropriate.  9.0 The Charge Nurse shall notify the physician, the D.O.N., the Administrator, and / or the family if the situation warrants family involvement or involvement of significant others as appropriate.  10.0 The program ensures adequate training of personnel in the implementation of behavior management procedures / techniques to assure physical safety, including, but not limited to, equipment safety, and effective management of physically aggressive and self-injurious behaviors. This occurs through regular in-service training, new employee orientation and through regular MANDT training.  11.0 Alternative therapeutic behavior management approaches will be utilized to the extent possible in lieu of or to augment behavior management programs. These may include, but are not limited to: use of various modalities in the “relaxation station”, aromatherapy, touch therapy, cueing, use of essential oils in diffusers and massage lotions, animal-facilitated therapy, etc.  12.0 Environmental factors that may enhance the desired behaviors of persons served may include: scheduled therapy sessions during non-peak times, rehab lunch or supper club for a more private dining experience, relaxation station for a quieter area to listen to music, sensory garden area for outdoor pleasure in a beautiful setting, roommate considerations, etc. Various environmental modifications are made on a continuous basis to better meet the behavior/cognitive needs of persons served.  13.0 The impact of behavior is an important consideration with regard to physical function, psychological function, social function, vocational function, education and family dynamics. Clients are taken into consideration when scheduling services and use of treatment space (i.e. therapy sessions, roommate compatibility, participation in outings, participation in college courses, groups). | | | | | |
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