

The Paraplegic and Quadriplegic Association of SA Inc



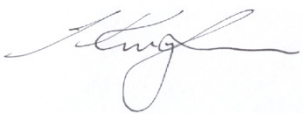
Behaviour Management Policy and Procedures

STATEMENT

The Paraplegic and Quadriplegic Association of South Australia Incorporated (The Association), and the staff of PARAQUAD SA/HOMECARE PLUS, have a commitment to providing support for people with a disability and challenging behaviours.

The Association recognises that all people can learn and develop skills to become confident and competent members of community and who have a valuable contribution to make throughout their lives.

In the best interest of clients, The Association will ensure that positive, non-intrusive, legally and ethically acceptable strategies are adopted in the management of challenging behaviour, in order to protect client rights and maximise opportunities for participation in community-life.

Approved by: 	Date: May 2013
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The Paraplegic and Quadriplegic Association of SA Inc.(PQSA) is incorporated under the *Association Incorporation Act 1985 (SA)* and conducts its business through operating Divisions, namely Support Services and HomeCare+.

SCOPE

Compliance with this policy is a condition of appointment for all persons engaged to provide services on behalf of The Paraplegic and Quadriplegic Association of SA.

DEFINITIONS

Behaviour Intervention Plan - An individualised behaviour intervention plan is a working document that is a record of non-aversive behaviour management and skill development programs. It also provides staff with clear guidelines on how best to support an individual who uses challenging or interesting behaviours in order to have his/her needs met.

Duty of Care - The obligation of a person not to be careless or negligent and to exercise reasonable care in the conduct of an activity.

Incidents – something that happens an individual occurrence or event.

Equitable - open to all without systemic, hidden or apparent bias on the grounds of gender, race, disability, sexuality, age, marital status, pregnancy, potential pregnancy, breastfeeding, religious beliefs, medical record, criminal record or trade union activity.

Must – indicates a mandatory action required by law, industrial instrument, or PARAQUAD SA / HOMECARE PLUS policy or procedure.

Should – indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

Reasonable – The appropriate standard or quality of objective decision-making that must be brought to bear when making an administrative decision.

Reporting – is an account or statement given either verbally or in writing with the specific intention of relaying information or recounting certain events in an objective manner.

RESPONSIBILITIES

Management responsibilities

- To ensure that clients who exhibit challenging behaviour have access to relevant professional services.
- To ensure that staff have access to relevant training and are able to demonstrate competence in supporting people who exhibit challenging behaviour.
- To ensure that clients with a history of challenging behaviour are a priority for behaviour intervention.
- To ensure the regular review of behaviour interventions.
- To ensure that debriefing and counselling are available to people involved in critical incidents involving challenging behaviour, including family members, other clients and staff.
- To ensure that significant others are invited to participate in identifying the person's support needs.

Support Worker Responsibilities

- To support the client in a way which promotes positive interactions.
- To support the development of the client by following all procedures as specified in the client's behaviour intervention plan.
- To prevent and protect self and others from injury.
- To reduce unnecessary damage to property.
- To implement any necessary reactive strategies using a least restrictive approach

POLICY

The Paraplegic and Quadriplegic Association of South Australia Incorporated (PQA) places great emphasis on promoting the dignity, worth, rights and developmental potential of people with a disability. Client rights and ethical principles should always be considered when adopting any strategy that relates to the management of challenging behaviour.

Not all behaviours need to be modified, and therefore it is less urgent to intervene in some situations than others. Intervening to change a person's behaviour is, in a sense, interfering with that person's autonomy. In managing challenging behaviour, staff should always use the least restrictive alternative. Any action taken to benefit a person with a disability should intrude as little as possible on their rights and lifestyle.

Challenging behaviour can serve as form of communication for individuals. It always occurs for a reason and usually carries a message to those around them. There may be a number of inter-related causes for the behaviour, although sometimes the causes cannot be easily determined.

Why punishment is no longer used

There are several problems with using punishment to change behaviour: -

- ◆ Behaviour change achieved through the use of punishment is less likely to be maintained.
- ◆ Punishment may cause a backlash against the people administering it. The client may show increased fear, anger or aggression towards others.
- ◆ Punishment tends to cause an increase in the problem behaviour, which can be dangerous if the person has a tendency to cause physical injury or destroy property.
- ◆ Punishment does not teach the person how to behave in an appropriate way, it only teaches how not to behave. This is a problem if the client does not have the needed skills to behave appropriately.
- ◆ Punishment is only effective if another person is present to administer it immediately after the behaviour occurs, and it can lead to the client developing other behaviours such as lying.
- ◆ Punishment is not necessary given the proven effectiveness of non-aversive strategies.

PROCEDURES

Instead of simply seeking to remove or reduce a behaviour, positive programming aims to increase people's range of functional skills so that they can be more effective in their interactions with others and their environment. This allows them to have their needs met through more socially acceptable means.

To the same extent that people have socially acceptable ways of getting their needs met, there is less need for them to use socially unacceptable behaviour, which serves the same function.

For intervention effects to be durable, the intervention should not rely on artificial consequences that are difficult to maintain over time and across different settings. Responses learnt through positive programming can be maintained by the natural contingencies in the environment.

Positive programming enables people to participate actively in the management of their own life.

Proactive strategies

For people who have ongoing challenging behaviour, strategies need to be put in place that do more than simply react to the behaviour when it occurs. Proactive strategies are those that contribute to the maintenance of long term behaviour change. For example, by changing the environment around the person, teaching skills, or providing an incentive for the appropriate behaviour.

Environmental changes

Some behaviour occurs as a result of a poor match between the environment and the person's needs. Changing the environment may change the person's behaviour, preventing the need for more intrusive strategies.

Positive programming

The more people can do for themselves, the less likely they will be to come into conflict with their environment.

Because every behaviour serves a function, it is important to teach people skills that replace their problem behaviour in terms of the function it serves. By doing this they will be able to meet their needs in a socially acceptable way.

People with intellectual disability or an acquired brain injury often lack certain skills that mean that they do not know what to do in certain situations. This may lead to them becoming anxious or frustrated. It is important to teach the person new skills in order to reduce the challenging behaviour. For example, you may want to teach problem-solving strategies, how to make choices, how to follow rules, or ways of relaxing.

Direct treatment

Direct treatment strategies are designed to quickly reduce the frequency and severity of the problem behaviour. For example, positive reinforcement is a highly effective and rapid means of motivating people to achieve better self-control over their behaviour. In addition responding to the client in a new and unusual way may serve to stop the cycle of the behaviour by distracting the person. Staff/Support Workers may also provide regular access to a desired object or activity so that the person does not need to engage in the problem behaviour to obtain it.

Reactive strategies (ie Emergency Management Strategies)

While the proactive strategies will produce positive effects on the client's behaviour, the challenging behaviour will still occur to some degree, although it is to be expected that it will occur at a progressively decreasing rate.

Nevertheless, when the problem behaviour occurs, staff/Support Workers need strategies that they can use to minimise the risk of harm to the person or others. These are called reactive strategies.

It is essential to remember that when the challenging behaviour is occurring, this is not the time to try to teach the person anything or make a point. At this time, the goal is survival with dignity.

Unrestrictive methods

There are a wide range of strategies that can be used to control and minimise challenging behaviour that do not restrict the rights and freedom of the person.

Staff/Support Workers can remove events, objects or situations that may "set off" the problem behaviour. For instance, by avoiding rush hour in the supermarket with a client who hates crowds, or avoiding criticising a client who self-abuses when criticised.

When to seek Professional Assistance

When a person presents with challenging behaviour, the following needs to occur:

- In the first instance, the Client Service Officer in conjunction with the Registered Nurse Consultant, Support Workers and significant others should conduct an assessment to identify the factors contributing to the behaviour. These factors may include health, lifestyle or environmental issues. Arrangements should be made for the client to be assessed by a medical practitioner to investigate any possible health related issues that may be affecting the client's behaviour
- When possible causal factors have been identified, the Client Service Officer in conjunction with the Registered Nurse Consultant, Support Workers and significant others should develop a plan to address these issues using least restrictive approaches.
- This plan should be implemented and evaluated to determine if it is having a positive effect on the behaviour. If these strategies are not effective, the client (with appropriate consent) should be referred to an appropriate behaviour intervention service.

- In situations in which the behaviour is of such severity, frequency or intensity that it poses a significant risk to the safety of the person or others, referral to a behaviour intervention service may need to occur in the first instance.

Factors contributing to the challenging behaviour will determine the form the Behaviour Intervention Plan takes.

Examples of scenarios for which clients maybe referred for behaviour intervention are not limited to, but may include, the following:

- When significant changes have been observed in a person's behaviour.
- When the behaviour restricts the person's freedom of movement and participation in activities.
- When PRN medication is being administered routinely, or more frequently than is seen to be reasonable.
- When the behaviours are placing the person, others, or property at risk.
- When the behaviours are placing the persons, day activity or access to the community at risk.

Behaviour Intervention Plan

Challenging behaviours serve a necessary function for a person and are usually a result of a person not having his/her needs met. The quality of life issues that face many people with an intellectual disability or an acquired brain injury and who present with challenging/interesting behaviours, are-

- lack of connection with family and/or friends;
- lack of enjoyable/interesting experiences;
- lack of opportunities or freedom to make choices and decision;
- lack of opportunities to contribute or be valued;
- an inability to communicate needs; lack of training in coping skills;
- physical and emotional wellbeing; safety from harm.

The assumptions for any behaviour management plan are that - all people have the potential to learn;

- challenging behaviours occur for a variety of reasons and are learned and effective tools for having a person's needs met;
- behaviour is controlled by the environment and interactions with which a person lives;
- behaviour can be affected by medical, physiological, psychiatric and psychological problems;
- behaviour can be affected by social expectations and attitudes.

That is, with a holistic approach to assisting a person with challenging behaviours, more effective supports can be provided and the person can learn to cope and respond to life in more appropriate ways without having to resort to challenging behaviours.

The Elements of a Behaviour Intervention Plan

A Behaviour Intervention Plan is made up of several components.

The Assessment - Aims to identify the function of the behaviour through observation of the behaviour, evaluation of a person's interactions with others and evaluation of the environment and the person's lifestyle. The assessment can -

- determine if an individual's needs are being met and the areas requiring improvement;
- determine a person's skills and competency levels;
- define the frequency, intensity and duration of behaviours;
- define the motivation and reinforcers of the behaviour;
- determine the antecedents and consequences of behaviour.

Information provided through an assessment, assists in planning strategies to avoid behaviours before they occur and assists in reducing the occurrence of behavioural incidents and ensures personal growth through continued competency enhancement.

Evaluation of the Intervention Program Strategies

The evaluation process -

- note changes in behaviour, ie. decreases in behaviour; increases in appropriate, alternative behaviours;
- shows if the program needs to be altered to better meet a person's needs;
- monitors progress rates;
- monitors progress in skill development and competencies;
- monitors staff consistency in program implementation;
- checks for generalisation of skills;
- checks for maintenance of skills;

Program Strategies will be reviewed at each staff meeting and regularly evaluated by the Client Service Officer and staff, or as needed (i.e. crisis situation).

Observing / Recording / Reporting Behaviour

For each behavioural intervention plan there is likely to be the expectation that staff will contribute to monitoring and evaluating the success of the program strategies in place. Staff will be expected to record each behavioural incident (confidential incident report attached) and report each incident where there is a threat of property damage, physical injury, or harm to any individuals in the environment at the time of the incident.

Unacceptable intervention methods

- Physical abuse which includes punching, kicking, slapping, choking, pinching, shaking, hair pulling, scratching, and biting.
- Administration of any stimuli, which causes pain or discomfort. Verbal abuse or threats which are demeaning or intended to instil fear.
- Deprivation of liberty/freedom; needs; personal property.
- The use of medication for any reason, other than that for which it is prescribed and/or intended.

Notification of Abuse

Where a staff member suspects that a person is being abused or neglected or, through their own conduct, is jeopardising thier or other's health, safety or welfare, it must be reported as per the Mandatory Reporting Policy or Vulnerable Adult Protection Policy and Procedure.

RELATED LEGISLATION

- Work, Health and Safety Act 2012
- Work, Health and Safety Reg 2012
- Disability Service Act 1993 (South Australia)
- Guardianship and Administration Act 1993
- Disability Discrimination Act 1992
- Mental Health Act 2009
- Privacy Act 1988

SUPPORTING PQA DOCUMENTATION

- Mandatory Reporting Policy and Procedure
- Child Protection Policy and Procedure
- Client Decision Making and Choice Policy
- Client Rights and Responsibilities
- Client Complaints Management Policy
- Client Complaints Management Procedures
- Code of Ethical Behaviour
- Confidentiality Policy and Procedure
- Duty of Care Policy and Procedure

- Privacy Policy
- Work, Health and Safety Management System Policy
- Support Worker Medication Administration Policy
- Support Worker Training Policy and Procedure
- Support Plan Policy and Procedure
- Recruitment Policy and Procedure
- Vulnerable Adult Protection Policy and Procedure

BREACHES OF THIS POLICY

Ignorance of these procedures will not generally be accepted as an excuse for non-compliance. Only in extreme circumstances and where such ignorance can be demonstrated to have occurred through no fault of the individual concerned will PARAQUAD SA/HOMECARE PLUS accept such an argument.

DISTRIBUTION AND REVIEW

PARAQUAD SA/HOMECARE PLUS will ensure all persons engaged to provide services either paid or unpaid will be aware of this policy and will have easy access to it in an appropriate format. All policies are to be reviewed on a bi-annual basis or when legislation or Government Policy determines.

Behaviour Support Plan (Sample Form)

Client Name:

Address:

Descriptions of the behaviour(s) of concern:

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Function of the behaviour(s) (ie what purpose does the behaviour serve to the client?)

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Background factors and triggers (ie antecedents to the behaviour(s)):

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Intervention strategies:

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Is this client receiving any behaviour modifying medication? Yes/No

If yes, list the medication and its known major side effects:

Medication

Known Side Effects

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