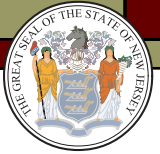


Division of Developmental Disabilities (DDD)

BEHAVIOR MANAGEMENT POLICIES & PROCEDURES

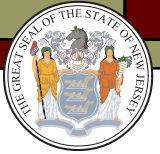
ELLIOT N. HONIGFELD
DDD – OFFICE OF QUALITY / PLANNING



In order to effectively address significant behavioral needs of service recipients including those of individuals that have been assessed at

DDRT Levels 3 – 4 (Behavioral)

a service provider must have...

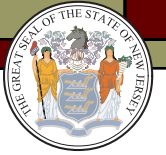


...DDD Approved

Behavior Support Policy and Procedure – that
comports to the requirements of Division
Circular #34

and

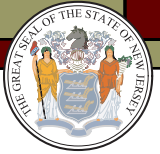
Policy and procedure covering the utilization of
Defensive Techniques and Personal Control
Techniques (PCT) (Division Circular #19)



Behavior Support Policy and Procedure

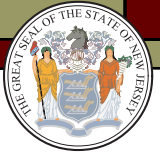
– Describes the process for
Development, Implementation and Oversight
of Behavior Support Plans.

Behavior Support Plans are clinical interventions
designed to modify identified behaviors
utilizing the principles of
Applied Behavioral Analysis
including Positive Behavioral Supports



Personal Control Techniques

Personal Control Techniques (PCT) in Emergencies are emergency measures taken response to aggressive, destructive and/or self-injurious behaviors, when such behaviors present a danger to the individual or others.



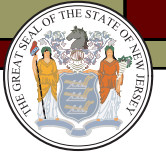
Behavior Management

Taken together...

**Behavior Support Policy and Procedure
and**

Personal Control Techniques

provide a basic set of tools by which behavior can be shaped proactively over time as well as the safe, effective means to physically intervene and maintain safety during dangerous behavioral episodes.



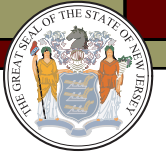
Notes

- All DDD Circulars available on our website

[http://www.state.nj.us/humanservices/ddd/news/publications/
divisioncirculars.html](http://www.state.nj.us/humanservices/ddd/news/publications/divisioncirculars.html)

- Only these two policies are reviewed and approved by DDD (Behavior Policy Review Committee)

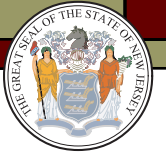
other operational P&P for residential / out of home services
are reviewed by DHS's Office of Licensing (DDL).



Note

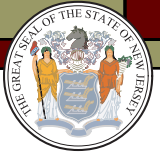
The Qualified Provider process and determination is separate from this requirement to have approved Behavior Management P & P.

No Qualified Provider may provide services or respond to E Blasts to serve this population without first having these policies and procedures approved by the Division



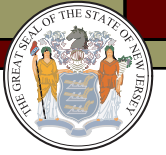
Division Circular #34

BEHAVIOR SUPPORT POLICY AND PROCEDURE



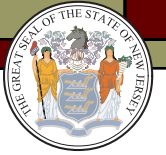
BEHAVIOR SUPPORT POLICY AND PROCEDURE

In order to meet the requirements of the current and upcoming revision to DC#34 use the **Appendix A** format to submit key provisions of the Agency / Provider behavioral supports policy & procedure to DDD for review and approval.



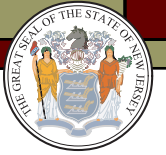
Appendix A

The Appendix A submission is designed to provide the Division with a focused overview and summary description of the service provider's behavioral support policies and procedures by concisely outlining the **processes, responsible parties and timeframes** involved with identifying behavioral service needs and providing behavioral supports including the development and implementation of a Behavior Support Plan (BSP).



Note

Submission of the **Appendix A** replaces the prior practice of submitting either a Behavior Manual or a behavior management Memorandum of Understanding (utilizing the Community Services Behavior Management Manual) to DDD for review and approval



Some key elements from P&P to be reflected in the

Appendix A

Description of the processes, timeframes and staff titles responsible for:

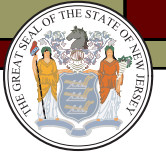
- Identifying target behavior -
*including the **Assessment of Behavioral Risk***
- Conducting Behavioral Assessment / Functional Analysis
- Plan development
- Garnering approvals / consent
- Plan monitoring and documentation.

Note

Assessment of Behavioral Risk

On an annual and ongoing basis, the IDT will assess if there are any Behavioral Risks associated with the behavior of the individual.

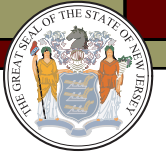
If identified, a Behavior Support Plan will be developed to address this behavior



Note - continued

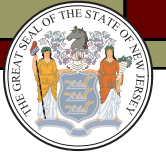
Behavioral Risk defined:

“When determined by the IDT, the behavior of the individual poses a credible, potential risk to the health or safety of the individual, staff or others in the person's community.”



Some key elements from P&P to be reflected in the
Appendix A - continued

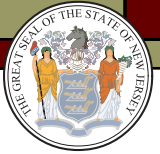
- Indicate which Human Rights Committee (HRC) and Behavior Support Committee (BSC) would be utilized.
- Identify any external parties, partners or consultants that will be responsible to routinely perform any key behavior support functions as a part of your process. Delineate responsibilities by organization and title.



Some key elements from P&P to be reflected in the
Appendix A - continued

Describe your staff training process and curricula relative to:

- Providing an overview of behavioral supports
- Providing specific training on individual behavior support plans
- Assuring mastery and retention of skills.

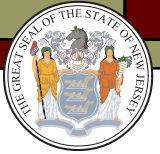


Some key elements from P&P to be reflected in the
Appendix A - continued

SUPERVISION AND ADMINISTRATIVE OVERSIGHT

Identify staff titles responsible for the direct supervision of behavior support plans, including:

- Observing plan implementation
- Monitoring data collection / accuracy.



Some key elements from P&P to be reflected in the

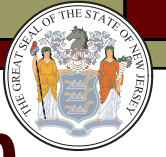
Appendix A - continued

SUPERVISION AND ADMINISTRATIVE OVERSIGHT

Describe the quality oversight system, based upon the administrative auditing of 20% of individual behavior support plans, to compile data on overall behavioral service delivery within the organization.

Metrics –

- Training requirements have been met.
- Data collection is timely and accurate.
- There is a documented review of outcomes
- Required initial & ongoing reviews and approvals are documented



Credentials for Behavioral Support Plan development / oversight

If the Behavior Support Plan (BSP) addresses

- A **Behavioral Risk** associated with the behavior,
- or
- if a BSP uses a technique which requires greater
proficiency / oversight*

The BSP will be reviewed, approved and operate under the supervision of an individual with at least a Master's degree in a specified field, along with at least one year of experience in the development and implementation of BSPs for individuals who have developmental disabilities.

Note

* **BSP's requiring greater proficiency / oversight -**

The employed Behavior Support Technique is technically complex, has the potential to cause a violation of Human Rights or otherwise requires a higher level of review, approval and oversight

including the following...

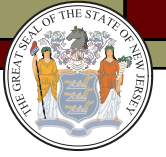
Examples –

~~techniques requiring greater proficiency / oversight~~

- ❑ Token or point systems utilizing response cost
- ❑ Substantive alteration to the usual environment or routine - for the specific purpose of behavioral control – (restricted access, monitoring devices etc.)
- ❑ Physical prompting and/or manual guidance to overcome significant resistance

Examples - continued

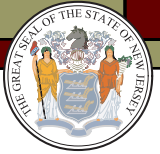
- ❑ Contingent presentation of non-preferred sensory or physical stimuli
- ❑ Physical restraint of the body, by any means, as part of a BSP
- ❑ Overcorrection or contingently required physical activity
- ❑ Any exclusionary time out procedure over five (5) minutes in duration
- ❑ ALL CURRENT DC#34 “Level III”
TECHNIQUES



Division Circular #19

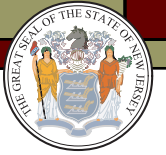
Defensive Techniques and Personal Control Techniques

POLICY AND PROCEDURE



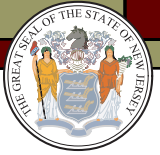
Division Circular #19 - continued

... even in a supportive environment, some individuals will exhibit aggressive, destructive and/or self-injurious behaviors. When such behaviors present a danger to the individual or others action must be taken to help the individual control himself or herself, or, if that is not possible, to control the individual.



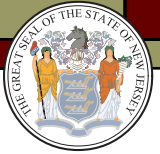
Division Circular #19 - continued

....When the individual exhibits unanticipated dangerous behavior, emergency measures must be available to assist in protecting the individual or others. Among the emergency measures that are used in such situations are personal control techniques.



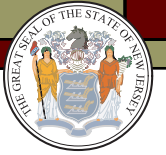
What are Defensive Techniques?

- Techniques to block and deflect punches and kicks
- Methods to release grabs, bites and hairholds



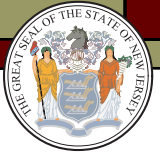
What Are Personal Control Techniques (PCT)?

- PCT is a form of RESTRAINT
- PCT mean contact by staff with an individual, which restricts the individual's freedom of movement either partially or totally.
- Common types of PCT include:
Bear Hugs, Basket Holds and Take Downs



Note

- Personal Control Techniques shall not be used as punishment, for the convenience of staff, or as a substitute for programming.
- Only Staff that has successfully completed a training program approved by the Division shall apply Personal Control and Defensive Techniques.

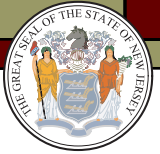


Prompting vs. Restraint (PCT)

- Prompts, using manual guidance, are distinct from restraint.

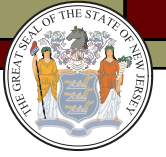
- Examples include:

Lead-alongs, escorting and hand over hand assistance for training



Health / Medical Review Prior to PCT Use

In Community Programs licensed for persons with developmental disabilities, the IDT reviews the available client record for documented sign of physical distress. If the IDT has any question concerning the use of a personal control technique, the use of the personal control technique in question should not be authorized until a physician reviews the technique and the individual record, evaluates the individual, as necessary, and approves its use. If the IDT notes no concerns, the personal control technique may be used.



What about **Devices** used to control behavior?

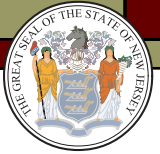
Such as -

- ☐ Helmets
- ☐ Mitts / gloves
- ☐ Harnesses / Jumpsuits
- ☐ Arm splints / shin splints
- ☐ Bed Rails

Mechanical Restraint

These devices, used to control behavior, are considered forms of **Mechanical Restraint** and are addressed in Division Circular #20.

“Mechanical restraint” means the application of a device which restricts freedom of movement either partially or totally.



Mechanical Restraint vs. Safeguarding

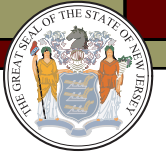
“Safeguarding equipment” means devices which restrict movement used to provide support for the achievement of functional body position or proper balance; devices used for specific medical, dental or surgical treatment; and devices to protect the individual from symptoms of existing medical conditions, including, but not limited to, seizures, ataxia and involuntary self abuse.

Mechanical Restraint vs. Safeguarding -continued

Devices such as bed rails, mitts, jumpsuits, arm splints, vest, helmets and body harnesses (are either used) as a mechanical restraint for control purposes or safeguarding equipment, depending upon circumstances. For example, a helmet used to prevent injury due to seizures is a safeguarding device. Use of a helmet to prevent injury due to self-injurious behavior is for control purposes (Mechanical Restraint).

Application To Use Mechanical Restraints

- Each facility or service provider requesting approval to utilize mechanical restraint shall submit to the Division Director (BPRC) a comprehensive written procedure governing the use of restraint which shall include:
 - Identifying the forms of mechanical restraint to be used and the number of trained staff that shall be available to apply restraints;
 - Criteria for use of mechanical restraints
 - Instructions for the application of the restraint



Application To Use Mechanical Restraints - Continued

- Precautions for the use of mechanical restraint involving certification by a physician that the use of the restraint is not medically contraindicated for the individual
- Record keeping and review requirements
- A curriculum for training staff in the proper use and application as well as the recognition of the signs of physical distress.