Positive Supports Core Training
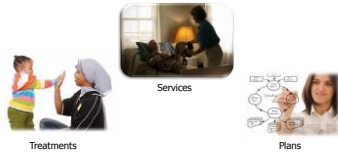
Jason Hoffrogge

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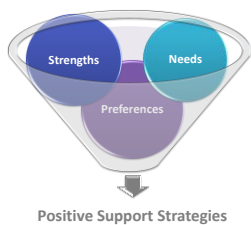

Positive support strategies required. The license holder must use positive support strategies in providing services to a person. These positive support strategies must be incorporated in writing to an existing treatment, service, or other individual plan required of the license holder.

Subp. 2. **Positive support strategy standards.** To develop and implement positive support strategies, the license holder must:

A. assess the person's strengths, needs, and preferences to identify and create a positive support strategy;

B. select positive support strategies that:

(1) are evidence-based;
(2) are person-centered;
(3) are ethical;
(4) integrate the person in the community;
(5) are the least restrictive to the person; and
(6) are effective;
C. use person-centered planning in accordance with Minnesota Statutes, section 245D.07, subdivision la, paragraph (b), clause (l);

Subd. 1a.**Person-centered planning and service delivery.**

(a) The license holder must provide services in response to the person's identified needs, interests, preferences, and desired outcomes as specified in the coordinated service and support plan and the coordinated service and support plan addendum, and in compliance with the requirements of this chapter. License holders providing intensive support services must also provide outcome-based services according to the requirements in section 245D.071.

(b) Services must be provided in a manner that supports the person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:
(1) person-centered service planning and delivery that:
(i) identifies and supports what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided;
(ii) uses that information to identify outcomes the person desires; and
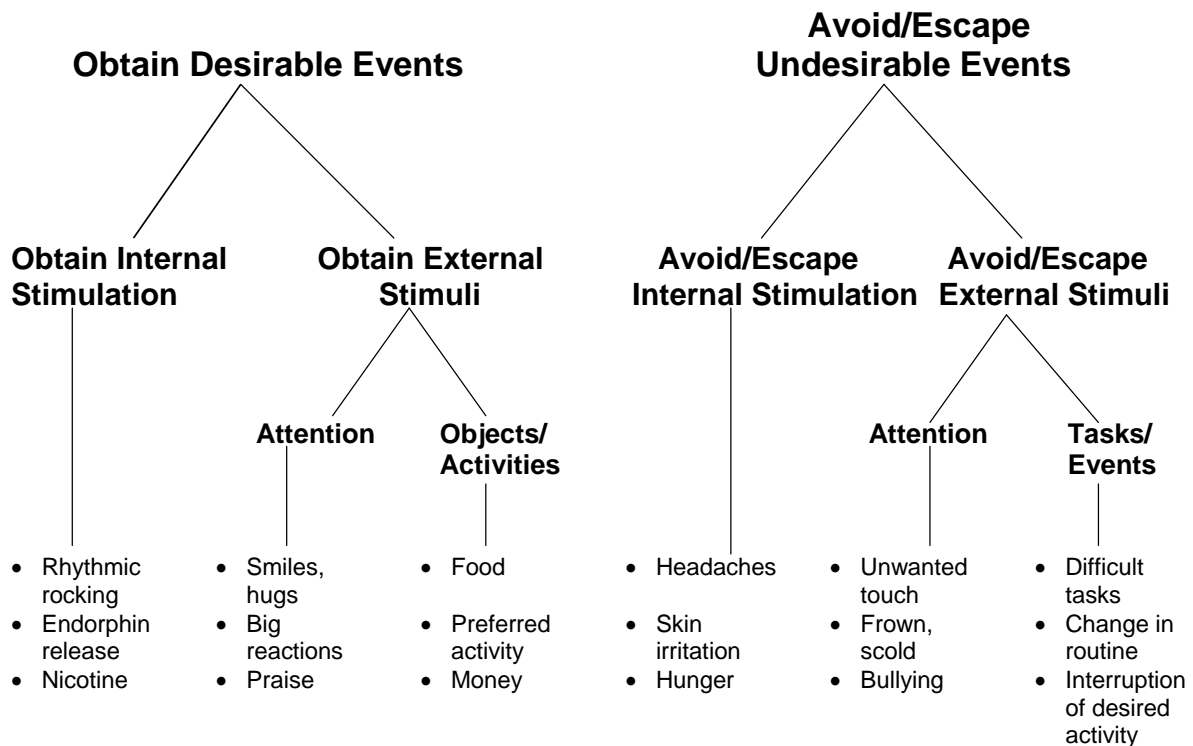(iii) respects each person's history, dignity, and cultural background;

Promotes Self-determination 	(2) self-determination that supports and provides: (i) opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and (ii) the affirmation and protection of each person's civil and legal rights; and
Most Integrated Setting-- Inclusive 	(3) providing the most integrated setting and inclusive service delivery that supports, promotes, and allows: (i) inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member; (ii) opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and (iii) a balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights.
Why don't we use punishment? 	• Punishments are prohibited by the 245D standards. • Punishments often result in an emotional response which can result in greater or prolonged crisis situation. • Punishment can sometimes turn the staff relationship into a very coercive one. • Due to their cognitive deficits in impulse control and planning skills, punishment often do not have the effect that staff are hoping for. • The use of punishment has the potential for abuses by caregivers/therapist • Punishment can escalate challenging behavior or create new, unwanted behavior • Prior experience with punishing stimulus can decrease sensitivity to that punishment. This means that to be effective, intensity of punishment must increase; • Punishment arouses emotion in both the punisher and the punished. The punisher may feel excited, satisfied or more aggressive impulses – which may cause the punisher to get carried away. The punished may feel pain, discomfort or humiliation, fear, hate, a desire to escape or self-contempt – emotions which may be counterproductive to the situation and/or relationship • Punishment teaches about power. It can teach that powerful people get to hurt less-powerful people. For this reason, it has been found that parents who were abused as children may become child abusers themselves.

OUR PERCEPTIONS
DRIVE OUR ACTIONS

See & Hear → Tell a Story → Feel → Act

The story that you tell yourself about your consumer and his behaviors will affect the way that you respond to him.

Functions of Behaviors

Obtain Desirable Events

Avoid/Escape Undesirable Events

Obtain Internal Stimulation

Obtain External Stimuli

Avoid/Escape Internal Stimulation

Avoid/Escape External Stimuli

Attention

Objects/ Activities

Attention

Tasks/ Events

- Rhythmic rocking
- Endorphin release
- Nicotine

- Smiles, hugs
- Big reactions
- Praise

- Food
- Preferred activity
- Money

- Headaches
- Skin irritation
- Hunger

- Unwanted touch
- Frown, scold
- Bullying

- Difficult tasks
- Change in routine
- Interruption of desired activity

Stability

Support from others

Impulse Control

Arsenal of
Problem-solving skills

Mood regulation

Good health

Stress management

Planning skills

Expressive communication

Good memory

Separation of Affect

Negotiating skills

Hobbies and Interests

Social Skills

Frustrations Tolerance

Pleasant
Events

Flexibility

Rewards &
Reinforcements

Lack of stressful events

Perceived Negative
Event

Impulsivity

Poor planning
skills

Irritable
mood

Poor communication
skills

Headache

Anxiety

Past experiences

Low Frustration
Tolerance

Negative
Staff

Poor coping
Skills

Bossy
Peers

Noisy Environment

Proactive Strategies

A. Change the environment to meet the needs of the person.

B. Change the person to meet the needs of the environment.

Create a behavior-friendly environment

How can we create an environment that will increase the odds that the person will exhibit desirable behaviors? How can we set the person up for success?

- Rapport with the staff
- Using person-centeredness
    - Important to/ Important for
    - Good day/bad day
    - What makes sense/doesn't make sense
    - 4 questions +1
    - Staff matching
- Antecedent control
- Reducing power struggles
    - Compliance
    - Responding to requests
    - Important to/ Important For conflict
    - Doughnut

Invest in social capital

The idea of social capital is that staff invests time and effort into the relationship that they have with them. This pays off in many ways. We see growth in the person through the skills that they have learned.

The staff increases the rapport that they have with the person

The person will be more trusting of the staff during the more challenging times. The staff is more likely to be seen as an ally.

It is still important to establish boundaries and limits with the person. We are not their friends.

- Find common interests
- Show interest and ask questions about the things that they like
- Give frequent praise
- All communication must be respectful. It should match the person's communication preferences
- Every time you respond to a difficult situation will create precedence of how you will respond the next time.

Matching staff supporting_____

Support to wanted and needed	Skills needed	Personality Characteristic Needed	Shared common interests (would be nice to have)

Utilize **Person**-Centered Practices

_____
Your name

Good Day | **Bad Day**

What is Important To...

comfort   Happiness
I want a boyfriend
MY CAT
Having my own place   Getting a job
Coffee!!!
Eating things I like

What's Important For...

Safety
Health
Valued member of community
Appropriate
Behavior-free
Good housemate
Good employee
Contribute to society
Respect others

Where do we find the answer to what's important for?

Risk management plan, ISP, the parents, the guardian, company policies, work rules, the law,

Conflict

We want this to be part of our culture. Part of our language.

It is critical for us to work through a balance of what is important for and what is important to a person. When there is not a balance, there will be discontent–either by the individual, or by the team. Often times, when the balance moves away from What's important to, the person may feel a loss of control, become depressed, behaviors may increase.

No one willingly does anything that is "important for" him unless a piece of it is "important to" him.

Julie

What is important to Julie?	What is important for Julie?

What else do you need to learn/ know?

Personal liberties

The right to choose

...or refuse

People should have a variety of available options and be free from coercion when choosing between options.

Historically, people with disabilities have not been allowed choice.

Smothering | **Dignity of Risk** | **Neglect**

I must take care of you.
I must protect you.
I must keep you safe.
I must keep you appropriate.

I don't care.
Not my problem.
Not my responsibility.

Avoid the Sucker's Choice

"We either make him do his chores, or he is going to sit around and do nothing."

"Either we leave him alone to do whatever he wants, or he will have a meltdown when we prompt him to do his programs."

How can we provide for opportunities of choice within the context of habilitation?

Empower Staff to Allow choice

	What works/ Makes sense	What doesn't work/ Make sense
Julie's Perspective		
Staff's perspective		

	What works/ Makes sense	What doesn't work/ Make sense

Julie's Perspective	•Shopping daily for favorite things
	•Having lots of jewelry
	•Having my sister Joanne in my life
	•Lots of blue, red and black clothes
	•Polished nails, many colors
	•Living with Teddy, the Yorkshire Terrier
	    •Sleeping on my bed
	    •Snacks from my plate
	    •In my lap when I watch TV
		•Staff don't let me drink what I want.
		•Teddy leaving me during mealtimes
		•Having no work to do at WAC, Inc.
		•Staff not letting me buy things I want.

Staff's perspective	•Favorite people doing activities with her, especially John Dandy •Keeping Julie from falling– reminders to use her walker •Level blood sugar– staff knowing signs of low and high blood sugar •Joanne is active in Julie's life •Planning before Julie goes shopping	•Julie is less steady on her feet and falling more than she used to. •If you don't make a plan with her before shopping, Julie will want to buy more than she has money for– Julie may get very upset which can alter her blood sugar •Julie gives Teddy food off her plate.

For: Rae

Contributors: Mom, Dad, and Denine

What is happening around you? Or When this happens… (circumstance)	_____ does (observed behavior)	We think it means	We should (supportive response)
Rae is going for a walk.	Sits down on the ground	She is worn out and doesn't want to walk anymore	Listen to what Rae is telling you and head back to the car/home.
Rae has sat down on the sidewalk, we have encouraged her to walk just one more block.	Yells and screams.	Rae is offended because we didn't listen to her when she told us she was tired of walking.	Apologize to Rae and head back to the car/home… try to listen better next time!
Anytime	Says: "eee-eee-eee"	Rae would like to go hang out at Dunn Brother's and have a cup of freshly ground coffee	Take her out for a cup of joe!
Rae is at the coffee shop	Points to the bins of coffee beans	Rae would like to buy some coffee beans to brew at home.	Support Rae in choosing what she wants to order and paying for her purchase
Rae is at the coffee shop	Points to cups	Rae would like to buy a cup of coffee	Support Rae in ordering and paying for her coffee.

Charlie's Learning Log

Date	What did the person do? (What, where, when, how long, etc.)	Who was there? (Names of staff, friends, others, etc.)	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work well? What did the person not like about the activity? What needs to be different?
3/2	Hillsboro Aquatic Center for hot tubbing (2 hours)	Charlie, Aaron, John, Trina and two strangers	He liked the long warm soak part. The hot tub temperature is set at 105 degrees, which is not too hot for Charlie. Charlie especially liked floating on his back with Aaron's support. We saw lots of smiles and a very relaxed Charlie.	Charlie did not like getting rain on his face when we were getting in the van. We need to take an umbrella when we go out on rainy days. The lift was not available when we arrived at the center. Call ahead next time. (503-648-9884)
3/4	Fishing at Hide-a-way resort (2.5 hours)	Charlie and Aaron	He liked catching the trout and got so excited he didn't want to leave. Charlie liked the hot cocoa + cookies we shared.	We need to figure out a way for Charlie to hold his pole more on his own.
3/5	Neighborhood walk (90 min)	Charlie, Trina, Aaron	Charlie likes to greet the dog at the corner of 5th and Jersey. We stop for about 10 minutes each time we walk.	Today we tried to go a different way. Charlie was not happy until we turned around and went down 5th 1st. Take a dog biscuit next time!
3/5	Reading with his new glasses (1 hour)	Charlie and Mrs. Endicott	Mrs. Endicott and Charlie read a fishing magazine "Northwest Fishing". He loved having Mrs. E to himself for a little while! They had lunch together also. The glasses really help Charlie see the pictures.	He was not interested in the car magazine she brought. Not sure if it was because he was hungry or because he wasn't interested in cars.
3/6	Shopping in downtown with a walk (1.5 hours)	Charlie, Don, and Judy	Charlie got very excited and yelled out a few times when we were looking at video games at Electronic Salon. A woman in the book store took special interest in Charlie and helped us find books on fishing (at Dottms).	Construction at the mall downtown (Pioneer Square) made our time not as fun. There were lots of detours + narrow paths and the smell of some fumes made charlie's eyes water and caused some discomfort.

4+1 Questions

For: Rae

Contributors: Mom, Dad, and Denine

1. What have we tried?	2. What have we learned?	3. What are we pleased about?	4. What are we concerned about?	Plus: What should we try/do next based on what we have learned?
Rae choosing what to eat.	She is not picky, so she sometimes makes inappropriate choices.	She is not picky, so she is ok eating the healthy choices, when she learns this is what is best for her.	If she is alone, her food choices are not always what is important for her health, based on her diabetes.	Make picture based graphics and try different ways to teach her the healthy food choices so she can see what is important for her health.
Rae chooses when she would like to have coffee.	She enjoys freshly ground coffee and socializing at the coffee shop.	She is socializing and has a wonderful appreciation for her coffee community friends.	Freshly ground coffee can be expensive. She cannot afford to go as often as she would like.	Come up with options with Rae for how to space out her time at the coffee shop and other options to try in between.
Rae chooses how to spend time with pets.	Rae loves cats.	Lola is one of her best friends. She is loving and caring towards Lola.	Rae doesn't realize the cost of food, shots, etc – so she would house a bunch of cats if she was permitted.	Teaching her the responsibilities of caring for an animal, and that it goes beyond just petting and loving it.

Communication Chart

When this is happening	_____ does this	We think it means	And others should….
#3 • The context, what is happening outside of the person • In the environment • What's just gone on • The "trigger"	#2 or 1 • The behavior • What others notice • Can be seen, heard and felt by others	#1 or 2 • What the behavior means • What the emotions and feelings are • What's going on inside	#4 • What others should do in response • What you want people to do • Or not do…

Subd. 4e. **Cultural competence or culturally competent.**

"Cultural competence" or "culturally competent" means the ability and the will to respond to the unique needs of a person that arise from the person's culture and the ability to use the person's culture as a resource or tool to assist with the intervention and help meet the person's needs.

Instead of wearing formal attire, staff dress in a manner perceived by the clients as respectful but unimposing. Rather than completely relying on their own cultural rules, staff greet and refer to family members according to culturally appropriate titles. Staff also follow the appropriate rules for body language, social distance and eye contact as defined by the family.

Five essential elements that contribute to a system's ability to become more culturally competent

• Value diversity.

• Have the capacity for cultural self-assessment.

• Be conscious of the "dynamics" inherent when cultures interact.

• Institutionalize cultural knowledge, and

• Develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.

What constitutes culture?

What impact might culture have on behavior?

Where might staff have cultural differences?

How can staff overcome those cultural differences?

Antecedents

- Events that will enhance the likelihood of a behavior episode occurring.
  - Environmental settings,
  - Actions of others,
  - Words of others,
  - Frustrating events
- Knowing them = predictability = ability to develop proactive resolutions

|	
	So we know the antecedents… • Communicate them with other caregivers. • Be vigilant in spotting them. • Prevent them from occurring. • Walk the person through the situation. Be prepared for the behaviors when the antecedents occur.
  	Staff often have reasons for why they took part in the power struggle. Often times, in their mind, they did what was right or required of them. The point is that people often loose touch of what they really wanted in the beginning, and get side-tracked into defending their ego or their authority. Coercive interaction pattern refers to a process that develops between two individuals leading to an escalating series of negative responses until one person gives up and the other "wins." Coercive interactions develop between two people when one person engages in a negative behavior to achieve a social outcome. The other person responds in an equally negative fashion. The initiator of this exchange increases the intensity of the original negative behavior. The ongoing exchange between the two individuals increases in intensity until one of them gives up. The person who gives up is reinforced by the termination of the unpleasant situation. The other individual obtains the desired social outcome and is more likely to initiate a negative interaction in the future.
	We become too concerned about what we will do when they say "no" Instead, we should put more focus in thinking ahead of time about what we can do to increase the odds that the person will say "yes". •Give choices •Ask politely •Pair the request with something else they may like.

You cannot make anyone do anything.

If the person does say "no"– don't take it personally– no matter how he/she said "no".

• Stay calm

• Give choices, with the potential results

• Try other ways of asking

• Have another person ask

• Back off and let the person think about it.

• Document the efforts that you made.

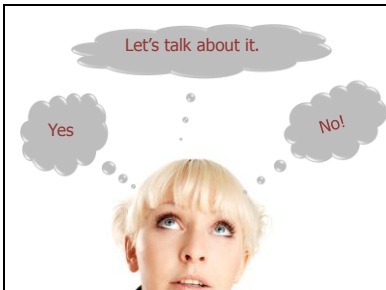It is often important to know just how far you can push a person.

The Donut

Not our "Paid Responsibility"

Use Judgement/ Creativity

Core Responsibilities
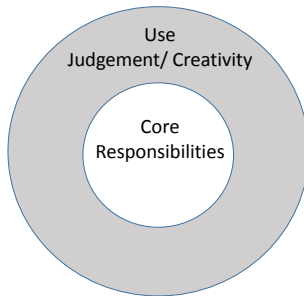
Core Responsibilities	Use Judgment and Creativity	Not usually our responsibility

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Let's talk about it.

Yes

No!

Yes– You don't have concerns. The consumer wants it. Be agreeable.

No- This is only reserved when you actually mean "no" and you need to stay with "no". Think before saying it. Too often, staff realize half-way through the power struggle that they did not need to say no, but will continue with the struggle because they do not want to give in. No should be reserved for absolute rules and safety concerns.

Let's talk about it. Hopefully, most things will fall in this category. Simply repeat to the person what he/she just said.


Teach Skills

• Communication
• Social skills
• Emotional regulation
• Problem-solving
• Tolerance for delay-- waiting
• Choice making/ control

Communication Skills

- Assess what communication the person already has. Use the communication chart in the PCT

- Figure out which forms of communication we want to replace.

- Identify a Functionally Equivalent Communication Response to the Problem Behavior. Teaching new communication responses that serve the same function is often referred to as functional communication training (FCT). In the example above, both screaming and asking nicely results in Luke getting the trains, therefore, they are functionally equivalent behaviors.

- Break cards

- PECS

- Sign language

- Scripts

- Make Sure the New Response is as Efficient as the Problem Behavior. When teaching communication it is particularly important to remember that the new skill should be easier and more efficient than the problem behavior. If it is less effort for an individual to swipe the materials off his worktable to escape from the task than it is to get someone's attention and ask for help by pulling out a communication board and pointing to six words, then the person will probably choose to engage in the problem behavior.

- Increase Opportunities to Use the New Response.
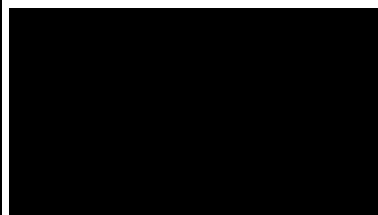
Non-verbal girl with Autism speaks through her computer 20/20 ABC News

https://www.youtube.com/watch?v=xMBzJleeOno
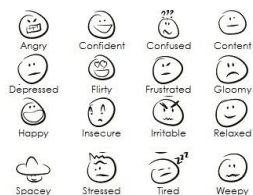
Talk Time

15 minutes– every day– part of routine.

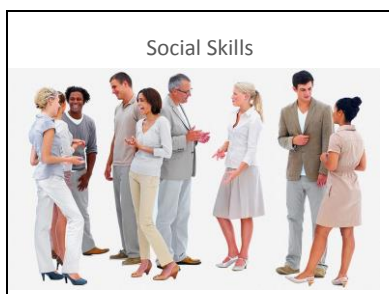Undivided staff's attention.

Person can talk about whatever he/she wants.

Staff uses empathic listening.

Try to end on positive note.

Practice problem-solving.

Complaints/issues at other times?– write it down.

Social Skills

Social skills education ensures that individuals have the ability to develop a positive relationship with others. The importance of providing opportunities for social interaction is based on research related to inclusion.

Getting attention from others is a big example of social skills

- Using everyday social opportunities for individuals will help them learn social skills in a more meaningful way.
- Identify the behaviors that you want to increase.
- Opportunities to practice social skills such as working in groups, engaging in conversation, and taking turns
- Find teachable moments!

any training that improves the way a person interacts with others either by asking questions, increasing eye contact, or avoiding perseverative topics will in turn be reinforced by those in their environment.

Identify Positive and Negative Examples. It may be equally important that an individual learns when it is not appropriate to use specific skills as it is to learn when social skills are necessary. For example, it may be appropriate to improve the amount of eye contact a person gives when speaking with others. There are times, however, when lots of eye contact may actually make others feel like they are being "stared at" by the individual. Waiting at the bus stop or standing in line at the cafeteria are examples when staring at others may not be well received.

Taking into account those people, settings, and situations that are problematic for the individual may make social skills training more effective in serving as a replacement for problem behavior.

Social Stories(Gray)

- Describe social situations in terms of relevant social cues.
- Often define appropriate responses
- Present social information in clear, visual terms.

Social Story Statements(Gray)

- **Descriptive:** objectively define where a situation occurs, who is involved, what they are doing, and why.
- **Perspective:** the reactions and feelings of others in a given situation.
- **Directive:** individualized statements of desired responses. Tells the individual what is expected as a response to a given cue or situation.

Bill is Frustrating Me

I live in a house with three other guys.

Most of the time, we get along well.

We like to watch movies and play video games together.

Sometimes we don't get along so well.

Sometimes it seems like Bill is trying to make me mad.

He might be trying to get me in trouble.

It is important that I don't fall into his trap.

When he is making me mad, I can go to the room, take a walk, or talk with a staff.

I will get a lot of credit from staff for making good choices.

On the Bus

I like to see my friends and teachers at school.

To get to school, I take the bus.

When I am on the bus, I try to be nice to other people.

I keep my hands to myself.

I try to say nice things to people, and use good manners.

Everyone likes it when I do well on the bus.

Emotional Regulation

Smell a flower

Blow out the candle

My Anger Chart

Date	Time	What made me Upset?	What did I do?	What could I do the next time?

My Frustration Scale

5 I feel like I am going to blow up!

4 I'm really frustrated. I need some space for myself.

3 I am starting to feel frustrated. I may need some help.

2 I am a little annoyed.

1 I am doing fine.

My Nervous Scale

5 I feel like I am going to blow up!

4 I'm really anxious. I need some space.

3 I am starting to feel anxious. I may need some help.

2 I am a little nervous.

1 I am doing fine.

The Voice Scale

5 — Screaming / emergency only

4 — Recess / outside voice

3 — Classroom voice / talking

2 — Soft voice / whisper

1 — No talking at all

What Should I Do

When I'm a: 5 I can:
- Go in my room.
- Ask for another Seroquel or Neb.
- Watch a good movie.
- Lay down and relax.

When I'm a: 4 I can:
- Tell an adult, "I need to be left alone".
- Ask to go home.
- Find a quiet place to relax.
- Listen to some music or watch TV.

When I'm a: 3 I can:
- Move away from people or things that are annoying me.
- Stay close to an adult in charge of me.
- Try to keep it together so I get my points.
- Ask an adult to take a walk with me.

When I'm a: 2 I can:
- Tell somebody what is bothering me.
- Talk about ways to solve the problem.
- Ignore what other kids are saying to or about me.
- Ask an adult to go for a walk.
- Remember my points.

When I'm a: 1 I can
- Enjoy it.
- Hang out with people.
- Do things that are fun.

Expectations on Outings

- You want to do things out in the community like other people your age.
- You want to hang out with other people your age.
- You need to show the staff that you can be responsible and safe in the community.
- You show responsibility and gain trust by following these expectations:

1. Remain within five feet from staff at all times.
2. Follow the "2 second look" rule.
3. Do not talk to anyone under 18.
4. Do not comment about anyone's looks.

If you follow these expectations:
- You will build staffs' trust.
- You will increase your options in the community.
- You will be able to hang out with more people your age.
- You will have a better time in the community.

If you do not follow these expectations:
- The activity may be ended.
- You will lose the staffs' trust.
- There will be more scrutiny about whether you can go on the next outing.
- Your options in the community will decrease.
- These options will be less exciting and with fewer people.

Make Good Choices!

Jim's Choices

If You:
- Follow the schedule
- Talk Positively
- Keep yourself safe
- Cooperate with staff

Then:
- Staff will trust you more.
- Staff will allow more independence.
- You will earn tokens.
- Staff won't need to follow you around as much.

If You:
- Refuse the schedule
- Talk negatively
- Swear
- Harm or threaten to harm yourself or others.
- Do not cooperate with staff.

Then:
- Staff will need to watch you closer.
- You won't get as many tokens
- You will have fewer activity choices.
- Fewer activity choices.
- Staff will lose trust in you.
- You will lose some independence.

Reinforce the Positives

- Doing the house chores,
- Helping a housemate,
- Interacting politely with housemate,
- Allowing staff to help her problem-solve,
- Doing a relaxation exercise,
- Staying calm in a difficult situation,
- Calming down (in the midst of a tough day),
- Having positive conversations with staff,
- Making a good choice for herself,
- Telling staff when she is frustrated,
- Using words to describe feelings,

Medical Complaint Form
Must be filled out by the resident

Name_____

Date:_____

What part of the body hurts?_____
_____

How long has it hurt?_____

How did it happen?_____
_____

What would like to do about it? (Pick one)

1.Put ice on it.   4.Band-Aid

2.Put a heat pack on it.   5.Rest it

3.Ibuprofen.

Staff comments:

MY WORKSHEET FOR DEALING WITH DIFFICULT SITUATIONS

My Name:_____   Date:_____   Time:____

This is the difficult situation, or trouble I'm having right now:

   *Why is this difficult, or trouble for me?

   *Am I making this more difficult than it really is?

This is what I would like to see happen:

   *These are possible solutions for making this happen:
   1)
   2)
   3)

*The solution I choose to use right now is number _____. This is what I need to do to get started:

Say this out loud:
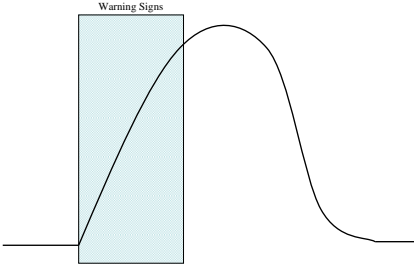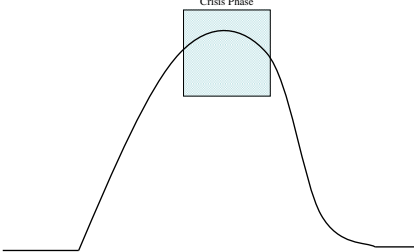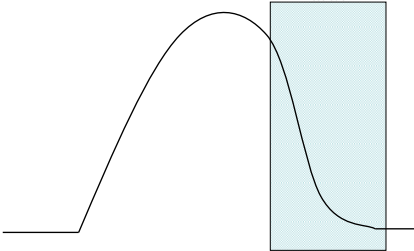# 1. Stay Calm!
Remember your goals!
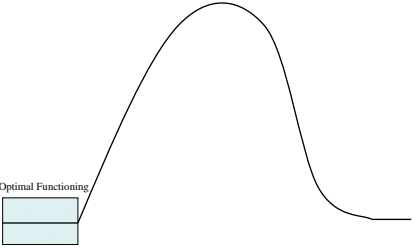
The Behavior Cycle

This is a model of what a typical behavior cycle may look like. The line represents the level of agitation that the person experiences. As the person progresses into the crisis stage, the agitation level rises. As the crisis resolves itself, the agitation level decreases.

Another very important key to understanding this scale is that as the person's agitation level increases, the person's ability to think rationally and coherently sharply decreases.

Every situation is going to look different. For instance, in some situations there may be a long, drawn-out warning sign phase; while in other situations there may be little to no warning signs, and the person will go straight to the crisis phase.

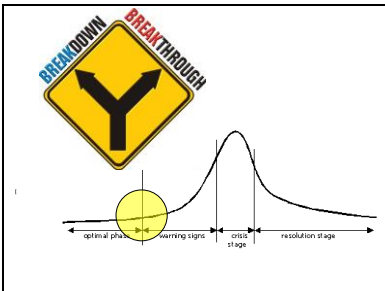|	**Optimal Functioning**
	This is the stage where the person is doing really well. He is feeling good about himself and others around him. In this stage, the agitation level is very low, and the person's cognitive level and ability to rationalize things is at its best. Keep in mind that everyone's cognitive level will be different. We obviously want to keep a person in this level as much as possible. This is where we want to use all of our proactive techniques to change behaviors and prevent target behaviors. We also want to do most of our teaching of skills in this stage, because this is where the cognitive abilities and our rapport are at the best. Focus on skills that the person can use when he/she becomes agitated, such as relaxation skills, coping skills, and problem-solving skills.
	Warning Signs
	This is the stage where we start to see some of the warning signs that things just aren't right. Basically, look for any change in the person's behavior. This is the best time to respond to a person. The sooner the better. As the person's agitation increases, his/her ability to be rational decreases. The lower the agitation– the better the person will be able to think rationally. You cannot convince the person of anything if the person is not rational. The main priority of this stage is always to decrease the agitation as soon as possible.
	Crisis Phase
	The crisis phase is where the person is acting out verbally and physically. This is when the person is yelling, swearing, hitting, kicking, throwing things, etc. The agitation is very high, and the person's ability to think rationally is extremely low. This is <u>not</u> a good time to try to reason with the person. The safety of the person and others is always the top priority.
	Resolution
	The final stage is the resolution stage– the stage where everyone starts to calm down. Everyone starts to relax a little more, breath a little easier, and think a little clearer. As the person's agitation decrease, his ability to think clearly returns. The goal of this stage is to help the person to continue to calm and get him back on a positive behavior momentum.

Warning Signs of Anxiety 	**Warning Signs of Anxiety** • Pacing • Biting nails • Fidgeting • Picking skin or sores • Twitching • Covering face • No eye contact. • Yelling • Crying • Increase in stimming behaviors. • Inattention to tasks. • Increase in self-talk • Pressured speech • Facial expressions • Repeating questions
Warning Signs of Frustration 	**Warning Signs of Frustration** • Preceding event. • Yelling • Tense facial expressions • Swearing • Red face • Loss of eye contact • Mumbling • Suddenly quiet • Sounds of exasperation • Staring • Talking louder • Threatening posture • Talking faster • Irritability • Change in the tone of voice • That "look"
	The "pivotal point" is a crucial time in the behavior cycle where things can go well, or take a turn for the worse.
Stop Take a breath Observe Proceed 	• You are likely to have an easier time handling a situation if you can slow it down. Take your time, it often is not as imminent as it first appears. • Know your own "hot buttons". • Think through the situation. • Imagine a successful intervention. • Don't let negativity lead to negativity. • What is the function of the behavior? • Pick a strategy. • Be careful not to over-react to situations

|	
What Are Your Hot Buttons?	**These are my hot buttons:** **This is what I can do to overcome them**
Maintain your sense of calm	• It will help you think clearly. • It will decrease the likelihood of adding to the frustration or anxiety. • It minimizes the reinforcement of that big reaction.
Keep it Safe	
Ignore the little things…	**Ignoring** •Okay for behaviors that won't escalate. •Do nothing •Make no changes in emotion or behavior. •Ignore the behavior– not the person

Buy some precious calm time by choosing the right words and strategies	Buy some precious calm time by choosing the right words and strategies
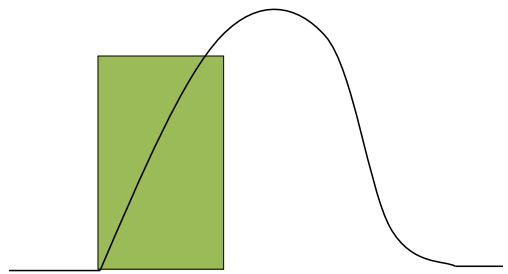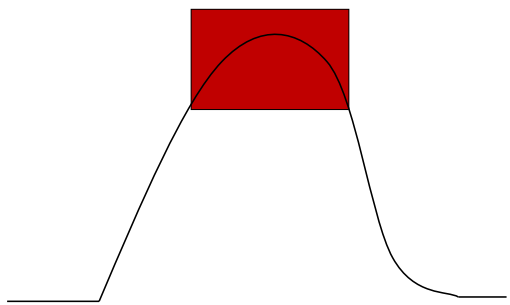
Modify the environment to fit the person's needs.	Sometimes, by modifying the person's immediate environment, we can make an immediate impact on the person's agitation level and quickly de-escalate the situation. This is especially true if there is something in the environment that is directly contributing to the behavior problems. •Attempt to get peers out of the area. •Allow for breaks. •Turn off noise (TV, radio, appliances) •Offer a quieter, calmer room. •A darker room may help. •Outside. •Allow some time alone.
Be Sensitive to the Messages You are Communicating	**Everything that you do should be communicating:** • "Everything is okay" • "I'm not a threat to you" • "We are going to work this out" • Be aware of the tone, volume, and cadence or your voice. • Maintain a calm and neutral voice. • Listen • Give reassurance • Avoid arguments and power struggles. • Try humor **Body Language:** • Move only as quickly as necessary. • Non-threatening. • Keep your own safety in mind • Use supportive stance.
Check your gauges 	

Just Listen

- We want to be listened to,
- We want to be respected,
- We want to be understood,
- We want our needs met.

Give redirection to shift the person's attention and focus.

Shift the person's focus.

- Bring up a new conversation.
- Redirect back to the previous activity.
- Initiate a new activity.
    - Tell the person what to do, what not to do.
    - Use a focus task.
    - Offer a new room or area.
    - Suggest calming or coping strategies.

Avoid saying ineffective things such as:

- Calling out the person's name.
- "No!", "Stop that!", "Knock it off!"
- "That's not nice", "That's inappropriate"
- "Sit down", "Keep your hands to yourself"
- "Calm down!", "Relax!"

Suggest doing activities that the person would enjoy.

Know when to **intervene,**
and when to **back off.**

Always prepare for the storm ahead.
 	
	•Look around the room for:
	    •Possible weapons,
	    •Vulnerable people,
	    •Exits,
	    •Furniture
	•Start to enlist assistance from other staff.
	•Give PRN.

When things are out of hand, the main priority is safety 	•Back off. Give the person space. •Do very little talking. Make everything short and sweet. •Enlist other staff in the area to help out. •Remove vulnerable people from the area. •Identify and remove potential weapons. •Use physical restraints as a last resort; only when the child is in danger of harming himself or others.
Aversive and Deprivation Changes Rule 40 245d ORION ASSOCIATES	
• ***Aversive procedure--*** the application of an aversive stimulus contingent upon the occurrence of a behavior for the purposes of reducing or eliminating behavior • ***Deprivation procedure--*** the removal of a positive reinforcer following a response resulting in, or intended to result in, a decrease in the frequency, duration, or intensity of that response. ORION ASSOCIATES	
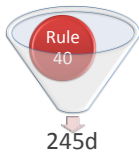
245D.06 Subd. 7. Permitted actions and procedures.

(a) Use of the instructional techniques and intervention procedures as identified in paragraphs (b) and (c) is permitted when used on an intermittent or continuous basis. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum as identified in sections 245D.07 and 245D.071. For purposes of this chapter, the requirements of this subdivision supersede the requirements identified in Minnesota Rules, part 9525.2720.

(b) Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used:

(1) to calm or comfort a person by holding that person with no resistance from that person;

(2) to protect a person known to be at risk or injury due to frequent falls as a result of a medical condition;

(3) to facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or

(4) to briefly block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others.

Subd. 7(c) Restraint may be used as an intervention procedure to:

(1) allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition;

(2) assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm.

Any use of manual restraint as allowed in this paragraph must comply with the restrictions identified in section 245D.061, subdivision 3; or

(3) position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

(d) Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

245D.06 Subd. 5. Prohibited procedures.

The license holder is prohibited from using chemical restraints, mechanical restraints, manual restraints, time out, seclusion, or any other aversive or deprivation procedure, as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.

Chemical Restraint

The administration of a drug or medication to control the person's behavior or restrict the person's freedom of movement and is not a standard treatment or dosage for the person's medical or psychological condition.

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Mechanical Restraint

The use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior.

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Exceptions

Alarm bracelets

Adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition.

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Seclusion

1. Removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room; or
2. otherwise involuntarily removing or separating a person from an area, activity, situation, or social contact with others and blocking or preventing the person's return.

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245D.02 Subd. 15b.**Mechanical restraint.**

Except for devices worn by the person that trigger electronic alarms to warn staff that a person is leaving a room or area, which do not, in and of themselves, restrict freedom of movement, or the use of adaptive aids or equipment or orthotic devices ordered by a health care professional used to treat or manage a medical condition, "mechanical restraint" means the use of devices, materials, or equipment attached or adjacent to the person's body, or the use of practices that are intended to restrict freedom of movement or normal access to one's body or body parts, or limits a person's voluntary movement or holds a person immobile as an intervention precipitated by a person's behavior. The term applies to the use of mechanical restraint used to prevent injury with persons who engage in self-injurious behaviors, such as head-banging, gouging, or other actions resulting in tissue damage that have caused or could cause medical problems resulting from the self-injury.

Subd. 29.**Seclusion.**

"Seclusion" means: (1) removing a person involuntarily to a room from which exit is prohibited by a staff person or a mechanism such as a lock, a device, or an object positioned to hold the door closed or otherwise prevent the person from leaving the room; or (2) otherwise involuntarily removing or separating a person from an area, activity, situation, or social contact with others and blocking or preventing the person's return.
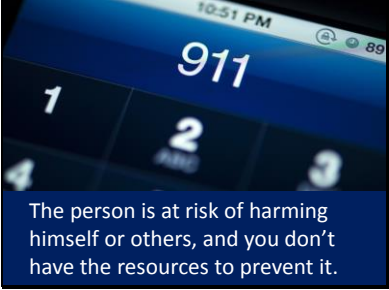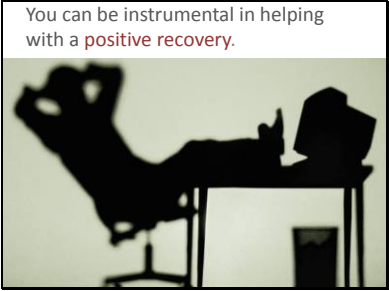
Time Out The involuntary removal of a person for a period of time to a designated area from which the person is prevented from leaving. **You Can…** allow voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior take a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control. ORION ASSOCIATES	Subd. 34a.**Time out.** "Time out" means the involuntary removal of a person for a period of time to a designated area from which the person is not prevented from leaving. For the purpose of this chapter, "time out" does not mean voluntary removal or self-removal for the purpose of calming, prevention of escalation, or de-escalation of behavior; nor does it mean taking a brief break or rest from an activity for the purpose of providing the person an opportunity to regain self-control.
Other Aversive Procedures Sensory restriction Requiring a person to assume and maintain a specified physical position. Intense aversive stimuli Using a noxious smell, taste, substance or spray Emergency use of faradic shock ORION ASSOCIATES	
Deprivation Procedures Punishment Programs Restriction from normal access to goods and services. Denying access to legal representatives or relatives Response Cost Procedures ORION ASSOCIATES	
A New Transition **Rule 40 Plan** • Manual restraints • Mechanical restraints • Time outs • Deprivation procedures → **Positive Support Transition Plan** ORION ASSOCIATES	
Emergency use of Manual Restraint 1. Needed to protect person or others from imminent risk of physical harm. 2. Must be the least restrictive intervention. **Property damage, verbal aggression, or a person's refusal to receive or participate in treatment or programming on their own do not constitute an emergency.** ORION ASSOCIATES	Subd. 2.**Conditions for emergency use of manual restraint.** Emergency use of manual restraint must meet the following conditions: (1) immediate intervention must be needed to protect the person or others from imminent risk of physical harm; and (2) the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety. The manual restraint must end when the threat of harm ends.

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Safety Measures

Physician is consulted to determine that the procedure is not medically contraindicated.

Must monitor the person's health and safety during a restraint.
– Another staff when possible
– Fill out monitoring form

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Subd. 4.**Monitoring emergency use of manual restraint.**

The license holder shall monitor a person's health and safety during an emergency use of a manual restraint. Staff monitoring the procedure must not be the staff implementing the procedure when possible. The license holder shall complete a monitoring form, approved by the commissioner, for each incident involving the emergency use of a manual restraint.

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50 minutes: The person must be given the opportunity for release from the restraint and for motion and exercise of the restricted body parts for at least ten minutes out of every 60 minutes.

15 minutes: Efforts to lessen or discontinue the manual restraint must be made at least every 15 minutes, unless contraindicated.

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From Minnesota's Positive Support Transition Plan Instructions

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PRONE RESTRAINTS ARE PROHIBITTED!

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Behavior Intervention Report Form (BIRF)

Emergency manual restraints
Use of a psychotropic PRN
911 in response to behavior
Mental health hospitalization

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Effective January 1st, 2014, all service providers licensed under Minnesota Statutes, Chapter 245D must complete and submit the Behavior Intervention Report Form (BIRF) to report all occurrences of any of the following:

• Planned, temporary transitional use of all imposed forms of restraint, time-out procedures, seclusion and punitive penalty consequences;

• Emergency, temporary transitional use of all imposed forms of restraint, time-out procedures, seclusion and punitive penalty consequences;

• Emergency use of manual restraint;

• PRN psychotropic medication(s) administration in order to avert displayed behavior(s) or in response to displayed behavior(s) as identified on the BIRF reporting form;

•Law enforcement and/or other first responder calls and involvement in response to displayed behavior(s) as identified on the BIRF reporting form; and

•Emergency psychiatric hospitalization in response to displayed behavior(s) as identified on the BIRF reporting form.

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We owe it to everyone we work with to avoid restraints.	•Physical harm to consumers-- including bruises, broken bones, stretched and torn muscles, and even **death.** •Physical harm to staff-- •Higher staff turn-over– when staff are doing a lot of risky moves that may result in injury, they are less likely to enjoy their jobs and are more likely to start looking for another job. •Re-traumatization of consumers– many of the consumers who are aggressive have been physically, verbally, and emotionally abused in the past. Physical restraints are very emotional and run the risk of bringing back negative thoughts and feelings. •Takes away the dignity of the consumers. Physical restraints invade personal space, restrict personal control, and can be just plain humiliating to the consumer. •Physical interventions can the therapeutic rapport between the consumer and the staff. There are typically a lot of negative feelings that can be brought on toward a staff who uses a physical restraint on someone. It will often negatively affect the trust that the consumer has with the staff. •State regulations that restrict the use of these procedures.
1988-1998 142 Individuals Died Due to restraints and seclusions *1998 *Hartford Courant* series, "Deadly Restraint"	In 1998, the *Hartford Courant* wrote a series of articles titled, "Deadly Restraint". This article reported that there were 142 deaths in the previous 10 years that were related to restraints and seclusions. This was not truly reflective of the problem, as many states and the federal government do not monitor the use of restraint or seclusion or negative outcomes, such as death. Also, in most cases, the facilities where people later died usually attributed their deaths to other medical causes. 95% of the deaths occurred while people were being manually restrained, mechanically restrained, or both. The other deaths occurred while people were in locked seclusion.
The person is at risk of harming himself or others, and you don't have the resources to prevent it.	
You can be instrumental in helping with a positive recovery.	•Find a quiet area to calm down. •Allow for some time alone. •Validate the person's feelings or concerns. •Hold off on the lectures and consequences. •Accept apologies •Use a PRN. •Watch for signs of re-escalation

Get the person back on a Positive Behavior Momentum.	•Continue to treat with dignity and respect. •Hold off on the consequences. •Give praise for calming down. •Slowly resume requests. Keep them simple. •Give him/her something to look forward to. •Get back into the routine. •Commit him/her to having a better day.
Debriefing everyone can facilitate confidence and reassurance. WHERE WHY WHEN ? WHO HOW WHAT	•Fill the person in on what just happened. •Give the person assurance. •Check the well-being of the everyone else. •Talk with other staff involved in the situation and evaluate what happened. •Review what worked and what did not work. •Document
Take time to assess your emotions	
Practice Self Care	
Moving forward through accountability	

Written report within 3 days

Meridian Services, Inc.

Emergency Use of Manual Restraint Report

INSTRUCTIONS:
1) Complete all items, sign and date the report, and turn it into your Direct Supervisor immediately after the incident, but before leaving from your shift.
2) DO NOT USE THE NAMES OF OTHER PEOPLE RECEIVING SERVICES. USE "ANOTHER PERSON" OR "HOUSEMATE."
3) Complete an incident report.
4) If the episode resulted in injuries to any staff, the injured employee completes a WORKER'S COMPENSATION FIRST REPORT OF INJURY PACKET.
5) Call the House Program Director or On-Call Program Director to debrief before leaving your shift.

Person Served: _____

Who was involved?

Environment

Who was there before and during the incident?

Less restrictive alternative attempts

When?
How?
How long?

Condition	Context
Mental	Before
Physical	During
Emotional	After

Injuries?

Debriefing?

WHERE
WHY
WHEN
?
WHO
HOW
WHAT

Keep a copy in the file

Report to supervisor

Supervisor reports to expanded team (within 5 days)

Discuss the incident

Antecedent to behavior

Perceived function of behavior

Revise the plan?

Written summary of the discussion

Behavior Intervention Report Form (BIRF)

- Emergency manual restraints
- Use of a psychotropic PRN
- 911 in response to behavior
- Mental health hospitalization

References

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