

**P308**

## **BEHAVIOUR MANAGEMENT PROCEDURE**

**Policy context:** This procedure relates to

Legislation or other requirements

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

### **Procedures**

EL/LAAS will adopt individualised behaviour support strategies that are responsive to the person's needs and reduces both the occurrence and severity of behaviours of concern resulting in the minimisation in the use of restrictive practices. Behaviour support focuses on person-centred interventions to address the underlying causes of behaviours of concern or challenging behaviours, while safeguarding the dignity and quality of life of people with disability who require specialist behaviour support.

Where 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. 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 more 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 to 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 Customer/Client in a new and unusual way may serve to stop the cycle of the behaviour by assisting the person to learn new skills. Lifestyle Attendants/Support Workers (Care 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 (i.e. Emergency Management Strategies)**

While the proactive strategies will produce positive effects on the Customer/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, Care 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 to ensure everyone's safety with the minimal use of restrictive/aversive strategies.

## **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. By understanding the circumstances that may trigger challenging behaviours, care workers may be able to prevent them happening by ensuring that those circumstances are avoided. Eg Care

Workers can remove events, objects or situations that may trigger the problem behaviour. For instance, by avoiding rush hour in the supermarket with a Customer/Client who hates crowds or avoiding criticising a Customer/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 Care Workers should seek to identify the factors contributing to the behaviour. These factors may include health, lifestyle or environmental issues. Arrangements should be made for the Customer/Client to be assessed by a medical practitioner to investigate any possible health related issues that may be affecting the Customer/Client's behaviour.
- When possible causal factors have been identified, the Care Workers in conjunction with the Service Delivery team and the Customer/Client and/or family/carer/advocate should develop a plan to address these issues using least restrictive approaches. NB This plan should not involve the use of any regulated restrictive practices. Plans involving use of restrictive practices can only be used under the guidance of a specialist behaviour support practitioner registered with the NDIS
- 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 Customer/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 Customers/Clients may be 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.

- Where there is a significant increase in the use of PRN medication.
- 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;
- damage to physical and emotional wellbeing;

The assumptions for any behaviour management plan are that:

- all people have the potential to learn;
- challenging behaviours occur for a variety of reasons, are learned and have proved effective in having the person's needs met;
- behaviour is strongly influenced by the environment and interactions within 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.
- Identify both high and low risk situations

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, i.e. 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 and regularly evaluated by the Service Delivery team, or as required (i.e. crisis situation).

## **Observing / Recording / Reporting Behaviour**

For each behavioural intervention plan there is likely to be the expectation that the Care Worker will contribute to monitoring and evaluating the success of the program strategies in place.

Care Workers 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/food; needs; mobilisation/communication devices, personal property.
- The use of medication for any reason, other than that for which it is prescribed and/or intended.

### **Notification of Abuse**

Where an employee suspects that a person is being abused or neglected or, through their own conduct, is jeopardising their or other's health, safety or welfare, it must be reported to the Quality and Services team

Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service is committed to providing an environment where either a victim or employee/volunteer feels able to report any form of abuse. All employees are actively encouraged to report any evidence of abuse. All allegations both past and present, or suspicion of abuse are to be recorded and acted upon in an appropriate manner (i.e. reported to the relevant authorities and the organisation's insurer), ensuring all concerns, issues and problems are raised with the Quality and Services team.

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## Documentation

Documents related to this policy	
Related Policies	Q308 – Behaviour Management Policy Q116 – Restrictive Practices
Forms, record keeping or other organisational documents	Q301 – Service Management Procedure