



DIOCESE OF ST. AUGUSTINE
CATHOLIC CHARITIES BUREAU

BSM – Behavior Support and Management

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Catholic Charities – Diocese of St. Augustine

BEHAVIOR SUPPORT AND MANAGEMENT

BEHAVIOR MANAGEMENT PRACTICES

Rights and Dignity of Person Served

POLICY:

A culture exists within every Catholic Charities facility that promotes respect, healing, and positive behavior and prevents the need for restrictive behavior management interventions.

Catholic Charities Bureau (CCB) always respects the rights and dignity of persons served, as well as the safety protection of children, and prohibits the use of mechanical and chemical restraints, isolation, use of chemicals or drugs.

PROCEDURES:

Catholic Charities:

- 1.0 Provides an explanation for and offers a copy of its written behavior support and management philosophy and procedures to service recipients or their parents or legal guardians at admission;
- 2.0 Has procedures that address harassment and violence toward other service recipients and personnel;
- 3.0 Does not use isolation, mechanical, chemical restraint or locked seclusion as behavior management interventions;
- 2.1 Any need for or use of restrictive behavior management, must be reported immediately to the supervisor and RD.
 - 2.1.1 It will be treated as a risk management issue and reported to the PQI Team for review and action.
 - 2.1.2 The PQI will report its action to the Board of Directors.
 - 2.1.3 The use of mechanical restraints is prohibited by federal law.
- 2.2 Staff will follow all training for “Protecting God’s Children” by Virtus.org. and training on de-escalating techniques
 - 2.2.1 Our primary purpose is always the safety and protection of our children and clients.

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Catholic Charities – Diocese of St. Augustine

BEHAVIOR SUPPORT and MANAGEMENT

BEHAVIOR MANAGEMENT TRAINING

Rights and Dignity of Person Served

POLICY:

1. CCB personnel are trained in its behavior management practices.

PROCEDURES:

Personnel supports positive behavior by:

- Developing positive relationship with service recipients
- Building on strengths and reinforcing positive behavior, and
- Responding consistently to all incidents of harassment and violence

- 3.1 All personnel must attend within the first 3 months of employment and be trained in “Protecting God’s Children” by Virtus, whose curriculum assures training in the safety and protection of all children coming in contact with Catholic Charities and the Diocese of St. Augustine.

All direct service personnel, including supervisors and others, as appropriate receive behavior management training that includes:

- Recognizing situations, including medical conditions, that may lead to a crisis;
- Understanding how staff behavior may influence the behavior of persons served, and
- Appropriate methods for de-escalating volatile situations, including verbal techniques, mediation, and other non-restrictive way of dealing with aggressive and out of control behavior.

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Catholic Charities – Diocese of St. Augustine

BEHAVIOR SUPPORT AND MANAGEMENT
LEGAL & REGULATORY COMPLIANCE
GOVERNING BODY & ADMINISTRATIVE OVERSIGHT
Restrictive Behavior Interventions

POLICY:

The type of crisis intervention that Catholic Charities Bureau, Inc. camp staff and volunteers uses is titled “Professional Crisis Management” (PCM).

The PCM system is used by parents, teachers, behavior analysts, psychologists, social workers and direct-care staff throughout the US. The purpose of adoption PCM is to ensure that restrictive physical interventions (which employ force) are used as infrequently as possible, that they are used in the best interest of the service user, and that when they are used, everything possible is done to prevent injury and maintain the persons sense of dignity. Restrictive physical intervention should be seen as one part of a broader strategy to address the needs of disable children and young adults whose behavior poses a serious challenge to services.

PROCEDURES:

Professional Crisis Management (PCM) is a complete and fully integrated system designed to manage crisis situations effectively, safely and with dignity. This management is accomplished through four primary strategies and interventions:

- **Crisis prevention strategies** – the promotion of positive feelings, productive behaviors, rational thinking, and relaxed physiology
- **Crisis de-escalation strategies** – the management of non-continuous behaviors that are disruptive, aggressive, or self-injurious
- **Crisis intervention procedures** – the physical management (personal safety, transportation and immobilization) of continuous behaviors that are disruptive, aggressive and self-injurious;
- **Post-crisis strategies** – reintegration of the individual into existing treatment and teaching system.

STEPS:

Crisis Defined:

PCM identifies crisis as one or more of the following behaviors : continuous aggression, and/or continuous self-injury, and/or continuous high magnitude disruption. Individually, these can also be referred to as crisis behaviors.

De-escalation:

When pre-crisis behavior is noticed staff uses de-escalation technique called “Sunday walk”. Person experiencing behavior is taken away from larger group and two staff persons walk with him/her slowly for a while, talking in calming voice. Walk takes as much time as needed for behavior to calm down. However, if behavior continues in spite of attempt to de-escalate staff applies horizontal immobilization (face down).

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Manual Restrain:

Restraint refers to the holding of an individual with the intention of preventing of the continued display of a particular crisis behavior. Four staff persons are present during walk and then during immobilization, in addition one more staff person carries mat while Sunday walk takes place. One person for each leg (at the knee) one person for each arm. One person to ensure that head is in right position to allow air flow. First legs are let go off very gradually, then arms follow, when camper is totally relaxed he is let go and helped to standing position.

There are not many campers who would need manual restrain, approximately 60% of campers respond well to de-escalation. Campers with heart condition, Down Syndrome or high blood pressure are never subject to manual restrain.

PCM requires the use of natural body positioning during all holding (immobilization/transportation) procedures. Therefore, all imposed body positioning must be done in a manner similar to how the individual normally stands, walks, or lies down. When moving or transporting an individual, PCM procedures are designed so that the individuals is standing uprights, with arms comfortably in front of the torso. The individual's full view of what is happening is never blocked.

In PCM, a generalized "peeling" technique has been developed as a means of safely releasing a grip or hold that an individual may have on a staff member or an object. The peeling involves using the thumbs and the hands to push, pull or gently remove whatever hands or foot is being used to hold onto the staff member or object.

A continuum exists between transportation procedures and immobilization procedures. As transportation procedures become impossible to maintain, immobilization procedures are implemented. As the individual gradually stabilizes, immobilization procedures are faded back into transportation procedures.

Immobilization is divided into: vertical immobilization and Horizontal immobilization, for the purpose of controlling behaviors in the camp we use horizontal immobilization.

Horizontal immobilization known as the BARR procedure (Brief Assisted Required Relaxation), BARR is an extremely powerful and versatile procedure that uses the PCM principle of continuous feedback. In the BARR procedure, the practitioner gives feedback to the individual by holding or releasing physical prompts (grips, palms, back shoulder and test). Each prompt is maintained for a maximum of three seconds with no resistance, if there is no resistance the entire procedure should be maintained for a maximum of twelve seconds.. This feedback gives more or less continuous information to the individual regarding the appropriateness of their behavior.

Safety considerations

BARR procedures, whether prone or supine, may only be implemented when proper safety equipment is available and when other features of the setting are conducive to its use. In particular, a foam mat a minimum of 6 x 4 feet at least 2 inches thick, must be used when implementing this procedure.

- The mat will insure safety
- The mat will assist in maintaining individual's dignity and self-esteem
- The mat will allow for complete immobilization
- The mat will allow the individual to focus on feedback

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Camp I Am Special

Program of Catholic Charities Bureau – Jacksonville Regional Office
134 E. Church Street, Jacksonville, FL 32202

Camper: _____
DOB: _____
Camp Session: _____

Restraint Acknowledgement Form

Camp I Am Special uses manual restraints during all camp sessions. Restraints are only used in the event that a camper presents a danger to him-herself or to others. The parent/legal guardian will be notified in the event these measures are employed.

At intake the parent/legal guardian is given a copy of the Catholic Charities' behavioral management policy. Signature on this form indicates the copy was received.

I have received a copy of the behavior management policy. I understand that Catholic Charities' Camp I Am Special uses restraints to maintain safety in the program. I understand that I will receive a call from the camp director in the event such procedures are used with my child.

Parent/Guardian Signature

Date

Director of Camp I Am Special