MICHGAN DEPARTMENT OF COMMUNITY HEALTH
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES
ADMINISTRATION

Guide to Prevention and Positive Behavior Supports in a Culture of Gentleness

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I. Introduction

The Michigan Department of Community Health (MDCH) promotes the use of positive supports in a "culture of gentleness" as a means to interact with the people served in the public mental health system. People who exhibit behaviors that put themselves or others at risk of harm especially must be helped to feel safe and valued in the environments where they receive services. For such individuals, MDCH encourages the system to develop behavior plans that include positive behavior supports and non-restrictive and non-intrusive behavioral interventions. However, when the implementation of positive supports or a less restrictive behavior plan is not successful in keeping the individual safe, there may be a need to include more intrusive and/or restrictive measures. The Technical Requirement for Behavior Treatment Plan Review Committees (TR), which became effective October 1, 2007, was added as an attachment to the fiscal year (FY) 2008 contract between MDCH and Michigan's Pre-paid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs). The TR requires that Behavior Treatment Plans that include restrictive and/or intrusive techniques be submitted to the local Behavior Treatment Plan Review Committees (the Committees) for review and approval, and provides guidance to the Committees for reviewing and approving or disapproving these plans. The Committees are responsible for ensuring that a thorough assessment of needs has been conducted looking for how and what positive supports have been and will be used before intrusive or restrictive interventions are considered and approved.

This guide provides information and assistance to the Committees, behavior plan[1] developers, program directors, providers, group home supervisors, and caregivers of adults and children in all settings. This informational document is intended to provide examples and definitions of prevention and positive behavior supports and techniques in a culture of gentleness and to encourage the use of these approaches before implementing intrusive or restrictive interventions outlined in a Behavior Treatment Plan to address challenging behaviors[2]. Although behavior plans have traditionally been used in working with individuals with developmental disabilities, these prevention and positive approaches have been proven to be effective with other populations. Therefore, this guide is intended to apply to adults and children with developmental disabilities, adults with serious mental illness, and children with serious emotional disturbance.

II. Prevention

The Michigan public mental health system has learned through various experiences of the last three years, including the Mt. Pleasant Center transition, Center for Positive

[1] For purposes of this guide, "behavior plan" is a generic term for any plan that addresses challenging behaviors. This would include both a Positive Behavior Support Plan and a Behavior Treatment Plan.
[2] The term "challenging behaviors" is used in this guide to describe seriously aggressive, self-injurious, or other behaviors that place the individual or others at imminent risk of harm.

Living Supports activities, and meeting with the Michigan Department of Human Services' Adult Foster Care Licensing Division, that having supportive and safe environments and taking certain preventive measures are the greatest deterrents to challenging behaviors, and the resulting need to employ intrusive and/or restrictive interventions. Thus, it is the responsibility of all entities to promote and model positive supports in a culture of gentleness for all people served by the public mental health system.

A. Feelings of Safety and Value

It is important that the culture of the person's home and other places where he/she receives public mental health services, as well as the organization(s) affiliated with those places, are supportive of, and safe for, him/her. Many of the people served by the public mental health system have suffered trauma, in many cases repeated, in the past. Their clinical records contain reports of abuse, neglect, sexual assault, over-medication, abandonment by family, and frequent moves among foster care settings, institutional settings, and jail. These adverse experiences have forced many of the people to be fearful of others and to develop "defense mechanisms" aimed at protecting themselves. When the fear and distrust are coupled with an individual's inability to verbally communicate, we often see challenging behaviors. When caregivers and professionals interpret these behaviors as manifestations of "disobedience" and "non-compliance" with "rules" and react with force, it can lead to more fear and distrust, and often cause the individual to be re-traumatized. It should be noted that in some instances, individuals who are part of loving and caring families may still, at times, exhibit challenging behaviors.

All individuals served by the public mental health system must feel valued, understood, and safe in the places where they are supported. Regardless of whether an individual lives in a place of his/her own or a licensed facility, it is his/her home and should be a safe haven. This place must be treated as the individual's home by all who may work there or who come to it. What happens in this place needs to center around what works for the person or people who live there, i.e., person-centered, not around the tasks that the caregivers need to complete on their shift, i.e., task-oriented, nor centered around maintaining compliance with "house rules."

A supportive and safe environment promotes helping the individual to establish and maintain meaningful relationships with caregivers in the home and people outside the home; supporting and assisting the individual to get involved in activities in the home and in the community that have value to him/her; shifting more choice and control to the individual; valuing and supporting caregivers; and providing continuous on-site support and training to home staff. Each of these areas will be further discussed in the pages that follow.

B. Establishment of Meaningful Relationships

Caregivers are in the position to help people create the foundations they need to be able to establish and maintain relationships. Relationships with others are crucial to a quality life and good mental and physical health, yet many of the individuals supported by the public mental health system, have few or no meaningful relationships. Good relationships are based on making individuals feel safe and unconditionally valued. Caregiver interactions, especially in the beginning stage of relationships or when the individual is feeling especially vulnerable, must focus on nurturing and valuing him/her. Once the foundation has been established, the circle of relationships can be more easily expanded.

C. Meaningful Activities

Individuals who have things to do during the day that are meaningful to them, in the home and out in the community, are less likely to exhibit the behaviors that result in the need for reactive interventions. In fact, there are many individuals who exhibit challenging behaviors at home, but exhibit none when they are out in the community. It is through a person's involvement in and completion of a task, game or routine that he/she can receive the positive affirmation, encouragement and support that leads to trusting others, feeling valued and gaining self-worth. Having meaningful activities also reduces boredom, both at home and in the community.

While it is important that each individual has the opportunity to choose the things he/she wants to do, he/she should also be assisted in performing the tasks that are part of everyone's life. These typical routines of daily life, and assisting the individual to perform them, should be the foci around which the operation of the home revolves, rather than a set of tasks that need to be accomplished solely by caregivers while they are on their shift, such as meal preparation, cleaning, laundry, and grocery shopping.

Meaningful activities in the "community" are things that any person would do during his/her day, such as going to sporting events, plays or music events, volunteering, paying bills, going to the bank, buying a lottery ticket, going to the salon for a hair cut, getting a membership at the gym, buying greeting cards at the store and mailing them at the post office to friends and family, picking up a newspaper at the same place every day, having coffee with a friend, and visiting a family member. The act of engaging in these activities of life brings with it not only multiple opportunities to make choices and to perform transactions that lead to self-confidence and self-worth, but also to interact with other human beings. Receiving a friendly welcome at the door of Meijer every week will be much more significant to the individual who goes there to buy a few personal items, than to the caregiver who ran to the store to pick up the items for him/her. Looking at all the goods available in the store, including colors, textures, funny pictures, sweet words, and even sounds, is also an activity in and of itself, and provides a low-risk opportunity to make a selection.

D. Opportunities for Making Choices

Every person has the right to choice and control in his/her own life. Arrangements that support Self-Determination give an individual true choice and control to self-direct his or her own life. As an individual has more and more frequent community activities in his/her life, he/she will have more and more opportunities to make choices. However, caution should be taken that individuals who are not used to having choice and control are not overwhelmed with too many choices or too many open-ended choices too soon. The more vulnerable the individual, the more consideration should be given for the level of support for their choice-making.

E. Identification of Precursors

Conducting a functional assessment of the precursors to challenging behaviors can serve to identify "triggers" that set off an action, process, or series of events and interactions that make individuals feel unsafe, insecure, anxious, panicked, or agitated. There is often a reason, situation, or person that is causing a particular reaction from the individual. In order to prevent such a reaction and promote a calm, safe, and positive environment, it is important to identify, then remove or reduce exposure to, the potential precursors that may initiate, sustain, or end a particular behavior.

The following are precursors that could contribute to a challenging behavior:

Transitions between Activities and/or Caregivers

It is possible that an individual may not like to do certain activities, such as family visits, going to bed, or taking a shower. Therefore, when he/she knows it is time for this activity, he/she may become frustrated. Similarly, the individual may not like or feel comfortable with a specific person living in the home, or a caregiver or other staff person working in the home. When he/she is around this person, he/she may exhibit a challenging behavior. There are also certain situations that could be a trigger for the individual, such as being isolated, feeling pressured, people being too close, people yelling, being in the dark, or people being too close.

Sensory Integration

Difficulties with sensory integration processing create anxiety in some people due to over- or under-stimulation. It is important to have this assessed if it is suspected to be a precursor to challenging behavior. Sensory integration processing issues are often associated with individuals who have autism; however, they can also affect other individuals. People identified as having sensory integration processing issues should receive necessary interventions, many of which need to be included as part of their daily routines.

Physical Health

Chronic health conditions and acute episodes of illness can heighten sensitivity and trigger challenging behavior..An annual physical examination and a medical history record are important to identify and track conditions, and should be used as a basis for a care plan that calls for caregivers to pay attention to early signs that a condition is reoccurring or intensifying.

The medications individuals take can cause reactions, some paradoxical to the purpose of the medication. Some medications may make an individual feel "different" but have no physical signs, and the individual may communicate these subtle feelings through exhibiting a challenging behavior. Other individuals may be overmedicated and experience medication interactions.

Many individuals who exhibit challenging behaviors also receive psychiatric services. It is critical that psychiatrists are making recommendations regarding diagnosis and treatment on sound objective information.

Another type of "precursor" is the cues, or early warning signs, the individual gives that they are beginning to feel unsafe, insecure, anxious, or frustrated. By becoming sensitive to these cues, we can change our interactions to be more supportive and less demanding before the situation escalates into more dangerous behaviors. Some examples of these cues are restlessness, shortness of breath, pacing, sweating, shaking, rocking, crying, and clenching teeth.

There are numerous strategies that can be used to calm an individual when he/she shows signs of no longer feeling safe. Strategies will vary from person to person. Some individuals may prefer to talk to someone, including peers, family, or maybe staff. Others may want to lie down or listen to peaceful music or look at a magazine. Taking a walk or exercising may also help. It is important to remember to ask the individual what helps him/her calm down. Be creative, and if a strategy does not work, try something else.

F. Transition Planning

Transitions can be very stressful for individuals. Transitions include changing homes or jobs, changes in caregivers at shift change, or may be something as simple as getting up in the morning or ending one activity and beginning another.

Changes in Homes

Whether the individual is moving because of his/her choice or because of the decision of others, it is one of the biggest changes he/she will make in life. The public mental health system needs to become better at matching individuals with the places they will live, people who will live with them, and people who will support them, regardless whether he or she moves to a family home, own home, or group home. The CMHSP, provider, and home staff should have frank discussions about whether an individual would be successful in a particular home

or conversely, whether the home can successfully support the individual; develop together and implement a very detailed transition plan; make sure caregivers are trained and supported; and provide on-going on-site assistance and support to the home.

In-Home Transitions

Small transitions made on a daily basis can make a person feel anxious and insecure. Some examples of daily transitions include: getting out of bed in the morning, brushing teeth after breakfast, leaving for work/school, changing tasks at work/school, moving from one location to another at work/school, coming home from work/school, getting ready for dinner, and getting ready for bed. For those who have multiple caregivers, the change of shift can also be disconcerting.

It is important to make transitional events as predictable as possible and to be encouraging and less demanding during these times. Reviewing with the individual visual cues and/or schedules can also assist during transitions.

G. Caregiver Interactions

Interactions with individuals need to promote a sense of companionship, connectedness and community. Caregivers need to be very self-aware of how they are perceived by the individual they support. The vulnerabilities a person brings to an interaction determine how interactions are perceived. In some cases, a caregiver's presence alone can trigger memories of demands and trauma in the individual being supported. Caregivers need to be aware of what their body posture, facial expression, tone and volume of voice, and hand gestures communicate. Smiles and expressions of warmth are needed at all times. Words need to be soft, slow and uplifting. Touch needs to be respectful and purposeful in making the individual feel safe and valued.

H. Communication

Behavior is a form of communication. Behaviors identified as challenges are often expressions of unmet needs. Caregivers should not only identify the unmet need and try to meet it, but also attempt to teach the individual other ways to communicate his/her needs, such as needing to take a break, not feeling well, or needing affection. As with any attempt to build a skill, this can only be done successfully if the individual is taught by someone who truly understands and cares about him/her.

I. Staff Training and Support

Only the most skilled caregivers should be supporting individuals who have a history of challenging behavior. The CMHSP and provider need to assure that caregivers

are properly trained to best support the individual. Using temporary or rotating/floating staff that has not been trained to support the specific individual should be avoided entirely. Caregivers should receive basic direct care staff training, training specific to the individual, transitional training, and knowledge of preventive strategies related to the issues that lead to the individual's anxiety or frustration. All home staff, provider staff, and CMHSP staff should be trained in approaches that support a culture of gentleness.

The provider needs to ensure that caregivers are valued and supported, but also have clear directions on what is expected of them. It is consistently reported across the state that direct caregivers who feel valued and supported by their supervisors, the provider, and the CMHSP are more satisfied with their jobs and are less likely to leave. Staff turnover can have devastating effects on the individuals they support. If the relationships were positive, staff departure is another loss to the individual. The costs associated with turnover cannot be minimized either. Home staff should hold regular staff meetings that focus on support, improving morale, coaching and reinforcement of training, and problem-solving.

Direct caregivers, who view the place where they work as an individual's home, and perceive the individual as a peer, will be less likely to treat him/her as a less-valued person. Individuals who feel safe in the presence of caregivers, who feel valued, and who are receiving positive and undivided attention from caregivers are less likely to exhibit challenging behaviors. However, some caregivers may need to be coached and supported in making the transition from viewing their job as custodial and relating solely with other caregivers, to interacting and connecting with the people they serve. Helping to build and strengthen the relationships between individuals and caregivers should be a primary goal of managers and supervisors. Another goal should be clearly communicating expectations about caregiver behavior on the job (e.g., texting and taking personal calls need to be confined to staff break periods).

CMHSPs should provide on-going, on-site clinical, case management/supports coordination involvement and support to the home staff for situations that are challenging. Clinicians and case managers/supports coordinators need to be trained in positive behavioral support techniques, in addition to the providers and home staff. Clinical support staff should also commit to and have the skills to be able to work along-side the direct caregivers to assist in modeling, coaching and troubleshooting.

If there is potential (i.e., based on recent history) that a challenging behavior may occur, then there should be a written behavior plan for what home staff are to do. If the action caregivers are to take requires a behavior plan, then the plan should go to the setting with the individual; caregivers should be trained in the implementation of the plan; and the plan should be continually evaluated, modified and updated as needed. The CMHSP should provide ongoing and on-site support and mentoring to the provider and home staff as necessary to assist in the implementation of the behavior plan. Also, the provider should have leadership present during all waking

shifts: a manager, assistant manager, a lead direct care worker, or a shift leader who has experience in implementing behavior plans that focus on helping the individual feel safe and valued. The home should also be cognizant of the organization of staff resources, and schedule new caregivers with more experienced caregivers.

III. Positive Behavior Support Plan

MDCH encourages the development of a Positive Behavior Support Plan that includes positive approaches to preventing and decreasing challenging behaviors, as well as focusing on improving the individual's quality of life. All behavior plans must be developed with the individual during the person-centered planning process.

The TR requires that the Behavior Treatment Plan Review Committee (the Committee) review any Behavior Treatment Plan that includes intrusive and/or restrictive techniques. However, it is suggested that all behavior plans developed by the CMHSP be reviewed by the Committee or by other available resources, such as clinical or interdisciplinary peer review or case consultation. Members of the Committee and other available resources provide valuable expertise that may assist the plan developer in improving the behavior plan.

A. Key Ingredients to an Effective Positive Behavior Support Plan

The following guidelines are useful to assist the plan developer in creating a Positive Behavior Support Plan:

1. Involving the individual in the development and implementation of the plan during the person-centered planning process allows him/her to achieve goals that he/she has chosen.
2. A functional behavioral assessment looking at the situational and motivational variables affecting the presence of a challenging behavior helps the person and everyone involved to understand why the behaviors occur and develop workable ways to achieve better alternatives.
3. Everyone who relates to the individual in any important way should receive training on how to participate in his/her plan.
4. Data collection and analysis of the plan will allow the individual to track his/her progress over time, as well as identify problems early.
5. Celebrate progress in meeting goals.

B. Positive Behavior Supports in a Culture of Gentleness

The MDCH preferred approach when addressing aggressive, self-injurious, or other challenging behaviors is to use Positive Behavior Support strategies within the framework of a Culture of Gentleness. Positive Behavior Support is a set of research-based strategies used to increase opportunities for an enhanced quality of life while decreasing challenging behaviors by teaching new skills and making needed changes in a person's environment (Association for Positive Behavioral

Supports [APBS]). Positive Behavior Supports are most effective when they are implemented across all environments, such as home, school or work, and in the community. Positive Behavior Supports include, but are not limited to, the following:

1. Provision of a sense of safety
2. Teaching the individual that engagement with others is good
3. Teaching the individual to value others and provide opportunities to establish meaningful relationships
4. Enhancement of the individual's sense of self-value
5. Assurance of consistency through structure
6. Provision of opportunities to express autonomy while receiving necessary supports
7. An environment that is conducive to optimal learning
8. Teaching skills that promote companionship, esteem building, problem solving and coping abilities
9. Community inclusion

C. Proactive Strategies in a Culture of Gentleness

Supporting individuals in a Culture of Gentleness is an ongoing process that requires patience and consistency. As such, no precise strategy can be applied to all situations. The following are some general strategies to consider when trying to prevent challenging behaviors from occurring in the first place, or for reducing their frequency, intensity, or duration:

1. Unconditional Valuing – through the actions (words, touch, eyes, presence) of the caregivers, the individual must feel that they are valued for who they are, not for what they have done or not done.
2. Precursor Behaviors – look for indicators that the individual is starting to feel unsafe or anxious and immediately drop demands and increase rewarding or positive interactions.
3. Environmental Management – items that could be distracting or used as weapons should be placed out of sight; how caregivers position themselves can prevent possible injury.
4. Stimulus Control - set up the materials for activities before the person arrives so as to ensure success through the consideration of factors such as the arrangement and control of materials, concreteness of the task, teaching methods, location, etc.
5. Errorless Learning (Chaining) - break learning skills into a sequence which facilitates their acquisition, and provide adequate support in order to avoid errors (so that structured tasks can serve as vehicles to teach that the interaction is more important than the task itself).
6. Teach Quietly - initially using minimal verbal instruction maximizes the power of verbal reward, and prevents on-task confusion. Gradually use more language as the strength of the relationship allows the ability to "stretch" the individual.
7. Shaping and Fading - use the caregiver's initial intense presence, necessary support and valuing teaching as a way to ensure as much as possible the

person's on-task attention (shaping), and then as rapidly as possible remove the external support so that the person will remain on-task and be able to receive sufficient reward from the task itself (fading).

8. Assistance (Prompting) - initiate learning with a sufficiently high degree of assistance to ensure success and systematically and rapidly decreasing the degree of assistance, but ready at any given point in time to offer higher degrees of assistance as needed for the purpose of redirection or valuing.
9. Using the Task as a Vehicle, Not an End in Itself – each part of the day needs structuring so that there are opportunities to create valuing interactions - we cannot wait for these opportunities to present themselves; the task of learning is secondary to teaching that interactions are rewarding in and of themselves.
10. Redirection - the redirection of an individual to a more positive interaction/activity through minimal verbal or gestural guidance; redirecting to a break or away from anxiety-provoking situations; if capable, redirecting to utilize previously learned coping skills.
11. Reinforced Practice – providing many opportunities to practice and receive validation for performing newly learned behavior in order to ensure its retention.
12. Validating Feelings – verbally acknowledging what the individual may be feeling
13. Reinterpreting or Reframing Antecedent Events – helping the individual get a different perspective on the precipitating event.

D. Reactive Strategies in a Culture of Gentleness

Positive Behavior Support Plans should give caregivers direction in how to respond when individuals begin feeling unsafe, insecure, anxious or frustrated. The following are examples of those strategies:

1. Be Aware of Precursors – Be aware of the behavioral precursors that the individual expresses so caregivers can provide support before the situation escalates. Also, identify precursors to *positive* behaviors and apply these to increase the likelihood for positive behavior to occur.
2. Reduce Demanding Interactions – Being told to "stop" or "calm down" can be perceived by the individual as demanding. Additionally, common forms of redirection can also be demanding depending upon the individuals. The functional assessment should be helpful in determining what is demanding to that individual.
3. Increase Valuing/Supportive/Warm Interactions – At all times, and particularly when an individual is having a difficult time, it is important that the people around him/her create a warm and supported atmosphere where he/she feels valued. This could include validating the individual's feelings.
4. Redirect – Redirect to an alternative activity if it is determined that it is not too demanding. The undesirable behavior will not be reinforced if that is the only time the individual is able to engage in it.
5. Modeling the Activity – Model or show the individual how to do the activity, then assist with the activity, providing active support as needed, encouraging

but not demanding the individual complete it. Then, eventually reduce support.

6. Give Space – Be ready to help the individual as described above, or at times, give him/her some space (both in time and/or physical distance). However, be cautious that the individual is not left alone for extended periods of time.
7. Focus on the Relationship – Continue to focus on the power of the relationship between the caregiver and the individual. The task or activity is not important at this point.
8. Maintain a Calm, Relaxed Manner – It is important for the caregiver to remain calm and relaxed.
9. Use Blocking techniques –Use arms, hands, pillows, etc. to block an individual from exhibited a behavior, such as hitting himself/herself or others. For example, if someone is hitting himself/herself in the face, with an open palm, the caregiver should place his/her hand or arm over the person's arm to block attempts to get to his/her face. If someone is attempting to hit another person, the caregiver should hold hands with the person and attempt to keep his/her hands away from the caregiver.
10. Environmental Manipulations – Use environmental manipulations to keep individuals safe – e.g., keeping furniture between the individual and others; move others out of the area.
11. Focus on Safety – The focus and priority should be on safety, not teaching a lesson. Not only should the person be in a safe environment, they must also *feel* safe and valued.

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