

**Title:** Listening and Responding to Individuals who Demonstrate Behaviours of Concern- Policy Guidance

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Prepared by:	<b>CEO</b> <b>Regional Directors</b> <b>Principal Psychologist</b>	Date: March 2014
Implementation by:	<b>Regional Directors</b> <b>Area Directors</b> <b>Local Managers</b>	Date: April 2014
Review by:	<b>CEO</b> <b>Regional Directors</b> <b>Principal Psychologist</b>	Date: April 2017
Agreed By:	<b>C. E. O.</b> <i>Brendan Broderick,</i> _____	Date: 15/04/2014 _____

## Key Messages

1. The Muiriosa Foundation is committed to responding to people who engage in behaviours of concern in ways that are respectful, non-aversive and non-restrictive, through the provision of positive behaviour supports.
2. The objective of positive behaviour support is not to fix people but to design effective and resilient social and physical environments so that the people whom we support can live real and authentic lives.
3. We are committed to a process of adapting existing arrangements and enhancing our responsiveness to individuals who engage in behaviours of concern.
4. Staff are required to engage with the local manager and the individual support network to ensure that collaborative problem solving takes place in order to develop a supportive response and ways to prevent recurrence.
5. Formal clinical supports are reserved for those instances where more comprehensive behavioural assessment and intensive positive behaviour supports are indicated. Access to the specialist behaviour support team is available through the local manager when required.

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## 1.0 Background

- 1.1 This policy guidance concerns the needs of individuals with intellectual disabilities who are supported by the Muiriosa Foundation and who demonstrate behaviours of concern that are perceived as challenging to services and others.
- 1.2 This policy replaces the 2009 Muiriosa Foundation document ‘Challenging Behaviour- Good Practice Guidelines’.

## 2.0 Definition

- 2.1 For the purposes of this policy document we are adopting the following definition:

*“Behaviour can be described as challenging when it is of such an intensity, frequency, or duration to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion”.* (Challenging Behaviour – a unified approach; RCPsych, BPS, RCSLT, 2007.)

- 2.2 ‘Challenging behaviour’ is not a diagnosis or a label. Individuals with intellectual disabilities often behave in ways described as challenging if they have difficulties understanding what is happening around them, or communicating what they want or need.
- 2.3 Over time use of the label ‘challenging behaviour’ has become stigmatizing. A more appropriate term is *‘behaviours of concern’*\*. Behaviours of concern can be defined as *“behaviours that indicate a risk to the safety or wellbeing of the people who exhibit them or to others”* (Chan et al., 2012). \*For examples please see Appendix 1.

### 3.0 Introduction:

- 3.1 All behaviours have environmental contexts. In attempting to understand an individual's behaviours of concern and to prevent such behaviours from recurring, the individual's network of support needs to investigate and understand the reasons behind the behaviour.
- 3.2 Behaviours of concern are messages that tell us important things about a person and the quality of his or her life.
- 3.3 Many of the individuals whom we support have significant life histories which predispose them to engaging in behaviours of concern, with factors such as disrupted attachment, separation from family, trauma, neglect and abuse.
- 3.4 Individuals can become upset, distressed and verbally and/or physically aggressive for reasons that are understandable and obvious.
- 3.5 When a person communicates distress through behaviours of concern it is our responsibility to provide support by figuring out why the person is distressed and by ensuring that we respond appropriately.
- 3.6 The most direct way to establish the meaning of an individual's behaviour of concern is to identify the circumstances in which it occurs, especially what happens before and after (antecedents and consequences). However, the broader context also needs to be considered as behaviours of concern can be influenced by genetics, physical or mental health (e.g. response to pain) and are more common when individuals have a restricted capacity to otherwise influence the world (e.g. limited communication skills).
- 3.7 The Muirosa Foundation supports the position that people who observe behaviours of concern should respond with sympathy and compassion. We promote a culture of *radical acceptance of individual differences* and resist attempts at 'pathologising' (i.e. treating as abnormal) behavioural expression.

- 3.8 Behaviours of concern can usually be reduced or avoided with ‘good support’. Good support is individualized, person-centred and flexible.
- 3.9 In *some situations* outside expertise is required to enable the support staff to understand and prevent a recurrence of the behaviours of concern by investigating the underlying reasons, while avoiding punishment or restriction of the people concerned (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007).
- 3.10 Behaviours of concern can be attributable to one or more of the following:
- A ‘poor fit’ between the individual and their social and/or physical environment (e.g. living with too many other people or with people who are not compatible);
  - Underlying physical, neurological, mental or emotional health issues;
  - The physiological effects of medications;
  - Breakdowns in communication (e.g. perceived criticism, staff adopting an overly directive or confrontational interactional style);
  - An inability to self-regulate desire for things (e.g. food or nicotine);
  - A lack of appropriate learning opportunities (e.g. boredom);
  - The failure of support networks (e.g. loneliness)
  - The effect of relationships with other people (e.g. fear, lack of trust etc.).

## **4.0 Policy Statement**

- 4.1 The Muiriosa Foundation is committed to ensuring that the people with intellectual disabilities who we support are valued as equal citizens in society, with the same rights as everyone else.
- 4.2 Our vision for people who engage in behaviour of concern is the same as for everyone whom we support: to be a happy, independent, confident, connected and contributing member of society, with opportunities to live independently and to have paid work.

- 4.3 As an organization we are committed to supporting people to live better lives, with an understanding that this will involve doing things in new and different ways to get the desired outcomes.
- 4.4 Behaviours of concern tell us about the quality of a person's life and may be an indication of unmet needs for:
- Meaningful relationships;
  - A sense of safety and well-being;
  - Control over their lives;
  - Things to look forward to;
  - A sense of value and self-worth;
  - Relevant skills and knowledge;
  - Supporters who are themselves supported.

(David Pitonyak, 2009)

- 4.5 The Muiriosa Foundation is committed to responding to people who engage in behaviours of concern in ways that are respectful, non-aversive and non-restrictive, through the provision of positive behaviour supports.
- 4.6 The objective of positive behaviour support is not to fix people, but to *design effective and resilient social and physical environments* so that the people whom we support can live real and authentic lives.
- 4.7 People's lives are usually enhanced when they benefit from having a sense of purpose and meaning in their lives and an active network of friends, neighbours and acquaintances, reflecting the personal preferences of the individual. Positive behaviour support aims to support people to achieve these things regardless of whether or not the behaviours of concern reduce over time.

- 4.8 We are committed to a process of adapting existing service structures. As an organization we pay close attention to those individuals who challenge our services to inform strategic decision making on how to reconfigure, change and improve services to better support these individuals.
- 4.9 We are committed to enhancing our responsiveness in two ways:
- 4.9.1 To develop and expand the capacity of people at local level to understand and support individuals who engage in behaviours of concern;
- 4.9.2 To design and develop alternative, individualized arrangements for those individuals who are described as presenting us with the most severe challenges.

## **5.0 Purpose and Scope**

- 5.1 The purpose of this policy is to ensure a sensitive and consistent approach in supporting individuals who engage in behaviours of concern, so that such behaviour does not pose a risk to the safety of the individual or to others in his/her environment.
- 5.2 This policy applies to all staff employed by the Muiriosa Foundation, and to all individuals who have contact with the people whom we support, through educational placements or voluntary agreements.

## **6.0 Vision and Values**

- 6.1 We ensure that the individual's needs and aspirations inform all decision making;
- 6.2 We are committed to individualization of service supports;



- 6.3 We recognize that single occupancy services are sometimes the most effective ways of supporting individuals with complex behavioural needs within available resources;
- 6.4 We encourage leadership at local manager level;
- 6.5 We support risk assessment, where indicated, within a 'no blame' culture;
- 6.6 Formal clinical supports are reserved for those instances where more comprehensive behavioural assessment and intensive positive behaviour supports are indicated.

## **7.0 Model of Service Delivery**

### **7.1 Level 1 Response:**

- 7.1.1 When behaviours of concern arise it is the responsibility of the local manager to ensure that collaborative problem solving takes place at local level with the individual's support network.
- 7.1.2 The purpose is to discuss what happened, identify the reason/s why, and to agree a supportive response and ways to prevent recurrence. Agreed responses will be included in the individual's 'person centred support plan'.
- 7.1.3 ABC incident forms are completed and forwarded for review to the behaviour support team. Analysis of ABC incident forms over time will inform prioritization of need for positive behaviour supports at the regional behaviour support planning meetings. The completion of an ABC incident form does not automatically trigger a referral to the behaviour support team. Such referrals are reserved for those situations where outside expertise is required.

7.1.4 In cases where the behavioural incident was deemed to be of high risk, or severe in intensity or duration, the local manager will request an emergency meeting with the behaviour support team to review what happened and to put in place risk management measures to reduce the risk of future occurrence.

## **7.2 Level 2 Response:**

7.2.1 Where an individual experiences repeated difficulty in managing his/her own behaviour over time, and this is evidenced through documentation on ABC incident forms, the local manager may ask the behaviour support team to become involved, or the behaviour support team may initiate involvement on the basis of information received.

7.2.2 Such involvement will be reserved for those situations that cannot be addressed through the person-centred support plan, and where there is a significant threat to the individual's quality of life, or the quality of life of those around them. In such instances, despite discussion at local level, the underlying reasons for the behaviour of concern may still be unclear and the behaviours of concern are deemed to meet a *threshold of severity*.

Sometimes the development of a behaviour support plan is neither helpful nor sufficient in the absence of a more systemic response.

There must be an evidence base to justify the employment of the behaviour support team as management of scarce clinical resources requires prioritization based on need.

7.2.3 The role of the behaviour support team will be to work collaboratively with the individual's support network to enhance a psychological understanding of the individual, by carrying out a comprehensive

behavioural assessment, identifying the function of the behavioural distress and identifying appropriate supportive response/s.

7.2.4 The behaviour support team may work **proactively** with the individual and their support network in a number of ways:

7.2.4.1 Develop a Monthly/Bi-Monthly Behaviour Support Forum at which the individual's support network and behaviour support team meet to review, reflect on and collaboratively agree enhanced ways of responding to the individual's support needs. The minutes of such fora will then serve as a 'live' record of the process of positive behaviour support and, in these circumstances, will replace the existence of a once off, static, 'behaviour support plan'.

7.2.4.2 Provision of individualized training for the person's support network to enhance their *psychological understanding* of the person. (Such training may involve assisting the support network in understanding how that person's autism impacts on their way of being in the world, how to create an autism aware environment, managing stress and anxiety, engaging with individuals who have severe or profound intellectual disabilities etc.).

7.2.4.3 Following the completion of a comprehensive behavioural assessment, the behaviour support team and the individual's support network may decide that a behaviour support plan is an appropriate and effective means of addressing the individual's support needs.

7.2.4.4 The Local Manager will collaborate with the behaviour support team in ensuring implementation of the recommended strategies by the individual's support network.

7.2.4.5 The behaviour support team will provide/update training on Nonviolent Crisis Intervention (CPI)\* with a view to ensuring support staff are *au fait* with non-aversive crisis intervention techniques. Such an approach allows for the active involvement of the staff team in developing an individualised reactive plan to maintain care, safety, welfare and security of all involved.

\*This programme is soon to be re-branded 'Management of Actual or Potential Aggression (MAPA)'.

7.2.4.6 Advocate for an alternative configuration of service supports, such as the design of an individualized service. Such recommendations are then discussed with the Area Directors and Regional Director at regional planning meetings. The behaviour support team will actively collaborate with the Regional and Area Directors in designing, developing and managing such arrangements. This type of solution is recognized as being of particular benefit for those individuals with intellectual disability presenting with the more severe and/or enduring behaviour support needs.

## **8.0 Allocation of Resources**

8.1 The Muiriosa Foundation promotes the design and development of effective and resilient social and physical environments where there is a high level of tolerance and acceptance of individuals who display distress and/or behaviours of concern.

- 8.2 Allocation of scarce clinical resources, in the form of access to the behaviour support teams, will be based on risk assessed need on a regional basis across the organization.
- 8.3 It is the responsibility of the Regional Director of Services, in conjunction with the Area Directors and the Behaviour Support team, to meet on a quarterly basis with a view to prioritizing needs for positive behaviour supports.
- 8.4 For many individuals their need for support from the behaviour support team will be time-limited. Following formal discharge from the behaviour support team, the local manager will ensure that positive behaviour supports are maintained.

## **9.0 Reactive Crisis Management**

- 9.1 Behaviours of concern can include physical aggression and self-injury/self-harm. Such behaviours can pose a safety risk to the individual and to those in his/her environment. All staff who work with such individuals will be offered training by qualified instructors in Non-violent Crisis Intervention (CPI)\*. This is an internationally recognized programme that teaches staff to intervene in a way that provides for the care, welfare, safety and security of all those involved in a crisis situation. CPI training and refresher training will be led by the behaviour support team. \*This programme is soon to be re-branded 'Management of Actual or Potential Aggression (MAPA)'.
- 9.2 Where an individual experiences repeated difficulty in managing his/her own behaviour over time, and this is evidenced through the documentation on ABC incident forms, a written 'reactive strategy' will be developed.

- 9.3 The reactive strategy outlines the early behavioural indicators that the person is becoming distressed and advises staff of how to respond in the most effective way to avert a crisis situation. The reactive strategy will follow the format as taught during Nonviolent Crisis Intervention (CPI)\* training and can be developed by the individual's support team with or without the assistance of the behaviour support team. \*This programme is soon to be re-branded 'Management of Actual or Potential Aggression (MAPA)'.
- 9.4 In circumstances where the individual displaying behaviours of concern has a mental health diagnosis, the reactive plan may include a written protocol for the use of psychotropic medication on a *pro re nata* (PRN) basis. In such circumstances the protocol guiding the use of the psychotropic medication on a PRN basis will be developed and reviewed in close liaison with the individual's GP and/or Consultant Psychiatrist and in line with the Muiriosa Foundation Medication Policy.

## 10.0 Restrictive Practices

(Please refer to '*Muiriosa Foundation Guidance Policy on Restrictive Practices and Rights Restrictions*', 2014).

- 10.1 Muiriosa Foundation ***prohibits the use of restrictive practices*** in response to behaviours of concern. Muiriosa Foundation is committed to supporting individuals in humane and respectful ways, while prioritizing safety at all times.
- 10.2 Restrictive practices can include physical restraint, environmental restraint and chemical restraint. These issues are considered to be a human rights concern (United Nations Convention on the Rights of Persons with Disabilities, 2006).
- 10.3 Research shows that behaviours of concern are likely to result in some form of restrictive practices that can impact on the liberty of the person with a disability (Fox & Emerson, 2002; Robertson et al. 2005; Mc Villy, 2009).

- 10.4 Those at greatest risk of being subjected to restrictive practices include people who show self-injurious behaviour, aggression and destructive behaviour.
- 10.5 We recognize that in some exceptional circumstances support staff may need to use restrictive practices on an *unplanned basis* as an emergency measure, with a view to preserving safety. The use of such interventions will be closely monitored and audited and must trigger an emergency meeting with the behaviour support team at which alternative support strategies will be discussed.
- 10.6 There may also be some situations where restrictive interventions are indicated following robust risk assessment and are ‘prescribed’ on a *planned basis* as part of a reactive strategy as an intervention ‘*of last resort*’.
- 10.7 Such interventions may be interim measures, used to maintain safety, until such a time as a less restrictive alternative can be developed. In such instances the restrictive intervention and rationale for same will be written up by the behaviour support team (psychologist and behaviour therapist) and discussed with the individual’s GP and/or Consultant Psychiatrist, where relevant. Consent will be sought from the adult with a disability or the parent/guardian of the child with a disability. In situations where the adult with a disability is not in a position to provide consent the intervention will be discussed with the individual’s family. The approval for the use of the restrictive intervention will be signed off by the behaviour support team (psychologist and behaviour therapist) and the Area Director before implementation can process. A review process will be included.
- 10.8 All individuals who are subject to restrictive practices should have the assistance of the behaviour support team with a view to reducing and eliminating the use of restrictive practices over time.

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- Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists (2007). *Challenging Behaviour: A Unified Approach*. Royal College of Psychiatrists, London.



## **Related Documents:**

‘National Standards for Residential Services for Children and Adults with Disabilities’.  
*Health*

*Information and Quality Authority (2013).*

‘Convention on the Rights of Persons with Disabilities’. *United Nations (2006).*

‘Guidance on the management of risk and the individual service user’. *Muiriosa Foundation (2014).*

‘Guidance on the use of restrictive interventions and rights restrictions’. *Muiriosa Foundation (2014).*

‘Towards a Restraint Free Environment in Nursing Homes’. *Department of Health (2011).*

‘Policy and Procedure on Medication Management’. *Muiriosa Foundation (2014).*

## **Appendix 1**

Behaviours of concern can be defined as behaviours that indicate a risk to the safety or wellbeing of the people who exhibit them or to others. (Chan, 2012).

Behaviours of concern are ways in which individuals communicate distress and can include behaviours directed towards self, others or the environment. Some examples of behaviours of concern include, but are not limited to the following:

- Self-injurious behaviours (e.g. head-banging, hitting/punching self etc.)
- Deliberate self-harm (e.g. making superficial cuts to own skin etc.)
- Body focused repetitive behaviours (e.g. skin picking, trichotillomania etc.)
- Physically aggressive behaviours directed towards others (e.g. hitting, punching, kicking etc.)
- Property destruction
- Removing clothes in a public place
- Pica (swallowing inedible objects).