

# Appendix A

**Functional Assessment/Behavior Support Plan**

**DHS 4588 FA/BSP**

**Blended Plan**

- 4588 FA/BSP User Instructions:  
Adding Additional Behavior Sections
- 4588 FA/BSP content example
- 4588 Good Day Plan (GDP) example
- 4588 Interaction Guideline (IG) example

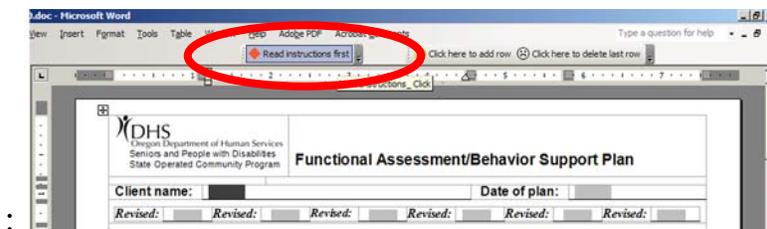


## Functional Assessment/Behavior Support Plan User instructions

1). Open DHS 4588 > **Click** > Enable Macros



2). Read the directions



### User Instructions

Additional fill-in sections can be created for each of the following using the “View” main menu, scrolling down to Toolbars ► and select the desired toolbar.

- Behavior Tool Bar
- Increase Behavior Tool Bar
- Decrease Behavior Tool Bar

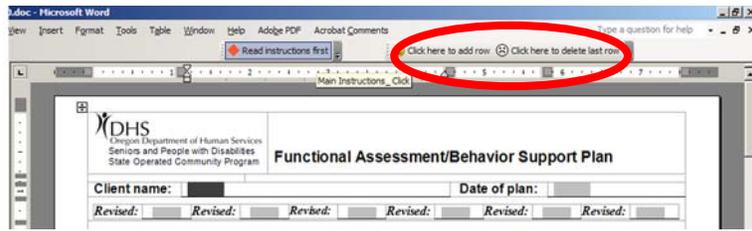
The first two original entries **cannot** be deleted.

**Sequential numbers will need to be added.**

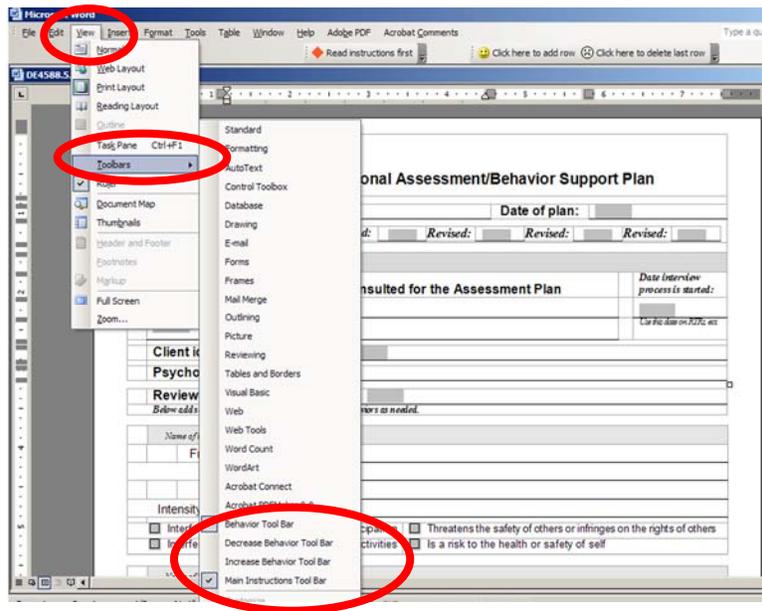
Tool bar window does not print and can be moved or closed at anytime.

OK

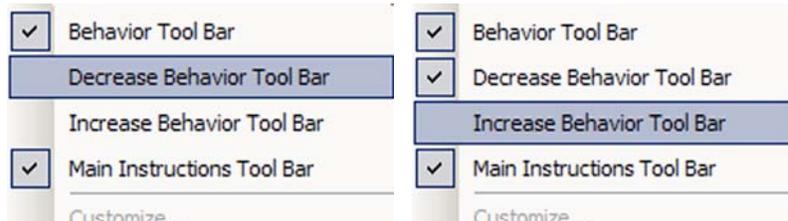
3).“Behaviors” Tool bar may already be visible.



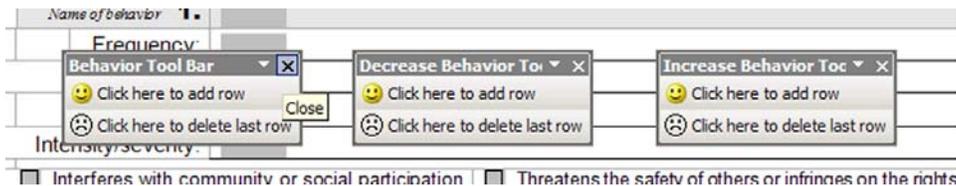
4). To add additional sections to “Behaviors to decrease”  
And/or “Behaviors to increase”:



5). Select the toolbar for the section you need and the toolbar will appear.



6). The toolbar boxes can be moved anywhere on the page and/or closed.



7). When a new section is required use the corresponding tool box >

Click to add or delete sections -

remember the first 2 original sections can not be removed.

The screenshot shows a form with a 'Behavior Tool Bar' overlay. The bar contains two buttons: 'Click here to add row' (with a plus icon) and 'Click here to Behave Insert' (with a minus icon). The form fields include 'Name of behavior: 2.', 'Frequency:', 'Context:', 'Duration:', and 'Intensity/severity:'. Below these are several checkboxes for various criteria, such as 'Interferes with community or social participation' and 'Threatens the safety of others or infringes on the rights of others'. At the bottom, there is a field for 'Contributing medical conditions that may have an impact on an individual's behavior(s):'.

8). When new sections appears – Sections will not automatically renumber themselves. Click > **type sequential number** > continue filling out form.

This screenshot shows the same form as above, but with a new section added below the first one. The 'Name of behavior' field for this new section is circled in red and contains the number '2.'. The 'Behavior Tool Bar' is still visible, showing 'Click here to add row' and 'Click here to delete last row' buttons. The checkboxes and other form elements are consistent with the previous screenshot.



# Functional Assessment/Behavior Support Plan

## FA/BSP Blended Plan

**Client name:** Mary Smith

**Date of plan:** 6/10/09

*Revised:* \_\_\_\_\_ *Revised:* \_\_\_\_\_ *Revised:* \_\_\_\_\_ *Revised:* \_\_\_\_\_ *Revised:* \_\_\_\_\_ *Revised:* \_\_\_\_\_

### I. Client profile

**Individuals interviewed and/or consulted for the Assessment Plan**

*Date interview process is started:*

Functional Assessment 05/18/09, Mary Smith (client), Sara Androes HTT2, Rose Miller HTT2, Chandel Schnicker HTT2, Rose Attebery HTT2.

5/1/09

*Use this date on RTRs, ect.*

**Client identifying information:** Mary was born 12/10/1984 in Grants Pass, Oregon. Mary (Likes to be called Mary).

Mary has brown hair and eyes. She weighs approximately 300 pounds and stand 5 feet tall.

**Axis I:** Psychotic Disorder, NOS (by History: Impulse Control Disorder, Adjustment Disorder with depressed mood, Bipolar Disorder)

**Axis II:** Moderate Mental Retardation (WISC-3, Full Scale=40), Adult Antisocial Personality Disorder with Borderline Personality Disorder Characteristics

**Axis III:** Obesity

**Axis IV:** Psychosocial and Environmental Problems

**Psychosocial history:**

Mary's childhood and teenage years were chaotic, due to a highly dysfunctional family life. At age 15 Mary became pregnant with her brothers baby and reportedly engaged in sexual relations with her older brother as well. Following the discovery of her pregnancy Mary was moved to her sister's house where she stayed in a "rather stable environment" from the time her daughter was an infant until Mary turned 18. When Mary turned 18 her parental rights were terminated. Mary's sister (her guardian at the time) was finding Mary's behavior in her home unmanageable at that time so Mary was moved out of the sister's home and she moved back in with her mother. Mary is emotionally dependent upon her mother despite substantiated neglect and exploitation. Mary remains in telephone contact with her sister, who currently has custody of Mary's daughter. Mary has reported that even though she has occasionally drank beer and wine there is no indication that she has a problem with drugs or alcohol and has never been in a substance abuse treatment program.

Mary has had several incidents with the police the most recent are Criminal Trespass II (a class C misdemeanor) and two counts of Menacing (a Class A misdemeanor) and these charges have resulted from the following two incidents: On 12-1-03 Mary allegedly threatened neighbors in her apartment complex by swinging a hammer towards them and approaching them while making stabbing and slashing motions with a knife. She was arrested and taken to Josephine County Jail, where she was booked and released.

About six weeks later Mary trespassed at the Albertson's grocery store across the street from her apartment because she had been harassing another person while on that property. However, after leaving, as instructed, she later returned to the premises and police were called. The officer issued a citation for her to appear in court on Criminal Trespass II and Disorderly Conduct before placing her on a police officer mental hold and taking her to Three Rivers Community Hospital.

Mary and her family became homeless and Mary was found on 2-2-2004 living under a bridge. She was placed in foster care at this time. She was in as many as seven foster care homes, but all placements failed due to Mary's aggressive outbursts. Some of her behaviors included but were not

limited to throwing water on people, trying to break down doors, threatening other residents, threatening to burn down the house and engaging in self-injurious behavior of banging her head on the floor.

Mary was eventually admitted to OSH on 9-23-2004 after Mary's case manager Phyllis Mantle, and Craig Reed MD, advised the court that Mary would not be able to aid and assist in her own defense. This was her first OSH admission. Mary has had previous hospitalizations however at Rogue Valley Medical Center. Over the course of eight months Mary was hospitalized from 2-4-2004 through 2-6-2004...4-23-2004 through 4-26-2004 (Mercy Hospital)...8-29-2004 through 8-31-2004 and then finally 9-5-2004 through 9-7-2004. These hospitalizations were precipitated by her aggressive and self-injurious behaviors in foster home placements. In 2008, she moved to the SOCP Home. She shared one side of the house with a roommate for a short period. The roommate was moved when Mary began targeting her. On April 27, 2009 Mary moved to the SOCP 2nd Group Home.

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### Review of dangerous behaviors:

**BELOW:** In number 1-12 type the Name of the specific behaviors and behavior details.

#### Name of behavior 1. **Ingesting of non-edible objects**

Frequency: Data for the last 11 months indicates that this behavior has not occurred.

Context: When there is too much noise, too many people, reaching a high level of anxiety/mania; Typically occurs when she is alone or has unstructured time.

Duration: This behavior is usually very brief in nature.

Intensity/severity: Mary will put anything in her mouth to get staff's attention; it doesn't matter if it is small or big. This behavior has the potential to cause her harm due to risk of choking, aspiration or bowel obstruction, if she swallows the item.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

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#### Name of behavior 2. **Placing non-edible objects in mouth**

Frequency: Data for the last 11 months indicates that this behavior has occurred 47 times (ranging from 1 to 11 times in a month).

Context: When there is too much noise, too many people, reaching a high level of anxiety/mania; Typically occurs when she is alone or has unstructured time.

Duration: This behavior is usually very brief in nature.

Intensity/severity: Mary will put anything in her mouth to get staff's attention; it doesn't matter if it is small or big. This behavior has the potential to cause her harm due to risk of choking, aspiration or bowel obstruction, if she swallows the item.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

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#### Name of behavior 3. **Physical aggression**

Frequency: Data for the last 11 months indicates that this behavior has occurred 82 times (ranging from 1 to 21 times in a month).

Context: Home most often and occasionally in the community, staff report that when some staff do not closely follow the BSP it increases the chance of this occurring towards staff that do follow the plan and boundaries, staff are always present (usually more than one), sometimes clients are present, can be getting ready for work, getting into the vehicle, in the yard or home, go off property to the street, Mary may be starting an argument about something completely different and then go into aggression mode over something else, can occur over things like pop, snacks, breaks, disappointments from family

Duration: This behavior can last for several hours, with Mary taking breaks (usually to eat), then she will re-escalate.

Intensity/severity: This behavior can be severe and has the potential of seriously harming others.

Mary will maliciously strike out at staff and peers.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* **4. Self-injury (SIB)**

Frequency: Data for the last 11 months indicates that this behavior has occurred 69 times, (ranging from 1 to 22 times in a month).

Context: Home, but could occur in community, biting or hitting self occurs as part of her physical aggression under the same conditions as that behavior. She may engage in this behavior solely on rare occasions.

Duration: This can either be a very brief or last throughout her day, with breaks in-between.

Intensity/severity: This behavior has not been severe. She will engage in this behavior to get staff's attention and elicit a reaction.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* **5. Property destruction**

Frequency: Data for the last 11 months indicates that this behavior has occurred 67 times (ranging from 2 to 12 times in a month).

Context: Home, but could occur in community.  
Happens at any time of day, usually when she is not getting instant gratification, is not happy, any activity, other clients may or may not be present, staff are present

Duration: This behavior can last for several hours, with Mary taking breaks (usually to eat), then she will re-escalate.

Intensity/severity: This behavior can be severe and has the potential of seriously harming others. Mary will maliciously strike out at staff and peers.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* **6. Leaves supervised settings**

Frequency: Data for the last 11 months indicates that this behavior has occurred 3 times (ranging from 1 to 2 times in a month).

Context: Mary will display this behavior at home and in the community. Mary also has a history of harassing others, as well as trespassing on other's property. Has happened when she was talking to staff about routine things, leaves home to run away into the community, most attempts have had successful intervention to keep him on the property

Duration: A single incident can last for several hours.

Intensity/severity: This behavior can be quite severe, as it places Mary at risk of exploitation. In the past, Mary ran from staff and sat in the road until the police came and escort her back to the home.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* **7. Unsafe social behavior (verbal aggression)**

Frequency: Data for the last 11 months indicates that this behavior has occurred 123 times (ranging from 3 to 23 times in a month)

Context: Mostly at home, occasionally in the community, can occur any time, with anyone, during any activity, depends more on her inner mood and thoughts

Duration: Can be intermittent throughout her day.

Intensity/severity: This behavior is typically not severe, but it usually leads to more challenging behaviors.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* **8. Undesirable sexual behavior**

Frequency: Data for the last 11 months indicates that this behavior has occurred 82 times (ranging from 2 to 23 times in a month)

Context: Community mostly, at home can happen towards staff. On outings, when children are present in area, with staff, any time of day

Duration: This is usually brief in nature.

Intensity/severity: This behavior can be severe, especially in the community. Mary will make sexual advances, gestures, and comments toward others; she will strip and/or expose body parts, etc.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* **9. Use of objects as weapons**

Frequency: Data for the last 11 months is inconclusive on how often this behavior has occurred.

Context: Generally occurs at home but could occur in the community, especially when incident begins at home and then she leaves the site.  
Can happen any time of day, people present are staff and other clients, directed towards staff, during any activity when she gets angry at not getting instant gratification.

Duration: This behavior can last for several hours, with Mary taking breaks (usually to eat), then she will re-escalate.

Intensity/severity: This behavior can be severe and has the potential of seriously harming others. Mary will use whatever she can to throw at staff or peers

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* **10. Illegal behavior (stealing)**

Frequency: Data for the last 11 months is inconclusive on how often this behavior has occurred.

Home/community: Mary has a history of shoplifting in the community. This behavior can occur more at home, she will try to steal items from her peers and staff if given the opportunity.

Duration: Typically brief in nature.

Intensity/severity: Given Mary's history of shoplifting, this behavior can be severe as it has led to criminal charges being filed against her.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* **11. Suicide threats**

Frequency: Data for the last 11 months indicates that this behavior has occurred 82 times (ranging from 1 to 5 times in a month).

Context: Occurs at home. Occurs any time of day while awake, occurs during bigger episodes including physical aggression, using objects as weapons, property destruction. Usually occurs towards end of the incident when staff have attention focused on her due to violence.

Duration: Threats can occur throughout her day.

Intensity/severity: This behavior has not been severe, even though Mary has made multiple

threats to harm herself. She appears to make threats as a way to get staff's attention and immediate supervision.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* 12. **Suicide attempts**

Frequency: This behavior is more likely to occur at home. Data for the last 11 months is inconclusive on how often this behavior has occurred

Context: Occurs at home. Occurs any time of day while awake, occurs during bigger episodes including physical aggression, using objects as weapons, property destruction. Usually occurs towards end of the incident when staff have attention focused on her due to violence.

Duration: A single incident can last for several hours.

Intensity/severity: This behavior can be severe, even though her history shows that most attempts have resulted in superficial scratches or cuts

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* 13. **Liquid/food seeking**

Frequency: Data for the last 11 months indicates that this behavior has occurred 24 times (ranging from 1 to 7 times in a month).

Context: This is more likely to occur at home and during unstructured times or when she returning from the community and is expecting to have meals.

Duration: Typically, this behavior is brief in nature.

Intensity/severity: Though this behavior is not a serious risk for Mary, it can lead to more challenging behaviors

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

*Name of behavior* 14. **False allegations**

Frequency: Data for the last 11 months indicates that this behavior has occurred 4 times (ranging from 1 to 2 times in a month)

Context: Typically occurs at home with or without the presence of other clients; Usually occurs towards end of an incident, or during any activity when she gets angry at not getting instant gratification.

Duration: Usually brief in nature.

Intensity/severity: The allegations can be severe ranging from staff calling her names to physical abuse.

- Interferes with community or social participation     Threatens the safety of others or infringes on the rights of others  
 Interferes with skill acquisition or other activities     Is a risk to the health or safety of self

**Contributing medical conditions that may have an impact on an individual's behavior(s):**

Mary has health concerns due to her obesity. Many of Mary's behavior issues are around her food and liquid seeking. Her doctor has her on a low calorie diet, and this has a negative impact on her behaviors. Mary also has a poor self-image, which is evident when she makes fun of others that have weight issues. Other contributing factors are that due to her challenging behaviors she can not be with her family as often as she would like. She misses her family, especially her daughter, which in turn causes her to become depressed and aggressive. Mary's psychotropic medications may also impact her behaviors.

**How the mental health diagnosis manifests in the individual:**

Mary can display anger, aggression, and a disregard for rules. She will display disruptive behaviors quite impulsively. She will act out before thinking it through. Mary will display high-energy almost

manic episode that keeps her awake, even when she is extremely tired. She will become restless and easily upset. Mary may have overwhelming feelings of anxiety, self-worth, and suicidal thoughts. Mary has poor social skills and has a difficult time communicating her feelings. She will deliberately antagonize others and lacks a strong sense of empathy or remorse. Mary is very good at manipulation and lying. Her behaviors are often used as a way of testing the people in her environment to see how they will react. They also result from her lack of self-control and she uses them to punish those she feels angry with. Her family history shows a lack of clear boundaries and she does not appear to understand (or value) accepted social norms. Mary's limitations make communication slow and she has little capacity to abstract. Due to Mary's concrete way of thinking; she is unlikely to learn a concept as unclear as emotion identification through simple verbal interactions with others.

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## II. Client needs, preferences, relationships

### **Needs:**

Mary needs a secure home with magnetic door locks and alarmed windows to keep her safe. She needs a 2:1 in the community. Mary needs clear boundaries established at home, in the community, and with staff. She needs consistency throughout her day. Mary needs to work with staff that has a good attitude and a calmer approach. She needs positive interaction from staff throughout the day. Mary needs to know that staff likes her and cares about her. Mary needs a pica free, quiet area, like her bedroom that she can go to when she is upset. Mary needs to remain on a diet and practice her exercises often.

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### **Preferences:**

Mary likes to be the center of attention. She would prefer that her staff stay next to her all shift, and talk only to her and not her peers. Mary likes to stay busy at home doing tabletop activities. She likes to do lots of coloring and artwork and craft activities with her staff. Mary enjoys going on outings to the park for a walk. She likes to plan events and attend activities, she likes to go swimming and exercising at home and in the community. She likes to drink flavored water after she has exercised. Mary likes the color pink. She enjoys working and making money. Mary enjoys physical contact and getting hugs (but she does not understand appropriate boundaries) so staff give her high-fives instead. Mary likes the color pink and will choose items such as shirts, pants room décor, hair items, etc. that are pink. She likes to wear and apply her own makeup but at times may not wear it appropriately. She likes a variety of movies including DVD's and cartoons.

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### **Relationships:**

Mary's said her favorite people to be around are her family members. Her daughter Emma, Debra (mom), Heather and Savanna (sisters), Jim (father), and Shirley (stepmother), are all very important relationships for Mary. She likes to get cards and packages from her family, and visiting with them when she can. Phone contact with her family is very essential to her being happy and having a good day.

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### **Expressive communication:**

Mary can construct simple sentences. Mary can verbally communicate her wants and needs. She can name things and express her desires. When Mary is happy is social and enjoys talking to her staff and peers. Mary will speak slowly and often has to stop and think about which word to use. She speaks in a low tone and does not always pronounce her words clearly. Staff has had to ask her to speak louder and to repeat her request. Mary does not always make eye contact when she talks. Even though Mary may not always verbalize her thoughts or feelings, assume she understands everything that is being said around her.

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### **Receptive communication:**

Mary understands most of what others are saying but seems to respond better to staff that approaches her in a neutral, patient attitude. It may take her time to process what has been said to her, so staff should allow Mary time to process requests and information. She can misunderstand what is said to her and may jump to conclusion based on her emotional state.

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Mary has problems understanding what appropriate topics of conversations are and needs to learn appropriate social conversation topics especially in the community.

**Communication in distress:**

When Mary becomes upset she becomes hard to understand. She will mumble her words. Mary will cry and the more she cries the harder she is to understand. She sometimes just wails and screams and then it is hard to understand her as well. When she does this she is not speaking just making noise. Mary also has problems understanding what appropriate topics of conversation are. Staff need to model this for her so staff must not engage in questionable topics in front of her. If she begins talking about sexual or harmful topics or becomes threatening staff should cue her that those are not things we talk about and say something like “Let’s talk about (appropriate topic) instead”.

**III. Behavior definitions**

**Behaviors to increase:**

*Behavior to increase* 1. **Teaching appropriate social skills** *Define:* Staff teaching Mary manners and how to behave socially at home and/or in the community, throughout the day.

*Data collection:* Staff will put a hash on her data sheet whenever Mary is able to practice better social skills when cued at home or in the community.

*Behavior to increase* 2. **Communication/problem solving skills** *Define:* Staff will encourage Mary to express what she is feeling and try to help her understand why she is feeling that way.

*Data collection:* Staff will put a hash mark on her data sheet whenever Mary is able to express her emotions appropriately when cued.

*Behavior to increase* 3. **Relaxation/calming skills** *Define:* Staff will assist Mary to use calming skills when she is upset. (i.e., deep breathing, self-soothing, exercise, music, coloring, arts/crafts, etc.).

*Data collection:* Staff will put a hash mark on her data sheet whenever Mary is able to calm down when cued.

*Behavior to increase* 4. **Concern form** *Define:* There are times when Mary will become upset and wants to talk to management when they are not available. To help her cope she will be offered a concern form on which she can write down her issues and who she wants to talk to.

*Data collection:* Staff will put a hash mark when Mary has completed a concern form when cued.

**Behaviors to decrease :**

***Some have similar or the same “Triggers”:*** Used to support client in learning how to express his concerns in an appropriate manner.

*Elaborate in first reference similar “Triggers” and “Precursors.” Check box if different and explain.*

**Triggers:**

Mary’s triggers are not being able to get in touch with her family by phone, or if she is talking to them and does not want to end the conversation even though the other party needs to go. Mary becomes upset because she wants to see her family and be with them instead of just talking to them on the phone. She misses them and wants to leave to get to them. She wants more attention, or she is bored. She wants to get staff in trouble because they would not do what she wanted.

**Precursors:**

You can usually tell by Mary's body language, her tone of voice, her verbal request to use the phone, her inability to look at you when she speaks to you that she is about to have a problem, she becomes uncooperative with redirection and gets sweaty looking, and breathes a little faster and will cry or become weepy, with a quivering lip when you ask her what is wrong. Once the tears come you know she is truly upset and at this point redirection will be more difficult. She may become harder to redirect, she ignores verbal cues, she starts targeting staff and peers, she will start to talk louder and start using profanity. She is usually engaged in another behavior such as verbal or physical aggression and will make threats of pica to get attention or to try and get her way.

**Setting events:**

Sometimes Mary wakes up edgy and we are not sure why it tends to predispose her to having a tough morning: regardless of phone use. At other times she may be tired and hasn't taken a nap. Mary might be hungry; she did not get the food that she wanted, or seconds on food. Other setting events include wanting more attention or she is mad at staff/peers and wants to get even.

*Name of behavior* 1. **Ingesting non-edible objects**

This behavior involves her swallowing any small objects such as beads, crayons, buttons, clips, etc. when she is upset.

- Trigger same first reference       Precursor same first reference       Setting event same first reference
- Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet for every item she actually swallows. An Incident Report is required, and her doctor will need to be notified.

**Alteration criteria:** Each Occurrence

*Name of behavior* 2. **Placing non-edible objects in mouth**

This behavior includes putting any non-edible objects in her mouth such as paper, parts of toys, buttons, string, etc. when she is upset.

- Trigger same first reference       Precursor same first reference       Setting event same first reference
- Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet for every item she puts in her mouth.

**Alteration criteria:** Occurs more than 6 times in 3 consecutive months

*Name of behavior* 3. **Physical aggression**

- Trigger same first reference       Precursor same first reference       Setting event same first reference
- Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all aggression.

**Alteration criteria:** Occurs more than 15 times in 3 consecutive months.

*Name of behavior* 4. **Self Injury (SIB)**

This behavior includes biting, scratching herself, kicking, or hitting body parts on walls, windowsills, etc., with the intent to cause injury. This can also include - breaking glass or sharp items to cut herself.

- Trigger same first reference       Precursor same first reference       Setting event same first reference
- Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for SIB that results in bleeding/injury.

**Alteration criteria:** Occurs more than 12 times in 3 consecutive months.

Name of behavior **5. Property destruction**

This behavior includes grabbing/tearing things, breaking down doors or attempting to break down doors, intentional destruction of her or other's personal property.

- Trigger same first reference       Precursor same first reference       Setting event same first reference
- Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all destruction that is significant or the item needs to be replaced.

**Alteration criteria:** Occurs more than 6 times in 3 consecutive months.

Name of behavior **6. Leaving supervised setting**

This behavior includes leaving assigned area without supervision: When Mary attempts or actually leaves the house, work or community setting

- Trigger same first reference       Precursor same first reference       Setting event same first reference
- Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required

**Alteration criteria:** Each Occurrence

Name of behavior **7. Unsafe social behavior**

This behavior includes verbal aggression, yelling, screaming, profanity, as well as intimidation, manipulation, invading personal boundaries or threatening others.

- Trigger same first reference       Precursor same first reference       Setting event same first reference
- Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all public incidents

**Alteration criteria:** Occurs more than 15 times in 3 consecutive months.

Name of behavior **8. Undesirable sexual behavior**

This behavior includes stripping/exposing herself, touching a or grabbing at male private areas pinching males, making verbal comments and sexual drawings to males and female peers and staff and giving them to staff.

- Trigger same first reference       Precursor same first reference       Setting event same first reference
- Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all public incidents.

**Alteration criteria:** Occurs more than times in 3 consecutive months

Name of behavior **9. Use of objects as weapons**

This behavior includes using objects within the environment to cause injury or harm to others

- Trigger same first reference       Precursor same first reference       Setting event same first reference
- Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required.

**Alteration criteria:** Occurs more than 10 times in 3 consecutive months

Name of behavior **10. Illegal behavior (stealing)**

This behavior includes Mary stealing from her staff and peers, as well as shoplifting in the community.

- Trigger same first reference       Precursor same first reference       Setting event same first reference  
 Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required.

**Alteration criteria:** Each Occurrence

*Name of behavior* 11. **Suicide threats**

This behavior includes Mary saying she wants to die or kill herself, but does not act on her threat.

- Trigger same first reference       Precursor same first reference       Setting event same first reference  
 Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home.

**Alteration criteria:** Each Occurrence

*Name of behavior* 12. **Suicide attempts**

This behavior includes Mary making actual gestures or attempts indicating her intent to kill herself. Example: threatening to hang herself with the phone cord.

- Trigger same first reference       Precursor same first reference       Setting event same first reference  
 Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all attempts.

**Alteration criteria:** Each Occurrence

*Name of behavior* 13. **Liquid/food seeking behavior**

This behavior includes engaging in extreme behavior in an attempt to gain access to food.

- Trigger same first reference       Precursor same first reference       Setting event same first reference  
 Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home.

**Alteration criteria:** Occurs more than 5 times in 3 consecutive months.

*Name of behavior* 14. **False allegations**

This behavior includes Mary of making false abuse allegations towards providers and peers ranging from allegations of physical abuse and verbal abuse to allegations of sexual abuse with male staff and peers.

- Trigger same first reference       Precursor same first reference       Setting event same first reference  
 Trigger different, explain:       Precursor different, explain:       Setting event different, explain:

**Data collection:** Staff will put a hash mark on her data sheet whenever Mary engages in this behavior in the community or at home. An Incident Report is required for all attempts.

**Alteration criteria:** Each Occurrence

#### IV. Behavior functions

**Behavior chains / response classes:**

Mary usually has an escalation chain that involves her building up rather quickly. She will engage in food seeking behavior and that can lead into verbal/ physical aggression. As she escalates she will engage in more behaviors, such as SIB, property destruction, undesirable sexual behavior, and use

of objects as weapons, etc. If the above behaviors have not received enough attention from others she will put non-edible objects in her mouth or threaten suicide. Most of Mary's challenging behaviors are in the same class response and serve the same purposes.

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**Function of behavior(s):**

These behaviors appear to be a function of her mental health diagnosis. Mary will act out negatively when she has real or perceived issues that are unresolved. Any or all of these behaviors may be Mary's way of testing to see if others care enough about her to intervene and prevent her from injuring herself. They may also serve to provide her with an excuse or a way to avoid activities. In the community these behaviors may serve as a way of forcing third party intervention such as the police. Mary appears to want to be "rescued" by others and will often seek help from passers by during a behavior. Given her history Mary may want to know that others will intervene if she is truly being victimized. They may also serve the following functions:

**Ingestion Non-Edible Objects/Placing Non-Edible Objects in her Mouth, Physical Aggression, SIB, Property Destruction, Unsafe Social Behavior (Verbal Aggression): Undesirable Sexual Behaviors, Use of Objects as Weapons, and Suicide Threats/Attempts:**

Mary uses these behaviors to communicate her frustrations, as well as a way for her to control others in her environment. These behaviors are possibly because she has difficulty expressing her emotions and this may have been a successful strategy in the past for getting attention from staff, getting interaction with others, or possibly a form of self-expression however negative.

**Leaving supervised setting:**

This behavior functions as a way for her to get to her family by any means possible. She believes she can walk to her mother's house and when she gets upset, angry or misses her family. In the past, any time she has attempted to leave it has been with the intent to go to her mother who lives hundreds of miles away. Mary has difficulty with emotional regulation and this makes it tough for her to handle her feelings when they arise.

**Illegal behavior (stealing), Liquid/food seeking behavior:**

Mary uses these behaviors as a means to obtain more of the things she wants. She will use this behavior to get back at her peers, especially if she is jealous of them.

**False allegations:** This behavior functions as away to get back at her staff especially if she thinks that they did not give her something she wanted. It may occur as a way to vent frustrations with others, or her environment.

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**Functional alternatives to behavior(s):**

**Ingestion non-edible objects/placing non-edible objects in her mouth, Physical aggression, SIB, Property destruction, Leaves supervised setting, Unsafe social behavior (verbal aggression), Undesirable sexual behaviors, Use of objects as weapons:**

**Teaching appropriate social behavior:**

Staff should always model appropriate behavior at home and in the community. Staff can be courteous saying "please," "thank you," and "excuse me." Staff should encourage Mary to also say "please" and "thank you" etc. This can be done by incidental training as the situation applies. Staff will also provide ways for Mary to learn and practice her manners at home and in the community. Staff will provide examples of what good manners might be exhibited in the community prior to an outing. Staff will give Mary positive recognition when she is appropriately interacting with others. Staff will also teach Mary to respect people's personal boundaries, and personal property.

**Communication/problem solving skills:**

Mary is verbal but she lacks the ability regulate her emotions and to work through problems. Support Mary in learning to express her emotions appropriately. Staff can cue Mary to communicate her needs and what the problem may be. Mary can collaborate with staff on boundaries, responsibilities, and get support from staff to find a resolution. Mary does better with staff that has a

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firm but gentle tone of voice. If she is missing her family, staff can cue her to write to them, send a card, or call them to talk.

**When problem solving with Mary discuss the following:**

- What is the problem? Encourage Mary to talk about why she is upset. Stick to the facts. Allow Mary the opportunity to vent her anger/frustration verbally but always take it at her pace: do not force the discussion unless she is ready and willing.
- Validate her emotions. Example: (“I can tell that you are upset because you miss your daughter. You must be very frustrated that you can’t see them as often as you’d like”).
- What would she like to see done to resolve the problem? (Explain that this is just an idea: the resolution will not always be what she would like). Reassure Mary that you are “here to help her” and that “she is safe.”
- Having a calm tone of voice and flat affect. Do not raise your voice or speak too authoritatively because this will make her become defensive and react defensively.
- Mary does not like to hear the word “no” so offer her choices rather than demand or instruct her to do something else.
- What could she do right now to stay calm and continue with her day until the problem can be solved? (i. e., calming strategies or participating in another preferred activity, etc.).

**Other tips for problem solving with Mary include:**

- Modeling coping skills for stress (i.e., taking deep breaths, and asking her to do the same with you).
- Displaying a non-threatening posture (i. e., anchoring hands and maintaining a physical boundary).
- Utilizing non-verbal communication (i. e., making eye contact, etc.).

**Suicide threats/attempts:**

**Relaxation/calming skills:**

Calming strategies should be used to teach Mary appropriate ways to communicate her need to relieve anxiety and to calm.

- a. Mary should be encouraged to take a deep breath when she is becoming escalated. Staff should model calming behaviors with her. For Example: Staff can take a deep breath and ask Mary to take a deep breath with you. Staff should have a calm voice and flat affect.
- b. If Mary is open to trying some relaxation techniques staff should cue her to take 10 deep breaths. If this is not effective staff should cue her to try muscle relaxation. This can be done by having her tense each muscle group, and then systematically relax each muscle group.
- c. Other calming strategies include: writing in her journal, listening to music, taking a shower, etc. Staff will give Mary recognition and praise whenever she is able to use her calming skills versus acting out emotionally or physically.

**False allegations:**

**Concern forms:**

Many times Mary will have issues that she wants immediately attention, however she may want to speak to the Site manager, BVS2, or BVS1 but they are not available. At these times, staff can help Mary with her issues by helping her complete a concern form. Staff can validate her feelings, and ensure her that the concern form was left for the persons in question to review. Many times, this will help her to calm down. It is also a good opportunity for staff to try to build a bond of trust with her.

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**Incentive plan:**  Not applicable

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## V. Proactive strategies

### Supervision levels (general)

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Check if applicable	Awake: Bedroom	Asleep: Bedroom	Bathroom	Kitchen	Living / Dining Room	Laundry Room	Yard	Stores	Parks	Restaurants	Crowded Community Events (fairs)
Not allowed in room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - feet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
10 - feet	<input type="checkbox"/>										
In the same room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Visual contact at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15 – minute visual checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 – minute visual checks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hourly visual checks	<input type="checkbox"/>										
Check visual every 2 - hours	<input type="checkbox"/>										
Other:	<input type="checkbox"/>										

**Supervision levels (other):**

Check if applicable	Other: Dances	Other:									
Not allowed in room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
10 - feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the same room	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Visual contact at all times	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
15 – minute visual checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 – minute visual checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hourly visual checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check visual every 2 - hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**General staff interaction guidelines:** Staff must always remember that this is Mary's home and we are here to assistance and enhance her life. We must always treat her with respect and dignity. Always follow Mary's staffing expectation sheet. This is kept in the front of her residential and community program book.

1. Staff has the responsibility to change or modify their behavior to best fit and work with Mary. Staff must leave their ego behind and have genuine empathy (understanding).

2. Staff should not enmesh themselves in Mary's life (i. e. being overly involved, a rescuer, aligning with her against other staff, trying to solve all her problems). Staff should not have a punitive approach (i.e.

sarcastic, judgmental, angry, condescending, or hostile, etc.). Staff should strive to be nurturing (i.e. constant, consistent, calming, and compassionate, etc.).

3. Staff needs to inventory Mary's clothing and toys. Mary should not have clothing with buttons, ribbons, etc. Mary's toys or stuffed animals should not have plastic parts on it that can be removed, such as eyes, bows, etc. Mary will put these types of items in her mouth (example: she has ripped out the under wire in her bra, she removed interactive parts from a musical card and another time pulled off the reflective stones from a decorative frame and put them in her mouth during a behavior). Mary can have two stuff toys in her room, pictures with no frames.

4. Staff should take time to initiate contact with Mary often throughout the day. Mary should be offered as many choices as possible throughout the day in order to meet her need for increased independence. She enjoys coloring, clay work, and watching TV cartoons. She seems to want staff to do these things with her or at least get her started and stay in the area. Mary also enjoys working simple math problems on paper. She likes walks, parks, shopping and animals. We will work these things into her day program as much as her behavior will allow.

5. Mary will be assigned a primary staff. All redirection and cues should be by her primary staff. If she asks another staff questions, they should cue her back to her staff. While in the house staff must be with her in her living area at all times. If the staff with Mary needs to leave the area they will wait until the other staff arrives before leaving. Both staff will carry an emergency buzzer with them at all times during their shift. The staff in Mary's living area will carry the emergency buzzer transmitter and the other staff will carry the receiver. This will be used to signal an emergency which requires immediate response. The staff receiving the message will respond by going to Mary's area without delay.

6. Mary seems to respond well to a highly structured environment. Mary needs to have consistency with her staff and her daily activities. She needs to be kept busy throughout her day and have a variety of things to do that will keep her motivated. Make sure that we offer her lots of choices of activities, especially when she is at home. Staff must monitor all craft activities due to possible pica issues. However, any use of scissors should be closely supervised and the scissors locked up at the end of the activity. She will often give her pictures to staff that she wants to have them.

7. Staff will not get into a power struggles with Mary, especially if it involves a request. If it is not possible for staff to honor her request, staff will simply explain to her why it can't happen and then help her to move on to another activity or subject more pleasing.

8. Mary enjoys teasing others. If Mary is in a playful mood and begins teasing, staff needs to help Mary remain appropriate. Staff needs to establish clear boundaries with Mary. Mary likes to get a hug from staff and if staff is uncomfortable with that they should let Mary know and they can offer her a high-five instead. Staff should consistently follow their boundaries for each client so Mary does not become jealous of her peers. It is best policy not to make promises to Mary. If you promise to do something and it cannot follow through on that promise, you will have seriously compromised your credibility with Mary.

9. If Mary wants to talk to her staff, sit in a quiet area and talk to her. Use active listening skills so she knows that you understand what she is trying to communicate to you. Explain things to Mary in specific terms that she understands. She often responds better to having one person speak with her as opposed to having several people telling her what to do. If you cue her too much or have too many staff in the area she often escalates to a point where staff are unable to redirect her. Staff should not dwell on Mary's past bad behavior, let it go and move forward, if you don't Mary can't.

10. Staff should constantly scan the area for things that Mary could put into her mouth. Staff should make sure that small objects such as coins, batteries, caps, and pens, etc. are kept secure due to the risk of pica.

11. Staff should keep their conversations under control. Staff should not talk about their personal lives in front of Mary. If staff has a disagreement with another staff, they should never talk about issues in front of Mary. Staff needs to be modeling appropriate conversations.

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### **Community Access:**

1. Staff will follow Mary's staffing expectations at all times. Mary requires a 2:1 whenever she is in the community. Staff needs to maintain close supervision in the community, due to her negative behaviors. Staff should constantly scan the area for things that Mary could put into her mouth and pick them up before she sees it (home and community).
2. As Mary has issues with mailboxes and inappropriate interactions with neighbors we will not start walks from the house. If Mary wants to go for a walk staff should take her to a non-residential, un-crowded area.
3. When going on an outing or doing an activity, make sure you give Mary a time frame, example: We are going to the store we will be gone an hour. She likes to know what is happening and what to expect.
4. Staff will rehearse with Mary where she will be going and what she will be doing. When Mary goes to stores staff should inform her of where they are going and what they are doing. At no time should Mary have coins to carry, due to the potential of pica.
5. If they are going to make a purchase then staff should let Mary know exactly what they are going to purchase before they even get to the store. If Mary misses an outing due to behavior she will need to resubmit following the outing request guidelines.
6. Staff should remember that when going to appointments it is best to remind her she can have pop on the way home (either a drive through or store depending on her behavior). They should also plan her outings so Mary is returning home at mealtime.

### **Outings may vary depending on what behavior she has engaged in and will be as follows:**

Mary will need to be free of all negative behaviors and precursors before going out of the house. After a challenging behavior has occurred the first and second outings will be limited to drive through. The third outing should be to a non-crowded park or area where she will have limited contact with the community. After three successful outings and no more behaviors Mary will be allowed to return to her normal activities.

- For unsafe social (verbal aggression) or illegal behavior (stealing) Mary will need to exhibit 2 hours of calmness with no negative behaviors or pre-cursors to negative behaviors.
- For physical aggression where injury has not resulted, threats to leave the supervised setting, and/or SIB, or undesirable sexual behavior Mary will need to have 4 hours of calmness with no negative behaviors or pre-cursors to negative behavior.
- If Mary engages in physical aggression that results in injury to others, makes an attempt at property destruction, makes an attempt leaving the supervised setting, uses objects as weapons, suicide threats, or places a non-edible object in her mouth, her outing will be on hold for 8 hours. Staff will check on Mary every ½ hour for the next 8 hours.
- If Mary makes an attempt at suicide; her outings will be on hold for 24 hours. Staff must conduct a 24-hour safety watch. Staff must check on Mary every 15 minutes for the next 12 hours, and every ½ hour for the next 12 hours (for a total of 24 hours).

**Note:** At any time management has the option to put outings on hold if it appears that she is being unsafe or could pose a danger in the community.

### **Community restroom procedure:**

1. Staff should cue Mary to use the restroom before she leaves the home. The goal is to try to reduce the need to use a restroom in the community.
2. Before leaving the home, the staff should mentally plan the outing including identifying public restrooms that are along the route.

3. Before Mary can use the restroom staff must check the restroom for potentially dangerous material that she could possibly try to ingest or place in her mouth.

If Mary is accompanied by male staff, a single occupancy restroom will need to be identified and used. The male staff should be posted at the restroom door with the door closed to allow for privacy. Staff should not allow anyone to enter until Mary is out of the restroom.

If Mary is accompanied by female staff, then staff will enter the restroom with her and provide supervision. If Mary needs to use the toilet in the enclosed stalls, staff will post themselves outside the stall door with the door closed to allow for privacy.

### **Outing requests:**

Mary will need to submit outing requests for all outings. These forms need to be submitted in advance and must be approved by the site manager. Staff will help Mary to complete outing request. Outing request should include Mary participate in community activities that include peers of her own age group. Staff assisting Mary with submitting outing requests should encourage her to make healthy food choices and follow her diet by helping her to select restaurants that have reduced calorie items (i.e. Subway instead of McDonalds). Use menus for these restaurants to select items and write what she is going to get on the outing request. Mary will need to identify what she will be purchasing on the outing request form. When she gets to the store, she is only to purchase what it says on the form. If Mary wants another item or something other than what it says on the form, staff will inform her that she can fill out another outing request form for that item when she gets home.

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### **Other:**

#### **Dietary Guidelines:**

**Diet:** Mary is on a strict 1800-calorie diet as prescribed by her physician. Mary has no texture modifications to her food however; staff should assist in cutting her food into pieces no more than 1 than 1 square inch. If possible use smaller plates. This makes the portions appear larger. Mary likes her food hot so it may be necessary to re-warm her food in the microwave. However, Staff will heat her food up one time for .30 seconds, however if for some reason she leaves the table to go to her room or the bathroom, staff can heat up her food again for another .30 seconds. If Mary is still not satisfied with her initial meal she may have a salad with fat-free dressing. The salad should have no pasta, meats, or anything other than vegetables.

**Snacks:** Mary has 4 snack times. It is important to keep the scheduled snack times to prevent power struggles over food. Her snack times are 10 am, 3 pm, 8 pm, and 9 pm. Her snacks should not exceed 50 calories. Communicate with other staff, as she will try to manipulate staff into an extra snack. **DO NOT GIVE MARY FOOD OUTSIDE OF THE SCHEDULED TIMES AND / OR EVENTS.** Staff should always encourage Mary to avoid concentrated sugars such as candy, regular pop, cookies, etc. Use a sugar substitute when available for outings plan ahead with Mary and choose restaurants that offer healthy food choices and if possible discuss what you will order. Staff should model by choosing healthy foods.

#### **Exercise Program**

Mary has an exercise program to assist her with weight loss and has been doing this on a fairly regular basis. When it is time for Mary to exercise staff should present this in a positive and fun manner in order to encourage and motivate Mary. She will have a bowl with several exercise options written on slips of paper. She will draw a slip each day to determine what activity she will do for the day. If staff cue her to exercise and Mary refuses staff should give her some time and try again later and/or possibly have a staff that has been successful in getting her to exercise in the past try to help. She receives flavored waters for exercising only.

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### **Hygiene Guidelines:**

Mary's hygiene supplies are kept locked at all times. Mary will ask staff for access to her hygiene supplies. Mary must remain outside the bathroom door whenever staff unlocks the drawers due to her grabbing her peers' personal items. Staff must closely supervise Mary when she is using her hygiene products. Staff will give Mary small med cups to put in her mouthwash, shampoo, conditioner, and body wash. Staff must lock the hygiene drawer before they leave the area.

### **Kitchen/Laundry Room Guidelines:**

Mary is not permitted into the kitchen, laundry room, or office due to health and safety issues and the potential risk of injury. Staff are to insure that the kitchen and laundry room doors are always shut and locked. If staff are in the kitchen the door is to be locked at all times. At no time should the kitchen, laundry room, or office door be open for Mary to enter. She should be no closer than 5 ft. of the kitchen door at anytime, especially if you are trying to open it for any reason.

### **Media Guidelines:**

Mary currently has no media restrictions, however, historically if shows that watching movies or shows that have a lot of violence, and/or sexual scenes, has had a negative impact to Mary's moods and behaviors toward others. Therefore, she should not watch or listen to any media in the common area of the home that contains nudity, sexual intercourse, or excessive or unnecessary violence. Mary should not listen to any music in the common area of the home that contains explicit language or lyrics that are sexual in nature. Staff should evaluate the movie/shows/music for content before letting her watch it. All movies, shows, and DVDs should be of a therapeutic nature and should accentuated positive feeling for Mary.

### **Telephone Guidelines:**

Mary has a close relationship with her daughter Emma, her mother, her sister, her dad and her stepmother. Mary calls her family on a regular basis and likes to be involved in their lives even though they may be a distance away. Mary will have phone access to make long distance calls to her family to prevent power struggles.

- Mary can make 3 calls each day approximately 10 minutes for each call. If no connection is made the call will not be counted against her 3 calls. Mary can call her family at the pre-requested times. Please see the list in Mary's residential book. Phone numbers will also be on the list in the book.
- Mary needs to use her phone card to make these calls, and she may leave messages each day to each of these people, but she is only to have actual conversation with family/friends for a total of 30 minutes a day.
- A log of these calls would be made in the phone log as well as Mary's progress notes in the residential book. Please make a note of all messages left as well as actual conversations that take place between family friends and Mary.
- Be prepared that Mary usually has issues after conversation with her mom and sometimes family. Please make a detailed note in the progress notes about what those issues may be and if it becomes behavioral please give us a good clear picture of what that looked like
- Mary has also been known to display the following behaviors in regards to the telephone: chronic and persistent demands for the phone (even if she just used it), property destruction, threats to hurt staff or self, attempting to leave assigned area, verbal aggression, and physical aggression or suicide attempts or threats.
- Mary's phone usage is contingent on her behavior. If Mary displays any negative behaviors in regards to the telephone, staff is to remind Mary that her behaviors need to be appropriate to use the telephone. She will need to display appropriate behavior for 30 minutes and agree to the appropriate telephone usage rules before using the telephone.

Prior to Mary using the phone, staff to review the following appropriate telephone usage rules with her:

- 1.) Mary to ask appropriately to use the phone.
- 2.) Mary will only call family during designated times (as requested by her family).
- 3.) Staff to dial the telephone for Mary then hand her the receiver only (in the past, Mary took the telephone into her room and called 911).

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- 4.) Mary will use her calling card for all long distance phone calls.
  - 5.) Uses the telephone receiver with staff supervision in the living room or dining room only.
  - 6.) Mary agrees to hand the telephone receiver to staff as soon as she has finished her call.
  - 7.) Mary's behaviors needs to be appropriate for at least the 30 minutes before making a scheduled call to her family.

### **Visitation/ Family Gifts**

Mary will have no visitation/visitors without prior approval from management. Mary lived at home with family members a good majority of her life. Her family life has been unstable even prior to placement. She has ongoing contact with her mother, father, sisters, and daughter. Mary send lots of packages and other items to her family, she obviously cares for them. However, Mary will give them any of her personal items and they will unfortunately take them. She gave her mother her digital camera that had been purchased the month before. Her mother said that she would return it, but after several phone calls she still hasn't returned it.

Therefore the following has been put in place: Mary may give her family, on visits or in packages, personal items that have a value of 10.00 or less. The exception to this is items that have been purchased specifically for an individual, most often her daughter Emma. Those purchases are usually approved via "outing slips." Always keep in mind that her family will take anything that Mary offers regardless of the value. Any items that are valued over \$10.00 will need to be approved by the ISP team. Staff cueing Mary that the transaction needs to be approved by the ISP team should be sufficient. However if she persists then contact the Site Manager who will then speak with the family. If, for any reason you are unable to avoid the exchange then contact the Site Manager.

Any items that Mary's family brings her need to be in compliance with her program (ISP, BSP, Protocols, etc.). If they offer items that are not within the guidelines of the program then tactfully acknowledge that by cueing Mary "Is that something that you can have here?"

Do not press the issue. If they insist, just place the item in the office when they leave and leave a note for the SM. The ISP team will review it and/or approve it later.

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## **VI. Reactive strategies**

### **Room Checks:**

1. Staff will complete her room checks are to be completed 3 times daily-one time on day shift and two times on swing shift (One at the start of swing shift and one at the end of swing shift).
2. When doing Mary's room checks staff will be careful with her personal belongings and re-arrange her belongings appropriately. Staff will look for potentially dangerous materials, as well as looking for items that she may have stolen from staff/peers or in the community.
  - a) If Mary has taken an item from staff or peers, or staff observes Mary with an item that is clearly not hers, staff should ask her about the item in question. Staff can ask her staff or peer if they are missing anything. If they say "yes" then staff should ask Mary to return the item. If Mary complies with request staff should acknowledges her and say, "thank you." If Mary denies that she has taken the item or refuses to give the item back to the staff or peer. Staff will remove the item(s) from her room. Staff should try to avoid a power struggle with her. Staff should simply end the conversation, notify the site manager of the incident and record a mark on her data sheet for stealing and complete an IR.
3. Examples of places to search include but are not limited to: under her bed, between her bedding, under her mattress, containers, toys, etc. (most of Mary's personal belongings should be locked in her closet due to the nature of her challenging behaviors and potential pica).
4. Staff must remember to put their signature and title in the appropriate box each time after a room check has been completed.

### **Pain:**

Recently there have been several incidents with Mary where she has become upset and engaged in maladaptive behavior and it was later found that she was experiencing tooth pain or other pain such

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as headaches. It is possible that many of her behaviors may be triggered by her experiencing pain and being unable to effectively communicate this. As a result, when Mary begins to engage in her mal-adaptive behaviors or begins to show signs of agitation staff should ask Mary if she is experiencing any pain. If she is staff should give her the appropriate PRN pain medication for her complaint. This will hopefully help us to avoid some of her behavioral issues.

### **General reactive strategies:**

- Before behavior problems occur staff should be responding to Mary's request in a polite and positive manner (i.e. can I have a snack, will you color with me, or can I have my food heated, etc.). Staff's appropriate interaction can and has made a difference in dealing with Mary's difficult behaviors.
- At times, Mary is responsive to singing (e.g. the "hokey-pokey"). When Mary begins to show her precursors, staff can attempt to engage Mary in singing.
- It is important to remember to not focus on Mary's maladaptive behaviors. That is, staff should not cue Mary to stop doing something (e.g. Get off the table, etc.).
- Though we want to encourage Mary to utilize her problem solving and relaxation skills to move through issues that are concerning her, encouraging her to use these as she escalates is not always appropriate. If Mary begins to use these techniques, staff should provide positive reinforcement and support her in using them.

### **Community:**

When planning an outing it is best to schedule it so that you are returning at meal time. If you cannot do this make sure you have an activity Mary enjoys for when she gets home. Before leaving make a point of discussing with Mary what you will be doing after the outing, either a meal or activity.

If Mary begins to ignore cues or starts to act out staff should remind her about the planned activity at home. Do not focus on her negative behavior but encourage her to go home so you can eat/do activity.

### **Placing non-edible objects in her mouth, Physical aggression, Property destruction, and Use of objects as weapons, Self injury (SIB):**

#### **Staff response:**

- Staff should remove any items that she can break or that can cause a threat to health and safety.
- If she has an item in her mouth staff will simply say, "When you are finished with it you can put it on the floor/table." Staff will not raise their voices or show any emotions at all. Staff will cue her peers away from the area. Staff will place themselves in position to keep her peers safe. Staff will be close enough to intervene, but only if necessary.
- Staff will proactively disengage from Mary. This means that Staff will stop talking to Mary, but they will maintain supervision. Staff will be present with Mary and use active listening techniques.
- If Mary continues to escalate, staff can redirect her to her next scheduled activity. In doing this, staff will want to focus on not cuing Mary to stop what she is doing, but rather redirect her to what activity is next. In doing this, staff should say, "**Mary, Let's get off the table and work on your crafts (or next scheduled activity).**"
- If Mary continues to escalate, staff can encourage Mary to go to her room. Mary's room is her safe area and staff can ask her to go into her room where she can engage in calming skills to relax or a preferred activity of her choice. Staff will give Mary praise if she agrees and removes herself from the stimuli's.
- If she does choose to go to in her room, staff will check on her to make sure she is doing okay and not engaging in maladaptive behaviors. Once Mary appears calm you can resume normal staffing expectation guidelines for Mary.
- If Mary refuses to go to her room and/or is cussing or threatening to hurt herself, Staff will maintain close supervision but they do not need to stand right next to her. Staff will be

close enough to intervene if necessary.

- **If at any time Mary threatens to bite or harm herself, staff will remain calm and will not intervene unless she has caused an injury or bleeding.**
- If the situation is not conducive to the other strategies previously described or if it does not seem likely that she will respond; staff can simply acknowledge that she seems upset about something. Staff can offer to talk when she is ready, and monitor her (while keeping a close eye on Mary, maintaining their distance and protecting others as necessary).

**Note:** Staff must not be alone with Mary at any time. If she needs assistance in her bedroom or the bathroom, etc. 2 staff must be present.

### **Leaving supervised setting:**

Staff must also be sure that all gates in the yard are securely locked before she goes outside, and before she re-enters the home after an outing, staff will re-check the home to see that all internal doors are secure. Oak Street is equipped with magnetic locks, alarmed windows, and fences around the premises. **If Mary attempts to climb out of her bedroom window into the yard:**

#### **Staff response:**

- Staff will need to immediately respond whenever Mary's window alarm is activated.
- Staff will redirect Mary to her next scheduled activity. Staff will do this by saying, "**Mary, let's move away from your window and watch a movie (or next scheduled activity).**"
- Staff will encourage her to stay in the house (but will not physically prevent her from exiting, as this would be even more dangerous).
- Staff will increase supervision.

#### **If Mary actually leaves staff supervision at Oak:**

##### **Staff response:**

- Staff will immediately cue her back to the house.
- Staff will carry the cell phone and call the house for additional staff support.
- If Mary is ignoring staff cues; staff will need to intervene to keep her safe (implementing crisis strategies).

#### **If Mary is missing from the home:**

##### **Staff response:**

- Staff will complete a thorough search of the home premises.
- Staff will notify the site manager that Mary is missing.
- Staff will then notify the Program Manager and the police that she is missing.
- If Mary is not found within 15 minutes, staff will need to notify the case manager and her guardian.

#### **If Mary is missing in the community:**

##### **Staff response:**

- Staff are to call 911 and call the house for additional staff support.
- Notify the Site Manger and the Program Manager.
- Continue to search the area in which she was lost.

### **Unsafe social behavior/ Undesirable sexual behavior:**

##### **Staff response:**

If Mary is talking to her peer or staff in a way that is not appropriate, staff can redirect her to a more appropriate conversation topic/activity. For example, "**Mary, let's end this conversation and talk about\_\_\_\_\_.**" Staff can encourage Mary to use her appropriate social behavior. If she is in the community, cue her to return to the vehicle and if she continues return to the home. If Mary is at

home, staff can encourage her to go to her room and let her know that you are there to talk to once she is calm.

### **Illegal behavior (stealing):**

#### **Staff response:**

Staff should be aware of Mary's whereabouts and actions at all times. All staff personal belongings should be kept in their vehicles or locked in the office. If Mary is in the community and engages in shoplifting, staff will cue Mary to put the item back and suggest to her that they put in an outing request for the item upon returning to the house. If Mary does not follow staff cues, the outing will be terminated and Mary will be returned to the house immediately.

### **Suicide (threats/attempts)**

Staff is to quickly assess the degree of risk using the following criteria:

Does Kim report that she is going to harm herself?

Does Kim have a plan for hurting herself?

Does Kim have the means (immediate access) to carry out this plan?

Examples:

**Low risk:** Kim reports she's going to kill herself by jumping off a bridge as she's standing in the kitchen. See Threats section for response.

**Moderate risk:** Kim reports she's going to swallow something. While she does not have access to the PICA item, she may have some items hidden in her room. Go to Crisis section.

**High risk:** Kim reports she is going to cut herself and she has a sharp piece of broken glass in her hand. Go to Crisis section.

Staff will maintain constant supervision. However, due to Kim's need for attention no more than 2 staff should be observing her, unless it becomes necessary for more staff to be involved.

Staff will proactively disengage from Kim. This means that Staff will stop talking to Kim, but

they will maintain supervision. Staff will be present with Kim and use active listening techniques.

If Kim continues to escalate, staff can redirect her to her next scheduled activity. For example, staff should say, "**Kim, let's put down the sheet and have lunch (or next activity).**"

If the situation is not conducive to the other strategies previously described or if it does not seem likely that she will respond; staff can simply acknowledge that she seems upset about something. Staff can offer to talk when she is ready, and maintain constant supervision.

### **Liquid/food seeking behavior:**

#### **Staff response:**

Staff would need to cue Mary to make good choices, and encourage her to be healthy. When working with Mary staff should provide positive reinforcement to Mary when she does make healthy choices and should provide Mary with positive encouragement for the weight that she has already lost. Mary is on strict diet orders from the doctor and these orders need to be followed consistently. Staff needs to give Mary only the portions listed on the menu and will need to note any substitutions. If Mary does not follow her diet orders for any reason (including going out to eat) staff would need to circle her diet order on the MAR and document on the back of the MAR the reason that she did not follow the order.

**False allegations:** Staff will treat all allegations of abuse as serious. They will respond to Mary in a flat effect and simply ask her what happened. Do not agree or disagree with anything she says. Complete a detailed Incident Report and notify the Site Manager.

## VII. Crisis strategies

### **General:**

Due to Mary's size one person PPIs (except Belt Shirt) are not recommended. It is unlikely staff can get their arms around her without restricting her breathing. Mary will attempt to injure staff while in a PPI. She hits, kicks, spits and bites while in a PPI. If a third staff is available it is helpful for them to put a barrier between Mary and staff to prevent her spitting. Staff also need to be aware that Mary can target one side of a PPI while appearing calm on the other side. If she is targeting a particular staff it may be helpful to switch that person out if possible.

During a crisis this is not the time for staff to raise their voices or get into a lengthy conversation. This is the time to keep it SIMPLE: the less said the better to help her calm down. This is also NOT the time to ask Mary to express her feelings.

### **Guidelines for removal of items during a crisis:**

If Mary engages in **Ingestion Non-Edible Objects/Placing Non-Edible Objects in her Mouth, Physical Aggression, SIB, Property Destruction, Use of Objects as Weapons, and Suicide Threats/Attempts**: in her house or her room: Staff will need to remove any potential material that will harm her or others and that may pose a risk. At least 2 staff needs to be present to remove dangerous items.

Her room will be locked and she will remain in the main area of the house until she has been without any problematic behaviors for at least two hours.

### **Staff will implement the following procedures:**

If Mary engages in **placing non-edible objects** in her mouth, her room and her home will need to be cleared of all possible pica items.

If Mary were using items in her room or house to engage in **SIB** those items would need to be removed.

If Mary engages in **property destruction** her room will need to be cleared of all items that pose a safety risk to her or staff.

If she is engaging in **using objects as weapons** towards staff and is throwing/hitting with items in her room or house those items would need to be removed.

If Mary engages in **suicidal behavior** staff will need to clear the room of items that she can use to attempt suicide.

Staff may remove items from her room at her request when she is feeling upset or unsafe. Once items are removed they should be placed in a locked location until the site manager has reviewed the situation and has given the staff instructions to return the items

Staff will need to complete the SOCP client removal form (located in her residential program book).

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### **Program Protective Physical Intervention (PPI's):**

#### **OIS Approved Protective Physical Interventions (PPI) During Crisis:**

The Oregon Administrative Rules (OARS) define physical intervention as "any manual physical holding of or contact with an individual that restricts their freedom of movement". Before using a Protective Physical Intervention (PPI) staff should concern "What is the worst thing that is likely to happen if Mary isn't restrained right now?" A PPI is to be used only for health and safety reasons, and if absolutely necessary.

**Staff response:**

Staff will follow the least to most restrictive intervention in order to assure health and safety.

If Mary has become aggressive to the point where she poses a threat to herself or others and non-physical interventions have not been successful, staff can utilize the following PPI's:

1. Staff may utilize a limb capture.
2. Staff may utilize body positioning to prevent her from leaving the supervised setting, or to keep others safe.
3. Staff may utilize an OIS Belt-Shirt for no more than 5-10 seconds, to redirect her if she is trying to escape/run into traffic or keep her from hitting others.
4. If Mary's behavior becomes increasingly unsafe staff may utilize an OIS Backward Escort to the safest area.
5. If it is not possible to use the intervention mentioned above, and the risk of injury to Mary and other is increasing, staff may utilize: an OIS Approved One person One/Two-Arm Support.

**Note:** All 1-person One/Two-Arm Support requires proper height/weight ratio.

**Also note:** If Mary starts to become aggressive toward staff or peers, or tries to climb on the table, staff will proceed with the following:

- a) If Mary attempts to climb on the table, staff will want to assess the danger of letting her climb it versus physical intervention. Mary typically will climb on the table to break something (i.e. sprinkler system, etc.). Staff may need to clear items from the table and/or ask her peers to move from the area to ensure their safety. Staff should remain close enough to ensure that she is safe in climbing up on the table (**staff will not assist or encourage her to do so**). In many cases, once Mary has climbed up on the table, she will sit/lie down. (The intention is to keep her safe so she doesn't fall and so staff does not get injured in attempting a PPI).
  - b) If Mary breaks free from staff, staff should back away and attempt to re-implement the PPI. Staff will not get into a conversation with her about her actions. All cues should be short and direct, and only if needed. If Mary drops to the floor, staff will back away and give themselves more space.
  - c) Once Mary is in her room, staff will close her bedroom door, but staff will maintain supervision audibly with her staff directly in the hall by peers' door. The second staff will be between the laundry room and bathroom door, in case staff have to intervene or re-escort her to her room. (Mary's bedroom should always be bare except for her pictures on the wall and bedding items. All items that have the potential to cause injury should have been previously removed).
  - d) A third staff will position his or herself outside the hall back door, just in case Mary climbs out of her window. However, staff will stay out of Mary's line of vision--You are to be there only as a back up if necessary.
6. Staff may utilize an OIS Approved 2/3/4 person Standing or Sitting (wall/couch) PPI for safety reasons.

**All Protective Physical Interventions (PPI's) require an Incident Report.**

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**When to Abort the PPI**

If one or more staff are not able to safely control Mary staff need to abort the PPI. They are also required to follow all OIS guideline to monitor Mary's breathing and general health during all PPIs. If she is having difficulty breathing or shows any other signs of distress staff will abort the PPI. Finally, because Mary will attempt to slide down onto her back staff will release once she is on her back and reengage as needed when she gets up. **\*\*Refer to the SOCP's Accessing 911 and Emergency Services guidelines for directions on what to do in an emergency situation and when to call 911.**

**PPI Release criteria:**

If a personal protective intervention was absolutely necessary for Mary and others safety, staff will release her when she can speak or answer questions calmly, her voice resumes a normal volume, she is not breathing in a pressured manner, and she can talk about what she will do upon being

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released and/or she says she is ready. Be aware that she will claim to be calm and insist she will be good while in a PPI. If she does this in a raised voice, whining tone, crying or uses profanity she is not calm and will re-escalate when released. Staff will request (and have her repeat) that she will sit down (if in a standing or sitting position at the time of release) for at least one minute. Staff will be available to talk with her and help her to express her feelings appropriately or problem solve, or if Mary does not want to do this, she can resume her normal routine.

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### **VIII. Recovery strategies**

After Mary has had a tough time emotionally or she has exhibited maladaptive behavior (verbal or physical aggression) it is extremely important to try to transition Mary into a better space.

Remember when Mary is upset this is not a teachable moment, this is not the time to lecture Mary about her behavior. What she needs at this point is support and any instruction of a verbal nature needs to be done in a coaching voice with a coaching intent, not a pointing out of wrong doings. When she is ready to accept conversation this would be a good time to help Mary verbalize her thoughts and talking about any frustrations she has experienced during the behavior episode.

Mary can be hard to understand at times so be patient. It is important to maintain a neutral attitude when interacting with Mary. Remember that Mary does better when she is busy doing things that she likes to do.

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### **IX. Assessment summary of recommendations:**

Mary's 2009 BSP will include proactive strategies to assist Mary in having a good day, along with other strategies to help her work through difficult situations or behaviors. The goal is to help Mary use calming skills to problem solve and work through her stressors, and teaching her appropriate social behavior. The hourly behavior data will monitor and track data on placing non-edible objects in her mouth, physical aggression, SIB, property destruction, leaving supervised setting, unsafe social behavior, undesirable sexual behavior, as well as illegal behavior, liquid/food seeking, and suicide threats/attempts. False allegations do not occur on a regular basis; therefore we will be tracking these behaviors by IR as they occur, as well as in the progress notes/daily log. The ISP team will review the behavior data and incident reports at the monthly reviews or as needed.

**X: Author: John Doe, BVS2**