Administrative Policies and Procedures: 19.12

Subject:	**Behavior Management**
Authority:	TCA 37-5-105, 37-5-106
Standards:	**COA:** PA-BSM 1.01, 1.02, 1.03, 1.04, PA-JJR 3.03; **PREA:** 115.321, 115.333
Application:	To All Department of Children's Services Employees, Contract Provider Employees and Foster Parents

Policy Statement:

The use of behavior management interventions (e.g. time out, behavioral contracts, point systems, logical and natural consequences, incentive programs, level systems, positive behavioral reports, etc.) with children shall be guided by policies and procedures developed by DCS Facilities and contract provider agencies. Policies must indicate the intent to maintain a safe, nurturing, and therapeutic environment that protects the rights of all children; that respects the ethnic, religious, and identified treatment parameters for each individual child in care; and are in compliance with DCS licensing rules and applicable State and Federal statutes, as well as with generally accepted best practice standards promulgated by national accreditation organizations.

Purpose:

To ensure behavior management guidelines are practiced consistently and comply with Federal, State laws, national accreditation organizations and DCS policies and procedures.

Procedures:

A. Intent	1. Each contract agency and DCS facility behavior management program must be focused on using positive means to teach appropriate self-management skills to children. 2. The use of encouragement and praise of positive behavior are seen as better agents for changing behavior in children than the use of punishment and aversive techniques. 3. Each DCS facility and contract provider agency has a behavior management program that encompasses a continuum of interventions to help children replace inappropriate and maladaptive behaviors with more appropriate and adaptive behaviors. The program should focus on techniques such as positive reinforcement, modeling, positive practice, verbal interventions, de-escalation techniques, and therapeutic activities.

B. Written policy and procedures requirements	1. DCS requires that all contract and DCS facilities refer to the ***Tennessee Department of Mental Health Developmental Disabilities (TDMHDD) Best Practice Guidelines for Behavioral Health Services for Children and Adolescents*** when making treatment decisions for children in DCS custody. 2. Departmental policies and procedures must promote optimal functioning for children in a safe and therapeutic manner and must minimize the adverse consequences of behavior management interventions. 3. Each DCS facility/contract/provider agency maintains a current written policy for behavior management provisions. The policy includes: a) The goal and purpose of the agency's discipline and behavior management program; b) Approved methods of discipline and behavior management, c) The agency's method of monitoring and documenting implementation of the policy. 4. Coinciding with placement, the agency/facility/provider must: a) Inform the child, his/her parents, and DCS of the policy and procedures regarding the use of behavior management interventions that may be instituted while in the program. b) Communicate its behavior management policies and procedures program in a manner the child and parent understands. This information must be communicated both orally and in writing, and when necessary, the facility must provide interpreters or translators when language or communication barriers are present. c) Provide contact information within policies and procedures, including the phone number and mailing address, for the appropriate state protection and advocacy organization. This information must be prominently posted and displayed and include specific information detailing how to place a toll-free call to the State Protection and Advocacy organization. 5. Each DCS facility/contract/provider has behavior management policies and procedures available for regular review by DCS and, as deemed appropriate, make modifications to applicable policies and procedures. 6. If the contract/provider agency and/or DCS staff determine that a child cannot be managed with authorized behavior management techniques and the behavior of the child presents serious risk of injury to the child, other children enrolled in the program, and/or the staff, DCS staff must be contacted and subsequently work with identified family members and service providers to locate appropriate intervention resources for the child.
C. Training	1. The facility requires staff to have ongoing education, training and demonstrated knowledge of behavioral management techniques. Staff should be able to identify behavioral and environmental triggers that may cause emergency safety situations.

	2. Staff training should be provided by qualified individuals who possess expertise, education and experience in behavioral management intervention techniques. The techniques taught to staff should include exercises that allow participants to demonstrate competence in the acquired skills they have learned. 3. Provider agencies document in personnel records that training and demonstration of competency were successfully completed. Documentation must include the date training was completed and person certifying competency. Every provider agency ensures that every new staff person successfully completes training in behavior management interventions prior to working directly with children. 4. It is the responsibility of the provider agency to ensure that all staff members working with children, including part-time and on-call personnel utilized by the facility and who may not be regular employees have successfully completed the same training required of the regular staff for the agency.
D. Supervision	1. Each provider agency must ensure that a process is in place to ensure that the use of behavior management techniques is routinely addressed in individual and/or group supervision with all direct service and clinical staff. Such supervision focuses on analyzing individual interventions as well as patterns of intervention to identify ways to increase the effective use of prevention methods. 2. Provider agencies also institute provisions to ensure that employee annual performance evaluations include an assessment of the staff member's effective use of authorized behavior management techniques. 3. Provider agencies have a policy that outlines procedures for the discipline and/or discharge of personnel who violate the facility's policies and procedures on the use of behavior management.
E. Quality assurance and monitoring	1. All provider agencies must have their policies and procedures related to behavior management available for DCS review upon request. 2. All applicable DCS facilities and contract provider agencies develop methods by which the use of behavior management techniques are monitored and internally reviewed to identify patterns and practices of agency employees as a group or as individuals. Such methods include mechanisms by which data acquired by these reviews are used to positively affect practices within applicable DCS facilities and individual service provider agencies.
F. Prohibitions	DCS prohibits the use of any activities that infringe on the civil rights of children to be included in a facility's discipline or behavior management program. The following forms of discipline **must never be used**: 1. Corporal punishment 2. Any punishment of a physical nature, such as shaking, striking, spanking or physical abuse.

	3. Any punishment that would constitute emotional or verbal abuse, such as humiliation, ridicule, name-calling, cursing or degrading remarks regarding the child or his/her family. 4. Punishment administered by one child to another child. 5. Punishment that consists of making a child complete physical exercises (particularly of a military nature); such as running laps, doing repetitive sets of sit-ups, etc. 6. Denial of meals, snacks, sleep, daily exercise and other daily needs. 7. Denial of visits, telephone calls, or mail contacts with family. 8. Denial of treatment and appropriate programming. 9. Denial of educational services. 10. Denial of an opportunity to attend religious services and or religious counseling. 11. Assignment of excessive work or work that is age and developmentally inappropriate. 12. Punishment as a group based on one individual's behavior. 13. Use of psychotropic medication for the purpose of chemical restraint and behavioral control. 14. Any form of discipline that is out of proportion to the particular inappropriate behavior. 15. Any discipline that is initiated more than twenty-four (24) hours after facility/contract/provider agency staff learns of the inappropriate behavior. 16. Painful or aversive stimuli. 17. Cruel and unusual punishment of any kind. 18. Any intervention designed to inflict psychological harm or physical pain. 19. Seclusion as a punishment, consequence or sanction is prohibited.

Forms:	***None***

Collateral documents:	*Children's Health Act of 2000, CWLA Best Practice Guidelines* *DCS "Standards of Professional Practice For Serving Children and Families: A Model of Practice*" DCS *Behavioral Management Glossary* *Joint Commission on the Accreditation of Healthcare (JCAHO)* *American Correctional Association (ACA)* *Council on Accreditation (COA)* *CMS Regulations*

Glossary:	
Term	***Definition***
Abuse:	Abuse exists when a person under the age of eighteen (18) is suffering from, has sustained or may be in immediate danger of suffering from or sustaining a wound, injury, disability or physical or mental condition caused by brutality, neglect or other actions or inactions of a parent, relative, guardian or caretaker. Abuse can be physical, verbal, emotional or sexual. *TCA 37-5-103(1); 37-5-103 (1)*
Behavior support and management:	The uses of specialized interventions to guide, redirect, modify, or manage behavior of children. Behavior management includes a wide range of actions and interventions used in a broad continuum of settings in which adults are responsible for the care and safety of children. These settings include, but are not limited to, residential group care, family foster care, psychiatric hospitals, day treatment, child day care and school age child care, in-home services, educational programs, shelter care, and juvenile detention. Behavior management includes the entire spectrum of activities from preventative and planned use of the environment, routines, and structure of the particular setting; to less restrictive interventions such as positive reinforcement, verbal interventions, de-escalation techniques, therapeutic activities, loss of privileges; to more restrictive interventions such as time-out, physical escorts, physical/chemical/ mechanical restraints, and seclusion.
Consequences:	A logical or natural conclusion (cause and effect), following a behavior that serves to increase or decrease the likelihood that a particular behavior reoccurs.
Emotional abuse:	Emotional Abuse includes verbal assaults, ignoring and indifference or constant family conflict. If a child is degraded enough, the child begins to live up to the image communicated by the abusing parent or caretaker.

Physical abuse:	Non-accidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent's or a caretaker's failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause great bodily harm or death.
Punishment:	Suffering, pain, or loss that serves as retribution; a penalty inflicted on an offender through judicial procedure; severe, rough, or disastrous treatment.
Time-out:	A process in which a child or adolescent can calm down and/or self-reflect, usually by being quiet and disengaging from current stimuli. The time-out may be conducted with or without removing a child from peers or the immediate area and lasts no longer than one hour in duration. It may be initiated at the child or staff's request or directed by staff.