I. Long Range Goal Statement:

LRG# 13/13: ACROSS ALL SETTINGS, I WISH TO DECREASE MY AGGRESSIVE BEHAVIORS TOWARDS MYSELF AND OTS TO A DAILY AVERAGE OF 1.0 OR LESS BY SEPTEMBER 30, 2019.

II. Objective Statement:

OBJ# 13/14/2: Across all settings, I wish to decrease my self-injurious behaviors to a daily average of 3.5 or less hourly intervals per month for 6 out of 12 consecutive months.

III. Methodology:

A. Background Information:

B. Chief Complaint:

Individual has a history of severe agitation with self-injury that precipitated hospitalizations due to severe injury to face. Behavior continues to result in tissue damage to facial area and seriously interferes with ability to participate in daily living activities.

C. Targeted Behavior (s):

1. Definitions:

Self-injurious behavior- any behavior that involves Individual hitting self in the face, biting self, pulling hair, scratching face and/or engaging in any other behavior that threatens injury to self.

Crying - anytime Individual is observed to have tears in eyes.

2. Baseline:

Documentation January 1 – June 30, 2014 as follows:

2014

					(increase med)	
Target Beh.	Jan.	Feb.	Mar.	Apr.	May	June
SIB	2.7	3.8	5.7	6.4	7.2	2.4
wrist cuffs	117	135	313	316	388	93
body pillow	117	135	297	42	--	--
Crisis med.	0	0	4	2	0	0
Restraint (meals)	4	15	16	11	22	2

D. Measurement Device:

A partial interval recording method will be used to monitor frequency of aggression and self-injury. Data will be collected 24 hours per day, 7 days per week. Any staff assigned to work with Individual will be responsible for ensuring correct documentation. Staff will document a "+" if no self-injury or crying spell is observed during the entire hourly interval. Staff will document "1" if self-injury is observed to occur just once during the hourly interval; Circle "2" if crying is observed.

Staff will document any use of restraints on the "Restraint Data Form". Staff will document reinforcement on the "Reinforcement Data Individual Sheet". Staff will sign in and out whenever responsibility changes. The last individual who signs responsibility form will be responsible for any problems with documentation. Consequently, staff should always transfer responsibility if unable to monitor Individual for even a short period of time. Staff will document sleep patterns on the sleep monitoring form.

E. Behavior Analysis:

1. Physiological Factors:

There continue to be reports that agitation with self-injury and aggression has been associated with physical discomfort (wet/soiled, constipated, menstrual). Individual normally sleeps well, but disrupted sleep pattern may also signal discomfort. There is a reported intolerance to milk products. Excessive flatulence (passing gas) and belching has been associated with agitation. Individual has been observed to swallow air when agitated.

2. Environmental Factors:

No environmental conditions have been identified to be associated with onset of behavior. Reportedly, behavior may occur at any time without clear cause. Individual's guardian has reported in the past that self-injury may occur in loud places or if Individual is over-stimulated. Some question if may be at risk of too hot. Tried "Chillin Pillow" but Individual did tolerate it.

3. Psychiatric history:

Individual is nonverbal and diagnosed with profound intellectual disability. Individual may be at increased risk for mood disorders given communication deficits. Also at risk for engaging in forms of self-injury and aggression to communicate needs and dislikes. Cyclic pattern continues to be noted.

4. Antecedent Event Analysis:

A review of history suggests that behavior has been associated with the presence of discomfort (e.g., constipation). During periods of agitation, self-injury may be increased if provided stimulation; however, this is not always the case. Self-injury also noted to occur in very low demand/stimulation environments.

5. Consequent Event Analysis:

A review of history indicates that behavior support plan requires caregivers to rule out physical discomfort when agitation is observed. Staff are to block any attempts to self injure and then use protective mechanical restraints only when Individual's behavior places at risk for injury. Since admission to facility, we have used multiple strategies to help calm to include routine comfort checks, medical assessments, increased attention with access to preferred activities and decreased stimulation with no observable benefit. History of cyclic agitation resulted in addition of mood stabilizer to treatment plan (i.e., Lamictal). Other medications have been added or increased in an attempt to help Individual decrease serious harm to self. A good response associated with addition of Cymbalta.

6. Functional Assessment/Analysis of Behaviors:

Based on history and observations since admission, it appears that self-injury may serve as a form of communication for Individual. It is possible that this behavior has been reinforced by the immediate attention it receives along with any potential relief associated with comfort measures to help reduce discomfort. Also reports that self-injury lessens when wearing restraint devices suggesting that Individual may be attempting to avoid demands. Te is a history of cyclic agitation that may indicate an underlying mood disorder. Some positive response to Cymbalta. Mechanical restraint devices continue to be recommended only as a means of protecting Individual from injury while attempts are made to identify needs.

F. Treatment Procedures:

1. Altering Setting Conditions:

Although Individual may vocalize, Individual cannot use words to tell you what Individual wants or needs. Individual will use body language. Individual may start to hit self in order to get someone's attention.

1. Be prepared to pay attention to less injurious forms of communication such as changes in facial expression, increased body rocking, vocalizing, etc.

2. Be prepared to provide with attention and try to learn what Individual is trying to communicate while Individual is using these less injurious forms of behavior.

3. **Always rule out physical discomfort.** It would not be appropriate to restrain Individual for self-injurious behavior that may be an attempt to communicate pain or discomfort without continuing to rule out pain. Some evidence discomfort may be related to constipation.

4. Reportedly, Individual enjoys television and music. Provide with access to preferred activities during leisure times or as rewards for involvement in required training activities. May consider use of adaptive devices to help independently manipulate activities or to provide activities that compete with self-injury by having to press a switch in order to listen to music.

5. Involve in nail care activities as needed. Individual has caused serious scratches to face with fingernails.

6. It may take Individual a little time to adjust to daily routine and requests. Slowly introduce activities at a level that Individual can tolerate. Pay attention to behavior and increase involvement as Individual tolerates it.

7. Parent has reported that Individual may not like noisy settings and may become agitated if setting is too noisy. Monitor for this.

1. Consequence for Appropriate Replacement Behaviors:

Whenever Individual is observed to demonstrate appropriate forms of communication (i.e., vocalizing, changes in facial expression) staff will approach and implement the following:

-provide an immediate comfort check to rule out the following:

___ Wet / soiled (check diaper)

___ Hunger / Thirst (provide liquid or edible)

___ Boredom (Provide activity or new activity)

___ Discomfort related to positioning (change position)

___ Need for attention (talk to Individual and involve in some form of physically stimulating social interaction (clapping hands to music, light arm rubs, brushing hair gently).

Reinforcement for participation in activities without self-injury:

Please refer to "Integrative Activities List" for a list of recommended activities to engage Individual in during waking day. Please provide Individual with access to the activity/edible/liquid immediately after completion in required activity.

2. Consequence for Occurrence of Inappropriate Behavior:

Whenever Individual is observed to engage in self-injurious behavior, staff will implement the following:

1. Remain calm. Do not reprimand .

2. Try to identify what the problem is (e.g., "Is Individual wet?, Is Individual in pain?")

3. Block and/or redirect any attempt to injure self if possible.

4. If unable to block/redirect and/or if behavior continues to place at immediate risk for injury, then place in wheelchair (if not already in wheelchair) Make sure feet are secured in foot rests per physical therapy recommendation. Continue to attempt to engage in activities if this level of intervention provides Individual with sufficient protection from injury. If Individual continues to engage in self-injurious behaviors that place at immediate risk for injury, then apply wrist restraints and fasten devices to wheelchair (as inserviced). Continue to monitor and block/redirect any attempts to injure self.

5. Continue to work with Individual to identify needs. May also continue to involve in hands on activities if medical or physical problems have been ruled out and/or addressed.

6. After 15 minutes, staff must attempt to remove restraint devices:

a. Continue to monitor closely.

b. Immediately reapply restraints if Individual begins self-injury that cannot be easily redirected or blocked.

7. Restraints must be removed for 10 consecutive minutes during every 2 hour period. Restraints may not remain on for longer than 1 hour and 50 minutes without 10 consecutive minute restraint free period. Caregivers must continue to redirect and block any attempts to engage in self-injury during this mandatory 10 minute restraint free period. Psychologist must be notified if Individual's behavior continues to place at immediate risk for injury during the restraint free period and staff cannot safely manage behavior using redirection and blocking procedures.

8. Restraints may be removed at anytime when caregiver is working directly with Individual (e.g., programming, mealtime, etc.) and staff can safely manage behavior through less restrictive means such as redirection and blocking.

9. Document any use of restraints on the "Restraint Data Form".

10. Notify psychology immediately if there are problems with the restraints.

Bedtime hours:

If self-injury is observed to occur during bedtime hours, then staff must implement the following:

1. Insure that Individual is protected from injury using redirection and blocking strategies.

2. Assess for discomfort and notify nursing as needed for assistance (i.e., rule out physical discomfort).

4. If behavior cannot be safely managed while Individual remains in bed then get assistance and transfer to wheelchair. If behavior continues to put at risk then place in protective mechanical devices per plan if Individual remains at risk with other less restrictive procedures. Continue to monitor circulation and continue checks and removal of restraint devices per behavior plan.

5. Contact psychologist if Individual is unable to remain free from protective devices for at least 10 consecutive minutes during every hour and fifty minute period or Individual remains at risk even when wearing protective devices.

Meal times and/or other times when providing nutrition:

1. Continue to encourage Individual to participate as independently as possible in feeding self
2. Use blocking and redirection strategies as possible to help complete meal safely and receive nutrition
3. If Individual is severely agitated and caregivers are unable to safely block and/or redirect then contact nurse, QP, supervisor, or charge and inform of need to use protective devices. If nurse, charge or supervisor agree then apply protective devices.
4. Once devices are applied then continue to provide Individual with meal as tolerated. Continue to use supports as needed (e.g., head support, jaw control)
5. Notify nursing if any concerns for choking due to agitation.
6. Insure that meal is provided at appropriate temperature and textures at all times.
7. Protective devices may be removed at anytime that Individual is showing clear signs that Individual is calm (e.g., smiling).
8. Protective devices must be removed after one hour and fifty minutes regardless of behavior.
9. Document any use of protective devices during meal times to include person who authorized use.

3. Description of Restraints:

4. Treatment History Information:

Medication history includes the following:

Ativan - used to help calm during severe outbursts. Initially effective but quickly lost effect.
Clonidine - no help. "Poor effect".
Risperdal - seemed to help but eye rolling noted by parent and Individual "zoned out". Also mot felt that Individual kept hands and arms too close to body
Tylenol/Ibuprophen for relief of discomfort - did not seem to help
Abilify - no benefit
Zantac - to address possible reflux disease (no help with agitation)
Zyprexa - no benefit
Haldol - no benefit (lethargic, dystonic reactions)
Prolixin - no benefit
Klonopin - no benefit
Cogentin - to address EPS
Xanax - no benefit
Naltrexone
Prozac – Switch to Cymbalta to assess if better response
Thorazine (crisis medication) No benefit
Demerol (crisis medication) Unable to get from pharmacy
Seroquel2/17/09 – 12/18/13 100mg – 450mg
Zyprexa (crisis medication) Limited benefit

G. Medication (s):

1. Description of Medication:

***NOTE: This information provides only a brief synopsis of medication and possible side effects and is intended to serve only as an additional resource and knowledge that these medications are being prescribed to assist with behavior management. Medications are prescribed by physicians. I understand that it is my responsibility to contact physician or pharmacist for more detailed information specific to the use of above listed medications.**

2. Crisis Plan:

Staff will notify psychologist immediately if Individual's self-injurious behaviors place at immediate risk for injury and behavior cannot be safely managed using approved behavior management strategies.

Crisis medication is prescribed as part of treatment plan and should be considered for severe self-injury that places Individual at immediate risk for injury and behavior cannot
be safely managed using less restrictive and/or protective devices to prevent injury to self. Follow current medical order associated with crisis protocol.

3. Medication Management Plan:

Behavioral data will be shared with team members at least once monthly during restrictive plan/medication review meetings. Primary physician and pharmacist will be included in meetings at least quarterly. Physician will be contacted more frequently as deemed necessary by team members.

Team will review recommendations as suggested by primary physician. A medication holiday will be discussed at least annually and documented.

4. Medication Monitoring and Reporting:

Psychology will maintain behavioral data in order to monitor response to medications and treatment plan.

Data will be entered on behavioral graph at least monthly. A progress note entry will be entered at least twice monthly due to potential for restrictive interventions.

Medical staff to include pharmacy will assist in monitoring side effects.

IV. Approval:

Human Rights and guardian consents required due to the following interventions: (Corporate approval on file for this restrictive intervention):

1. Restrictive intervention – Protective mechanical restraints (wrist restraints that fasten to wheelchair) contingent upon self-injurious behaviors that place Individual at immediate risk for injury.

2. Protective devices applied during meal times/snacks if Individual is severely agitated. Caregivers will feed to insure that Individual receives scheduled and required nutrition as tolerated and can be safely done.

2. Behavior medications prescribed by physician to assist with mood stabilization.

V. Signatures: