

Policy Title: Behavior Guidance

Policy Owner: COO Policy Originated by: COO and Consultative Team from Programs	Date Written: 2/12/25
Applicable Programs: ALL	Date Reviewed and Approved: 2/24/25
Statutory or Regulatory Citation: Sec. 245D. 06, 245D.061, - .06, .09, .10, .11 MN Statutes 9503.0055 - MN Rules Part Sec. 245.8261 MN Statutes Sec. 245I.03, subd 4	Signature if needed:

Purpose

It is a policy of St. David’s to ensure a safe, respectful, and supportive environment for all individuals receiving services. Understanding that behavior is a purposeful way of expressing unmet needs and with the aim to address these needs with trauma informed sensitivity and care. This policy outlines St. David’s’s standards for behavior guidance, including protection standards, staffing requirements, and restrictive procedures in compliance with Minnesota Statutes and Rules.

Procedure

I. Promote Positive Behavior

Implement strategies that reinforce positive behavior and reduce the need for restrictive interventions, strategies should be tailored to the developmental level of the individual.

II. Examples of Positive Behavior Supports and Less Restrictive Interventions

A. Positive Reinforcement

- i. Frequent & immediate to encourage desired behavior, build self-esteem, increase understanding of connection between behavior & outcome

B. Visual Supports

- i. Schedules, duration maps, and social stories
- C. Choice-Making
- D. Skill-Building Activities
- E. Environmental Modifications
 - i. Adjust the environment to reduce triggers and promote calm
 - ii. Use a calming area
- F. Collaborative Problem-Solving
 - i. Involving individuals in identifying problems and developing solutions
- G. Verbal De-escalation
 - i. Use calm & reassuring language to help the individual regain control and reduce agitation
- H. Redirection
- I. Intentional Communication
 - i. Use declarative vs. imperative statements
- J. Follow the Individuals Lead
 - i. Show an interest in them and in their interest(s)
 - ii. Respond to their subtle cues and gestures
 - iii. Help them accomplish their goal (versus following your directive) as appropriate to the activity or group
- K. Sensory Tools
 - i. Offer sensory items to help the individual self-regulate
- L. Physical Proximity
 - i. Be near to provide a calming presence without physical contact.
- M. Active Listening
 - i. Engage with the individual to understand their feelings and concerns and validate their emotions

II. Protection Standards

We adhere to strict protection standards to ensure the health & safety of individuals

- A. Respond to incidents promptly and report within 24 hours

- B. Conduct internal reviews of incidents involving injury or death to identify patterns and implement corrective actions
- C. Provide support and debriefing for individuals and staff involved in incidents to address emotional and psychological impacts

III. Staffing Standards

Staffing standards ensure that all staff are qualified and adequately supervised

- A. Staff must have the necessary qualifications, training, and supervision to ensure the health, safety, and rights of individuals
- B. Regular performance evaluations and competency assessments are conducted
- C. Training includes trauma-informed care principles to enhance staff's ability to support individuals effectively

IV. Restrictive Procedures that are not allowed

- A. Restrictive procedures include the application of an action, force, or condition that controls, constrains, or suppresses the action, behavior, intention, bodily placement, or bodily location of an individual in a manner that is involuntary, unintended by that individual, depriving, or aversive to that individual or their rights.
 - i. Seclusion: Isolating an individual in a room or area from which they cannot independently exit
 - ii. Separation
 - a. Separation from the group should not be punitive
 - b. Separation from the group can be used for:
 - 1. Removal for the wellbeing of the individual & others when they are unsafe
 - 2. Calming measure when less intrusive methods are not effective
 - 3. Support, only under observation and with a plan to return to the group when they are able to safely re-engage
 - 4. Individuals should not be alone in a room with a closed door
- B. Mechanical Restraints: Using devices such as straps, belts, or harnesses to restrict an individual's movement

- C. Chemical Restraints: Administering medication to control behavior that is not medically prescribed for that individual
- D. Physical Restraints: Using physical force to restrict an individual's movement, such as holding them down
 - i. Day Treatment Staff refer to Restrictive Techniques Policy for exceptions unique to that program

V. Allowable Actions

- A. "Physical contact" means facilitating an individual's response or completion of a task when the individual does not resist, or the individual's resistance is minimal in intensity and duration. Brief physical contact to facilitate containment to protect an individual is allowed, provided that the individual is not held immobile.
 - i. Early Childhood Education staff are allowed to physically hold a child when containment is necessary to protect a child or others from harm.

VI. Prohibited Actions

- A. Corporal punishment and emotional abuse
 - i. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
 - ii. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, making derogatory remarks about the individual or the individual's family, and using language that threatens, humiliates, or frightens the individual.
- B. Withholding food and drink, light, warmth, clothing, or medical care as punishment
- C. Punishment for lapses in toilet habits
- D. Prone restraints

VII. Intervention Plans

- A. Develop individualized plans that outline specific strategies and supports to prevent and respond to crisis situations related to behavioral needs

- B. Individual programs will develop a plan as determined necessary
 - i. Plans could be referred to as Crisis Intervention Plan, Corrective Action Plan, Individual Childcare Plan, Behavior Management Plan or other as deemed by best practices associated with the service delivery
 - ii. Mental Health Programs should follow Behavioral Emergency Procedures
 - a. The procedures must incorporate person-centered planning and trauma-informed care
 - b. The procedures should prevent the individual from hurting themselves or others and should be used only in response to a individual's current behavior that threatens the immediate safety of the individual or others
 - c. The procedures should include
 - 1. Contact information for emergency resources and the staff authorized to implement emergency procedures
 - 2. Types of emergency procedures staff may use
 - 3. The staff persons authorized to implement behavioral emergency procedures
 - iii. Staff persons must not use behavioral emergency procedures to enforce program rules or as a substitute for adequate staffing
 - iv. Behavioral needs or behavioral emergency procedures cannot be used for staff convenience & must not be part of any individual treatment plan

VIII. Emergency Resources

St. Davids's Crisis Management Team (CMT) is responsible to respond and take primary leadership of any crisis and implement behavioral emergency procedures when contacted by the Front Desk or other Staff in St. David's buildings.

- A. This includes behavioral emergencies, or any situation where someone's safety is significantly at risk
- B. CMT staff will support program staff and restrict access to the area as needed
- C. CMT staff will partner with program staff to submit a Critical Events Report
- D. CMT Lead Staff will reach out to the appropriate program leadership as necessary during and after an event

IX. Family Involvement

Family plays a critical role in the well-being of individuals. Our approach includes:

- A. Communication: Maintain open, honest, and regular communication
- B. Collaboration: Work with caregivers and their support team to develop and implement behavior support plans that are consistent with the individual's needs and family values
- C. Support: Providing resources and support to caregivers to help them understand and manage behavior
- D. Involvement: Encouraging caregiver involvement in decision-making processes and inviting them to participate in meetings

Violation of this Policy or Procedure

No or only partial adherence to this policy may result in noncompliance with current regulatory requirements and subsequent penalties to St. David's. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.