


SUBJECT: Action Plan for "Life-Threatening Behaviors"

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TO: All Concerned

FROM:  J. Gregory Pirmann
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As one aspect of the Action Plan for Health Services, it is felt there is a need to develop specific criteria spelling out when organized programmatic interventions must occur to deal with so-called "life-threatening" or self-injurious behaviors. This policy on interventions will not deal with the immediate, emergency interventions that happen when a behavior occurs but will focus on exact criteria which demand a programmatic response from the treatment team.

One such specific guideline already exists in the Restraint Policy, that is, the provision that requires a program be instituted to deal with aggressive behaviors if those behaviors result in the client needing emergency restraints three times in one month.

Below you will find a proposal for such interventions. This is a very limited proposal and is intended to generate discussion and brain-storming by a wide spectrum of this facility's employees. It is in no way a full policy proposal.

Behaviors Requiring Programmatic Intervention

As an habilitative facility, it is our mandate to build a full repertoire of positive behaviors in each of our clients, while at the same time, helping the clients suppress or "unlearn" unacceptable behaviors. Learning can only take place in a structured milieu which rewards adaptive behaviors and ignores or discourages maladaptive ones. It is impossible to focus continual attention on every discrete behavior exhibited by each client, so we are forced to concentrate on a few significant ones. Most of our attention is (rightfully) focused on creating and strengthening positive behaviors. However, we also must deal with those major maladaptive behaviors which impair a client's ability to learn, negatively affect a client's chance for acceptance in more normal settings or which pose physical danger to the client or others. It is this last group of behaviors upon which this policy will concentrate.

Frequently, clients will engage in behavior that is potentially self-injurious or injurious to others for no apparent reason. Oftentimes this behavior will surface only once or very infrequently over a span of time. Consequently, it is the usual practice to deal with the behavior and its consequences immediately, in a "one-shot" fashion. It is only if the behavior becomes persistent that we organize a specific program to deal with it. For most behaviors, this approach is satisfactory. However, for certain behaviors with a high potential for injury, it is not. These behaviors must be met with a planned intervention as soon as they appear in a client's behavioral repertoire.

To illustrate when such interventions are required, as a matter of facility policy, the following examples are provided:

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- A.) Emergency use of restraints (mechanical or chemical) to control aggressive behavior three or more times in a calendar month. Aggression may be either directed towards oneself or towards other persons. After the third such occurrence, a program must be devised to deal with the recurring behavior. Normally, positive methods must be tried before negative ones, but if the potential for injury is great, steps in the hierarchy may be skipped.
- B.) Emergency use of restraints (mechanical or chemical) to control aggressive behavior five or more times in a three-month period.
- C.) Any episode of choking caused by ingestion of a foreign object by a client, such that manual extraction of the object(s) is required, and/or resuscitation is needed and/or the Heimlich Manuever is used, will necessitate the immediate creation of a program to deal with the behavior. Until a program is instituted, one-to-one supervision must be maintained during the client's waking hours.
- D.) Three observed episodes in one month (or five episodes over a three-month span) of ingestion of foreign material, even if no choking results, will require an organized programmatic intervention.
- E.) Any assault directed at another that results in significant injury to the person attacked must result in a programmatic intervention to deal with the assaultiveness, if such a program is not already in effect. Significant injury is defined as one requiring sutures (any number), any fracture, any injury that results in hospitalization or a loss of teeth.
- F.) Any self-directed aggression which causes a significant injury (as defined in E.) to oneself must result in a programmatic intervention, if one is not already in place.
- G.) (etc.) open to suggestions.

As stated in the introduction, this proposed policy is being circulated to elicit comments and, hopefully, a broader sense of what is necessary and workable for this policy. I would appreciate receipt of all comments by October 31st. Where this memo is being directed to department heads/unit directors, please share it with your staff. Thank you.

JGP/sjm

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