



*Kerry  
Parents &  
Friends  
Association*

<b>POLICY/ PROCEDURE DETAILS</b>	<b>Title:</b>	<b>Guidelines for Staff on Management of Behaviour that Challenges</b>
<b>ORIGINAL VERSION DETAILS</b>	<b>Date Released:</b>	<b>March 2014</b>
<b>CURRENT VERSION DETAILS</b>	<b>Written by:</b>	<b>Eileen Dukes</b>
	<b>Reviewed by:</b>	
	<b>Approved by:</b>	<b>Board of Directors April 2014</b>
	<b>Date Released:</b>	
	<b>Monitoring Process:</b>	
	<b>Date Due for Review:</b>	<b>April 2020</b>



# KERRY PARENTS & FRIENDS ASSOCIATION

## MANAGEMENT OF BEHAVIOUR THAT CHALLENGES

### 1. Introduction

- 1.1 Kerry Parents and Friends Association is committed to providing high quality, person-centred, behaviour support by promoting quality of life, dignity and respect for all.
- 1.2 The organisation aims to ensure that each individual receives timely support around managing challenging behaviour using positive behaviour support methods.

### 2 Aims of the Policy

- 2.1 The aims of the policy are as follows:
  - To recognise the entitlement of people presenting with challenging behaviour to a comprehensive assessment
  - To promote enhanced quality of life and a safe environment for everyone
  - To ensure the minimal use of restrictive procedures and an effective review process of any procedures
  - To ensure the provision of needs-based skills training for staff.

### 3. Scope of the Policy

- 3.1 The policy applies to people with intellectual disability who attend services provided by Kerry Parents and Friends Association, family carers and staff.

### 4. Definitions

- 4.1 Challenging behaviour is a term that covers a broad range of behaviours with a variety of causes and/or meanings. It is important to recognise that the reasons for challenging behaviour do not lie solely with the person themselves but result from the interaction that takes place between the

person and the environment in which they live and work.

***Challenging behaviour may be defined as:***

*“Behaviour of such intensity, frequency and duration that the physical safety of the person or others is likely to be placed in jeopardy, or behaviour which is likely to deny access to the use of ordinary community facilities.” (Emerson et al 1987)*

## **5. Responsibilities**

### 5.1 *Organisational Responsibilities*

5.1.1 Kerry Parents and Friends Association is responsible for ensuring that this document is made available to all staff at the start of their employment in the organisation and to the people we support.

5.1.2 The Association is responsible for ensuring training is available to staff on positive behaviour support.

5.1.3 The Association will ensure that people presenting with challenging behaviour receive the highest standard of support possible through individualised assessment and intervention. Interventions used in supporting people with challenging behaviour are based on positive behaviour support methods and respect the rights and dignity of the individual.

5.1.4 In consultation with the individual and their family, the Association is committed to developing intervention strategies, which take into consideration the person’s situation from the perspective of their own experiences.

### 5.2 *Line Managers, Social Care Leaders and Staff*

5.2.1 Before initiating any programme, it is the responsibility of all Line managers, Social Care Leaders and Staff to consider the person's basic rights and their entitlement to certain conditions and possessions regardless of the behaviours they display. These rights are:

- The right to be treated at all times with respect and dignity
- The right to privacy and to confidentiality especially with regard to their

particular difficulties and to other personal information.

- The right to be involved and consulted, in as far as possible regarding any programme implemented for them.
- The right to expect the staff with whom they live or work to be familiar with and competent in current thinking and practice in the management of challenging behaviour.
- The right to protection from degrading treatment, abuse or exploitation.
- The right to have any challenging behaviour managed in the least restrictive environment by the least restrictive methods.
- The right to have and to use their own personal property including their D.A. or other state allowances.
- The right to be in a comfortable, safe and warm friendly environment and to receive nutritious meals appropriate to their needs and wants.
- The right to express personal preferences, likes and dislikes and to exercise control over and make decisions regarding their own lives.
- The right to express their emotions particularly feelings of sadness, anger and annoyance in a manner which does not infringe upon other peoples' comfort or rights.
- The right to have their family members supported and helped by staff in order that their challenging behaviour can be managed as far as possible in the home situation.
- The right to be referred on to people with particular expertise or to a more appropriate service if their behaviour cannot be managed in their current setting.

5.2.2 Managers, Social Care Leaders and Staff will ensure that Interventions for behavioural change are carefully planned and become an integral part of the individual's Person Centred Plan. The plan should include the following steps to formulate an appropriate individualised plan:

### Gathering Information

- Involve the service user and his/her carers.
- Assess the service user's adaptive behavioural skills e.g. daily living, communication, socialisation skills.
- Consider both internal and external contributing factors.
- List antecedents and consequences (use ABC chart, evaluate the data to see patterns - Appendix 4).

### Interpretation

- Be aware of multiple causes.
- Focus on how the situation feels for the person.
- Focus on detecting the communication message ( What is this person trying to communicate through challenging behaviour)

### Intervention

- Decide on the most likely causes of the problem.
- Specify the help the person needs.
- Specify the help the carer needs.
- Manage external causes which may be contributing.
- Develop strategies for changing the environment, if appropriate.
- Agree an intervention plan.
- Write up the plan using the Crisis Prevention Intervention Behaviour Support Chart (See Appendix 6). This format supports an individual's challenging behavior at varying levels and allows staff to intervene appropriately and in a timely way, depending on the level of distress exhibited by the person.

### Implementation

- Establish a clear sequence for introducing change; communicate these to the person being supported and to relevant support people, including family members where necessary.
- Hold regular reviews in order to establish the appropriateness of the plan and to agree areas of change, if any.

### Evaluation

- Collect relevant information on the intervention results.
- Reassess the intervention in the light of the outcomes.
- Agree realistic aims for change.

5.2.3 Line Managers and Social Care Leaders will ensure that staff have read behavior support documentation in relation to each individual they are supporting.

5.2.4 Line Managers and Social Care Leaders will ensure that the goals of behavior support programmes are clarified prior to implementation and that evaluations are carried out to see if they are effective in achieving their goals. If they are not achieving their goals, it may be that the goals are unrealistic or that the methods used are unsuitable and a decision will be made as to whether a referral to the Positive Behaviour Support Team or Clinical Psychologist is warranted. It is the responsibility of Line managers and Social care Leaders to make referrals for specialist behavior support.

5.2.5 Records are an essential part of any behavioural intervention programme. Each programme should note the kind of records that are to be kept and who is responsible for keeping them. Records should tell the occurrence of the behaviour and how it was handled (ABC charts can be used to record this information).

5.2.6 Line managers and Social Care leaders will ensure that those responsible for carrying out and supervising programmes will review records at least on a fortnightly basis.

## Appendix 1

### KERRY PARENTS & FRIENDS ASSOCIATION

#### GUIDELINES FOR STAFF ON MANAGING CHALLENGING BEHAVIOUR

##### ANALYSIS OF BEHAVIOUR:

Behaviour Analysis, the study of what factors cause and maintain a person's behaviour is a useful technique in helping individuals with a learning disability to learn skills. It is also a valuable technique in helping individuals who display challenging behaviour. The main approach of behavior analysis is to reinforce appropriate behaviour. Consider the factors that are present when an inappropriate behaviour occurs and to try and determine why the behaviour is being displayed and equally consider the factors that are present when appropriate behaviour occurs.

In order to analyse the behaviour it is necessary to carry out a functional analysis on the individual's behaviour over a period of time, this must be done objectively. There are a variety of reasons why an individual may display inappropriate behaviours including seeking increased social interaction, getting out of unpleasant situations, as a reaction to discomfort or pain, conflict with other service users', or as the only way the person can communicate. Unless one can find out the function the particular behaviour has for the person it will be very difficult to reduce or modify it.

Sometimes inappropriate behaviour is due to a person's reaction to an unstimulating or deprived environment. If this is the case, it is better to improve the environment rather than trying to change the person's behaviour. If the environment cannot be improved it might be preferable to remove the person to a more appropriate setting.

In all cases, intervention strategies should be planned taking into account the wider context of the person's strengths, deficits and personal needs. A Person-Centred Plan is one useful format for ensuring this.

## INTERVENTIONS

### Behaviour Management

Occasionally people can present with challenging behaviour for no apparent reason yet afterwards, there may appear to be a link between their behaviour and something that was happening at the time.

#### **Some common causes of upset include:**

- Not being able to communicate a need.
- Being confused about what is being asked of them or feeling that they are being pressurized into doing something.
- Being in pain.
- Being commenced on medication or having medication changed.
- Lack of appropriate activities.
- Looking for attention.
- Personality clashes
- Changes in routine can lead to confusion and distress in people who are insecure in their surroundings.
- Uncomfortable surroundings - too much noise, heat, too many people around, too bright a light, etc.
- Not having sufficient choices or control over their own day-to-day activities and routines.

### Behaviour Management as opposed to Behaviour Change

Behavioural management is quite different from behavioural modification or change.

Sometimes despite all of our efforts it may not be possible to change a person's behaviour. Behavioural management is about working around the person's difficulties by responding to their needs if this is appropriate and by avoiding confrontations when it is not possible to control the situation. This should not be seen as giving in to the person, as rewarding inappropriate behaviour or as giving them bad habits.

If it is possible to accede to an individual's wish (which at the time might seem unreasonable) without undue difficulty or harm and thereby to avoid an explosive incident then this is very much the preferred option. The issue may then need to be addressed with the person at a later stage in a calm environment. Such behaviour management is to be encouraged.

It is acknowledged that there may be particular difficulties for residential staff in coping with difficult behaviour during the night time. Different management techniques may need to be employed because of the limited resources available at night time. Residential houses will need to consider their options on an individual basis.

In some cases, environmental change alone is sufficient to resolve the presenting difficulties. However, in most cases, it is necessary to work on trying to establish and reduce the reasons for the behaviour in the first instance.

### **Reactive Strategies**

When a person's behaviour becomes difficult to control especially when they become physically aggressive, it is recommended that staff use some general principles of reducing the emotional energy that can often build up. Every situation will vary and will need to be assessed individually as different responses will be appropriate depending on the context and the individual involved.

- Stay calm - breathe slowly, avoid clenching fists or tensing muscles.
- Keep a safe distance (Adopt the supportive stance as per Crisis prevention Intervention training) - people who are angry or frightened may not like close physical contact or being touched.
- Avoid staring at the person - this is generally seen as an aggressive reaction.
- Be aware of your tone of voice and speak softly - avoid using long sentences or giving unnecessary correction or caution.
- Listen to the person - they are often trying to tell you something or may be trying to say what is upsetting or worrying them.
- Try and use distraction if appropriate - change the subject tactfully or talk about something the person likes to do. If you make a promise you will have to follow it through.

- Change the mood of the moment by suddenly doing something unexpected or funny. This can take the person by surprise and serve as a complete distraction.
- Discuss with the person how they are feeling.

### **Environmental Management**

It may be helpful to look at the person's environment to see if it could be improved by changing some of the physical characteristics such as light, temperature, space, etc. Sometimes, it may be helpful to examine the relationship between a staff member and the individual as difficulties can occur due to personality factors. This may also apply to relationships between people using the service. It may be appropriate to consider changes in staffing or individual groupings.

### **Negotiation**

For many people in our service conflict situations can be resolved through a process of negotiation. The essence of such an approach is to talk it out and negotiate about the situation with the individual concerned. It involves explaining what we want and why we want it and listening to what an individual wants and why they want it. It is a problem solving process that involves clearly identifying the problem and generating alternative solutions. It involves making agreements with an individual and reaching consensus or compromise agreements that both parties can accept and live with.

The aim of this approach is to teach individuals to assume responsibility for their actions and to develop an inner sense of self-discipline. In addition, many individuals need the assistance of an external structure to assist them in self-discipline. Such a structure includes daily routines, environmental modifications, and rules of the centre or house and individual limits. Such individual limits should be set for a particular person as a direct consequence of their actions and particular needs. They should be reviewed regularly and adjusted accordingly.

Sometimes, after agreeing to a particular solution, individuals do not adhere to the proposed solution. This can happen for a variety of reasons. It may be that the individual committed themselves to a solution that is too difficult to carry out, or that they had a poor understanding of what was expected of them, or that they did

not have enough experience of self-discipline. They may be testing the staff member and their relationship with them or because they simply forgot (which is common enough in a new learning situation). In these situations the recommended response is to work out why they did not follow the agreement and then enter a process of re-negotiation.

The technique of negotiation is not limited to use with people of higher ability. It is important to listen carefully to the individual, paying particular attention to non-verbal messages. It is often a trial and error process. Collaboration and discussion with other key people involved often provides important clues, which may provide a solution.

### **Medication**

Medication can play an important role in the management of challenging behaviour. It can improve the person's quality of life and help them to live as normal a life as possible.

Medication, if used, should be administered correctly, monitored closely, administered for sufficiently long periods for it to have an effect and reviewed regularly with the relevant professional.

Staff should inform themselves of the side effects and contra indications of particular medications. Staff should ensure that blood levels are checked on a regular basis if this is necessitated by the medication, which is being used.

In the event of a psychiatric emergency, the person's GP should be contacted.

### **Extra Staffing**

People who display continually disruptive behaviour have a strong case for special resources being made available to them in their usual environment. The need for an allocation of extra staffing should be considered as part of the intervention plan and approved by senior management. Sometimes, extra staff is required in order to carry out the intervention programme effectively or at other times to work with others, while familiar staff is engaged in the intervention programme.

### **Alternative Placements:**

If the difficulties persist, it may be necessary to consider alternative placements.

Listed below are some examples of these:

- Treatment in a different residential house or day service, which has a better capacity to cope with the problem or which has a better physical environment.
- Relief placement which can provide respite to usual carers.
- Therapeutic interventions in a short-term unit.
- Long-term service for a small number of people whose behaviour continues despite continuous work.
- Specialised multidisciplinary support to help and advise staff.

### **Sanctions**

Sanctions refer to the use of something unpleasant when the person has behaved inappropriately. Here unpleasant refers to what most people would generally find unpleasant and try to avoid, such as loss of privileges or removal of something which the person likes, over correction or physical restraint. People react very differently to these methods and they are not effective with everybody.

Sanctions should only be used in specific instances and only if they are used sparingly. Full discussion with staff should happen before implementation of sanctions. The person displaying challenging behavior needs to be aware of the sanction and why it is being implemented. Consistency is required from all staff. They should be used in conjunction with other programmes that reinforce the person for behaving appropriately. Teaching a person to behave appropriately is an essential part of reducing or eliminating inappropriate behaviour. Sanctions should only be used as a last resort when all other measures have been tried adequately. Any sanctions should only be used after full discussion with the team members and the person displaying challenging behavior. The precise way in which the sanctions are to be used should be written down and a record kept in the person's file.

## Consent and Consultation

The person and/or parent or sibling or advocate should be given full information concerning the aims and methods of an intervention programme. In the event of sanctions being recommended, the person and their parents/guardians should be told of the need to use such methods and their consent should be sought and when given, recorded.

## Code Of Practice

Clarification regarding basic rights and the use of sanctions:

- The withdrawal or deferral of basic rights is not acceptable.
- The use of corporal/physical punishment is not acceptable or allowable in any form. This includes pushing or pulling a person roughly in order to get them to comply with an instruction to hurry up, shaking a person by the shoulders to get them to listen or to express annoyance with them, or any other physically abusive gestures i.e. hair pulling
- The withdrawal of food including lunch breaks or the deferral of a meal is not acceptable. The meal includes the desert (if this is considered as part of the meal for everyone else). It is also inappropriate to try to "punish" one person by rewarding everyone else's behaviour.

While meals are considered to be a basic right, additional food such as sweets, crisps or minerals are considered privileges and therefore can be withdrawn.

- It is considered appropriate to set a specific time limit for a person to eat a meal than to use threats in order to make them eat it. If the meal is uneaten at the end of the permitted time period it can be removed.

While food should be warm when it is presented to a person, cold food is an acceptable and natural consequence of delays taken over eating a meal.

- The Disability Allowance is a basic right for most adults and the withdrawal of this money is not acceptable.
- The withdrawal of personal possessions is not acceptable. It is not appropriate to use someone's own property as a reinforcer or to withdraw it as a punishment.

- Sometimes it becomes necessary to prevent a person from wearing hard shoes if they engage in kicking or aggressive behaviour. It is preferable to encourage them to wear a pair of their own soft shoes or to provide these for them rather than having them go without shoes.
- The withdrawal of opportunities to engage in social activities is to be discouraged.
- The distinction between privileges and rights is important particularly in relation to adults who are being encouraged to plan their own leisure activities. There is a difference between activities organised routinely for the group and activities of a special nature. Routine activities which occur within programmes are seen as rights, whilst special treats are understood to be privileges.
- The use of suspension needs to be given serious consideration. It should be used only after more positive approaches have been tried unsuccessfully, and only for a very limited period. It is acknowledged that it is likely to be most effectively used with adults who can be reasoned with. The effects which this may have on the families should be strongly considered before considering suspension. It is important to consider the implications for the individual, their family and/or other centre staff when deciding on the length of time for suspension. The importance of getting parental support and/or support from residential staff, if implemented in a day unit, is stressed.
- As far as possible behaviours should be dealt with in the situation in which they occur, and in doing so focus on positive learning approaches such as teaching a more appropriate behaviour rather than punishing the person for the misbehaviour displayed. Misbehaviours that arise in any setting should be dealt with in that setting, as far as possible. The staff in both areas should address behaviors, which occur both in the day and residential settings. Staff from both settings to work together.
- In the case of a person damaging other peoples' property, it may be appropriate for that person to pay for a replacement if it is felt to be an adequate sanction.
- The withdrawal of the right to go home is not acceptable. This includes detaining people after hours in day centres.
-

The use by staff of inappropriate or aggressive behaviour is not acceptable such as abusive shouting or use of bad language.

- Using conditions of discomfort such as leaving a person in wet or soiled clothes is not appropriate. These actions are contrary to the notion of personal dignity and do not meet with the primary aim of unconditional valuing.
- Acts of harassment, threats, humiliation, derisory or sarcastic comments, constant shouting or verbal abuse which can cause emotional or psychological harm are not acceptable as they are contrary to the notion of self respect and dignity. While there will be occasions when a person's behaviour will challenge a staff member to such an extent that it is difficult not to react in a negative way, there are positive steps which can be taken to reduce or avoid such occasions e.g. staff should ensure that they are relieved regularly if they feel under pressure.
- Review behaviours and incidences regularly.
- Assess outcomes and (whether or not interventions have been effective).
- Use as a learning process

Disciplinary action will be taken against any staff found guilty of any of the above-contraindicated actions.

### **The Use of Restraints**

Restraints refer to physical or environmental actions that prevent behaviour from occurring. Physical restraint refers to any bodily contact from staff that temporarily and at least partially incapacitates an individual, e.g. holding a person by the arms, holding them in a chair. Environmental or mechanical restraint refers to any use of the setting or equipment which is designed to prevent a behaviour occurring, e.g. helmet to prevent head banging, arm splint to prevent hand biting, locked door to prevent someone running away.

The negative effect of using restraints can cause a person to become dependent on them and to engage in increased levels of self-injurious behaviour in an attempt to make staff restrain them.

For this reason, restraints should never be used as a substitute for staff supervision or when the person could be taught better behaviours to replace the inappropriate ones. A person should not be restrained for the convenience of staff or where staff supervision would be a more appropriate way of protecting them or preventing undesired behaviour.

If restraints have to be used a programme should be set up, from the time they are first introduced, to aim at fading out their use.

Sometimes it is necessary to physically restrain an individual. The most common way this is done is by holding them by their clothes or by their arms, hands or shoulders. This type of restraint can be necessary to prevent the individual from hurting themselves or another person, from damaging a piece of equipment or from obtaining a potentially dangerous object such as a scissors or hot coal. It is important that the least amount of restraint required is used in these circumstances so that unnecessary force or injury is prevented.

### **Locking Doors**

The practice of locking a door in order to keep a person inside a room can be done only in exceptional circumstances. This is done for the safety of people we support and staff and must never be used as a punitive measure.

As a principle locking a person in a room would only be acceptable in **emergency** situations, for short periods of time i.e. less than 5 minutes and under constant monitoring. This only applies when there seems to be no other way of protecting the individual or other individuals in the same building.

The precise conditions under which the door is to be locked and the procedure for actually doing so including the duration of locking, should be written down and a copy kept in the person's file, and this should be reviewed regularly.

**Every alternative way should be explored before deciding to lock a person into a room.**

For example, an electronic device could be used to alert a staff member that the individual has opened their bedroom door and may be at risk of going into a prohibited area.

Unless it is impractical, the key should be kept in or close by all locked doors, e.g. back doors.

### **Personal Space (Personal Reflection)**

The use of time out from positive reinforcement is a procedure that can be carried out at a number of levels. In some cases, the person may find it easier to calm down if they are allowed to go to a quiet area where there they are alone, e.g. own bedroom or quiet room/office in a day centre. Staff should remain close by at all times.

**Removing the person from a room can be difficult to achieve if they are upset. It may be preferable to remove all other people from the room to allow the person to work themselves through their distress.**

### **SUPPORT FOR STAFF**

Staff who work constantly with individuals with challenging behaviour need considerable support and recognition of the extent of their work related stress.

The completion of a Staff Stress Management Form (See Appendix 7) should go some way towards identifying and recording the degree of stress which staff members can experience over a period of time. Regular review by the staff team of these forms should provide valuable information for making decisions regarding the appropriate response to the situation.

Time needs to be made available for adequate discussion by the staff and support personnel on difficult behaviours and especially of the effect of such behaviours on staff. Such debriefing is especially important immediately following an episode of difficult behaviour. If such debriefing sessions are not facilitated, staff may experience stress related fatigue or apathy without being aware of the reason. Staff who do experience work related stress are entitled to receive support from the organisation in arranging forms of stress management.

**Staff who support individuals with difficult behaviour need specific training in the management of such behaviour.**

**Centre managers should ensure that their own needs and those of their staff in relation to training are made known to the Association through the usual procedures.**

Staff need methods of reducing the negative effects of dealing with disturbed behaviour on an ongoing basis. Some ways of achieving this would be;

1. ensuring staff have only short periods of time with individuals displaying difficult behaviours
2. encouraging staff to say when they are finding a situation difficult,
3. changing key workers, and
4. transferring staff to other centres.

## Appendix 2

### KERRY PARENTS & FRIENDS ASSOCIATION

### GUIDELINES FOR EMERGENCY SITUATIONS

Each Unit/Centre should have a specific procedure to suit its requirements and the people supported there. It may be necessary to vary it for different individuals.

The Association has approved the *Non-Violent Crisis Intervention Training Course* for staff. The emphasis of which is always on staff's primary responsibility: the care, welfare, safety and security of both themselves and those in their care. Physical restraint is recommended only when all less restrictive methods of intervening have been exhausted, and when the individual presents a danger to themselves or others.

Even when physical restraint is employed, it is used in such a way as to allow the person an opportunity to calm down at their own pace and to assist in the process of re-establishing Therapeutic Rapport.

Any physical intervention is potentially dangerous and should be considered only as an emergency response procedure. Risks involved with physical intervention can be minimised when staff members regularly practise and rehearse procedures for team intervention ( every 2 weeks for 10 minutes).

Outlined below are guidelines for dealing with emergency situations. The exact sequence to be followed will depend on the particular situation.

**Immediate action to be taken when a person supported by the Association displays dangerous or aggressive behaviour towards self, staff or others.**

- At all times maintain the safety of staff and the people we support during the incident.
- Try to identify the source of aggravation and remove if possible.
- Act in a calm manner; give short clear instructions to the person displaying challenging behaviour and others. Maintain a calm appearance to help to defuse the situation. Remove potentially dangerous objects, e.g. glass/pottery,

sharp implements. Unplug electrical appliances, if appropriate.

- Administer PRN Medication in accordance with the person's management plan.
- Use portable panic buttons where applicable.
- Depending on the situation, remove either the person displaying challenging behaviour or if more appropriate the other people in the immediate area. If self-injurious behaviour is occurring, remain with the person and prevent injury as far as possible.
- Carry out specialised personal safety techniques as per MAPA training only if you have been trained in their correct use.
- If behaviour continues, contact staff from Centre's emergency list.
- If behaviour persists, seek specialist intervention, e.g. GP, ambulance, psychiatrist, or the Gardai if appropriate.
- Arrange for medical attention for any injuries received by people we support or staff.
- If any person we support has been injured, inform his/her parents/guardian.
- If anyone has incurred any injury, complete an Accident Report Form.
- Afterwards, reflect on the incident and record the details. Discuss the incident with the staff, centre manager and organise a multidisciplinary team meeting for debriefing and learning purposes.
- Support may be required for those staff who were directly involved in the incident. A debriefing session is usually helpful immediately afterwards, to be facilitated by the senior staff on duty. The purpose of such a debriefing session is to give people an opportunity to explore and express how the incident impacted upon them. As such this is not time to review intervention programmes. It is an opportunity for staff to identify their own support needs following the incident ( Remember - Employee Assistance Programme can be accessed for such support).
- Allow the person we support who was involved in the incident the opportunity to express his/her feelings in relation to the incident.
- Allow the other people we support who are affected by the incident the

opportunity to express their feelings.

**The individual wishes of parents/guardians with regard to interventions should be kept in mind at all times. Parents/guardians should be informed of the matter in a sensitive and diplomatic manner.**

Appendix 3

KERRY PARENTS AND FRIENDS ASSOCIATION

BEHAVIOUR THAT CHALLENGES -  
INCIDENT REPORT FORM

CENTRE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE & TIME OF INCIDENT: \_\_\_\_\_

INCIDENT REPORTED TO: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONCLUSION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Stress Level 1 to 5 (low to high) - circle one number below

1                      2                      3                      4                      5

\_\_\_\_\_

STAFF SIGNATURES: \_\_\_\_\_

\_\_\_\_\_

## Recording Incidence Of Disturbed Behaviour

It is important to record incidents of disturbed or disruptive behaviour towards staff and/or others so that such information can be brought to the attention of those who have overall responsibility for ensuring the welfare of staff and people we support

Incidents of disturbed or disruptive behaviour will need to be recorded on an incident report form and filed in the person's personal file, so that this information can be considered by the staff team who review the person's progress on a regular basis. If the behaviour impinges on or adversely affects another, this should be noted in that person's file also so that it can be taken into account when reviewing their needs and progress.

Any injury to any person must be recorded on an Accident Form, in line with the Association's Health and Safety Procedures.

However, there are many types of behaviours that occur on a daily basis which heretofore have not been recorded, but which cause staff members varying degrees of mental and physical stress. Examples of such behaviour include minor blows, hair pulling, hitting, kicking, pinching, scratching, objects being thrown at or near the person, verbally abusive language, shouting etc. If these behaviours continue over a period of time, they can result in stress related symptoms which can lead to physical illness or lack of interest or effectiveness in work. It is important to record any incidents that staff find frustrating to deal with or which, if experienced on a continual basis over a period or time, may lead to stressful relationships or to injury or illness. These should be recorded on a Stress Management Form (see appendix 7).

It is generally accepted that the reactions of staff will vary from person to person. The important criterion is the **effect** the behaviour has had on the staff and not necessarily the severity of the actual behaviour itself.

Appendix 5

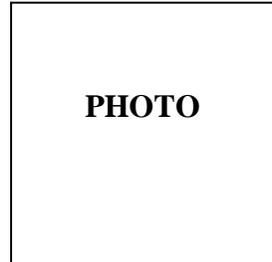
KERRY PARENTS & FRIENDS ASSOCIATION

RISK MANAGEMENT FORM FOR INDIVIDUALS WHO MAY ABSCOND

Name: \_\_\_\_\_

Centre: \_\_\_\_\_

Date: \_\_\_\_\_



<b>Situations or circumstances which may cause person to abscond:</b>	<b>Times service user is likely to abscond:</b>	<b>Preventative Measures:</b>

Appendix 6

**The C.P.I Crisis Development Model.**

In any Crisis Development Situation. There are a number of Distinct and Identifiable Behaviour levels. The purpose of defining each level is to attempt to meet each level with the appropriate response to de-escalate the crisis development.

Name: \_\_\_\_\_ Review: \_\_\_\_\_

**Behaviour Levels**

<b>Behaviour Levels</b>	<b>Staff Approach</b>
<b>1.</b>	<b>1.</b>
<b>2.</b>	<b>2.</b>

<b>Behaviour Levels</b>	<b>Staff Approach</b>
<b>3.</b>	<b>3.</b>
<b>4.</b>	<b>4.</b>

Staff management of themselves:

Post- venation:

APPENDIX 7

**KERRY PARENTS AND FRIENDS ASSOCIATION**

**BEHAVIOUR THAT CHALLENGES -**  
**STAFF STRESS MANAGEMENT FORM**

<b>Staff Name:</b> _____ <b>Report for Month of:</b> _____			
<b>Centre:</b> _____ <b>Year:</b> _____			
DATE / TIME	SERVICE USER PIN	BRIEF DESCRIPTION OF INCIDENT	STRESS LEVELS 0-5 0=No 5=High