

EVLHRC Minutes
Emergency meeting
June 11, 2008

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Special Session Meeting
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A special session meeting was held at Holiday House of Portsmouth, Inc., on June 11, 2008, for the purpose of reviewing behavior programming and resident specific data for Holiday House of Portsmouth and for St. Mary's Home for Disabled Children.

Members in attendance:

Jeff Kail, Vice Chairperson
George Amory, Member
Marcia Kennedy, Member

Members absent:

Kimberly Benton, Chairperson
Matthew Albright, Member

Others in Attendance:

Willie Barnes, Representative from the Office of Human Rights
Jacqueline Parker-Mazyck, Program Director, Holiday House of Portsmouth
Melani Joyner, Social Worker, Holiday House of Portsmouth
Wendy English-Barnes, Occupational Therapist Rehabilitation Assistant
"KP" Parent (Conference Call)
Terry Waldo, School Psychologist, St. Mary's Home for Disabled Children

The EVLHRC Emergency meeting was called to order by Jeff Kail, Vice Chairperson, at 10:15 a.m. Holiday House requested that a parent (KP's mother), participate in the meeting via telephone conference. A motion was made by Marcia Kennedy and seconded by George Amory to convene in closed session pursuant to VA Code 2.2-3711 (A) for the purpose of reviewing behavior plans and resident specific data for Holiday House of Portsmouth and St. Mary's Home for Disabled Children, pursuant to the regulations.

Holiday House of Portsmouth, Inc., Holiday House presented a revised Behavior Support Plan for resident "P", section number 7 to include procedures for the use of a soft-hell protective helmet (Playmaker Headgear). The plan was approved with the following changes: to allow resident "P" to wear the helmet for the maximum amount of time (6 to 8 hours) due to self-injurious behaviors/sensory deficits then decrease the amount of time as he progresses (SIB decreases). The EVLHRC recommended that the OT department at Holiday House incorporate a sensory diet to allow for helmet (headgear) application into daily routine in addition to restrictive plan. The Behavioral Support plan was revised and submitted to the Behavioral Management Committee on June 12, 2008. This committee did not agree with the way the revise plan was written due to the ICF/MR regulations. The soft-shell protective helmet is considered a restrictive device evening though it does not restrict his movement. The Behavioral Management Committee recommended the following: that staff should remove the helmet after 15 minutes of calm and application should not exceed 60 minutes in a single episode. The Behavioral Support Plan was revised for the third time with the changes from the Behavior Management Committee (BMC). A copy of this plan was forwarded to the parent for consent, to EVLHRC members and BMC members. Updates regarding "P" behavioral support plan will be reviewed at the next LHRC meeting. See attached revised behavioral support plan.

Holiday House of Portsmouth's executive session ended at 10:45a.m.

St. Mary's Home for Disabled Children discussed GM and his restrictive behavior plan for using a lock on the subbasis bar of a manual wheelchair while his power wheelchair is being repaired. This lock is used whenever he is in the manual wheelchair. The behavior plan was approved. St. Mary's presented another restrictive behavior plan for KP which was not approved. The committee recommended continued use of his current restrictive behavior plan and in addition, requested that St. Mary's develop a schedule of restraint usage across his day to provide proprioceptive input that is not contingent upon agitation. Restraints will still be used for periods of agitation.

A motion was made by Marcia Kennedy and seconded by George Amory to reconvene in open session. Upon reconvening in open session, each member of EVLHRC certified that, to the best of each member's knowledge, only public business matters identified in the motion to convene the executive session were discussed in the executive session.

The emergency Executive Session meeting was adjourned at 11:15 a.m.

Melanie Perez-Lopez
Social Worker
St. Mary's Home for Disabled Children

Jacqueline Parker-Mazyck
Program Director
Holiday House of Portsmouth, Inc.

BEHAVIORAL SUPPORT PLAN

Name: "P"
Date updated: June 16, 2008

Targeted Behaviors:

Self Injurious Behavior (hitting/slapping self about the face or head, scratching self with sufficient force to leave marks/abrasions, biting self)

Disruptive Behavior (running from immediate area of supervision, pushing and hitting others)

RATIONALE:

"P" is diagnosed with autistic disorder with severe intellectual disability. He is nonverbal with no functional mode of communication. "P" has a history of self-injurious behavior (SIB) and disruptive behavior, which involves hitting, slapping himself about the face or head, scratching himself on his arms and legs causing marks or abrasions, and biting himself on the arm. In addition, he occasionally runs away from the immediate area of supervision and might push others in his way. Most often his SIB involves hitting/slapping himself. A functional assessment indicated "P's" challenging behavior serves multiple functions, including escaping or avoiding task demands, communication of protest when he cannot have a desired item or toy, communication or distress associated with discomfort (e.g. clothing is soiled, too hot, itching, etc.), and communication of stress associated with being in crowded or noisy and disruptive environments. He has a history of dry skin and this may result in some itching, which can be minimized with the use of moisturizing lotion. "P" can usually be calmed by determining the communicative function of his challenging behavior and resolving the specific problem and/or redirecting him to engage in an alternative activity in a quiet area. "P" has a history of hyperactive behavior and receives psychoactive medication to aid in managing his behavior.

This program attempts to minimize physical discomfort, frustration, exposure to crowded, noisy or disruptive situations or environments, and redirecting his SIB and disruptive behavior when they occur. Specifically, staff will follow a structured routine of activities, redirect "P's" challenging behavior to an appropriate activity or task, and use calming strategies.

PROCEDURES:

1. Staff of Holiday House of Portsmouth will attempt to keep "P" engaged in appropriate activities throughout the day by following a structured routine. Staff will reward his participation with verbal praise when he is participating.
2. Staff will try to minimize "P's" exposure to crowded, noisy, or disruptive environments or situations. Should the immediate area become noisy and

disruptive, staff will move "P" to an area away from the source of the noise and disruptions.

3. Staff will apply moisturizing lotion to his arms and legs following his daily bath.
4. Staff will encourage "P" to express his wants/desires through vocalizations, gestures, eye gaze, pointing, or other alternative forms of communications as replacement behaviors during the daily routine. When communicative responses occur, staff should accommodate his request unless it is completely unreasonable.
5. If "P" displays signs of frustration/agitation or over stimulation (e.g. vocalizing, whining, etc.), staff will establish eye contact with him and say, "P" what do you want?" Staff will attempt to determine what Alex's specific desire or problem is, and resolve the problem (e.g. crowded or noisy situation, soiled clothing, environment is too hot, etc.) or accommodate his request unless it is not practical or reasonable at the time.
6. If "P" continues to show signs of frustration/agitation, over stimulation, or begins to engage in SIB or displays disruptive behavior, staff will assist him in calming down in one of the following ways: Escort him to a quiet area and prompt his engagement with a task or toy; Escort him to the "sensory room" where he can listen to soft music, have access to a weighted blanket, staff can implement his therapeutic brushing technique or allow him to bounce on the therapeutic ball; Give him a therapeutic bath in Jacuzzi tub or give him a shower or bath in the Cottage.
7. If attempts to interrupt and redirect his SIB are unsuccessful after 60 seconds, staff will apply his **soft-shell helmet (Playmaker Headgear)**. The helmet will be removed once "P" has been calm for 15 minutes (i.e. no hitting/slapping self). No single occurrence of use of the helmet will exceed 60 minutes in a single episode. Staff will continue efforts to redirect his behavior and socially reward his engagement in activities. Staff may take him outside, take him for a short walk or van ride. Staff will document any use of the helmet in accordance with the policies and procedures of Holiday House of Portsmouth, Inc. This documentation will include the date and time the helmet is applied, the time it is removed and the staff person name that applied the helmet. Staff will document on a Behavior Narrative Data Form and also a statement must be written in "P's" ID notes regarding the behaviors exhibited. Staff will visually monitor "P" continuously while the helmet is being used.

8. If "P" shows any signs of pain or discomfort (e.g. repeatedly scratching his arms or legs) or displays SIB when the immediate cause (e.g. noisy environment, crowded situation, toys not available, etc) is unknown, staff will refer him to nursing staff to be checked for possible medical or physical problems, as well as making efforts to redirect and calm him.
9. In general, staff should not verbally reprimand "P" for challenging behaviors and should not discuss his challenging behavior in his presence.
10. Staff will document episodes of challenging behaviors on the narrative behavior data form and in "P's" ID notes as they occur.
11. Psychoactive medications will be administered as prescribed by the physician or psychiatrist in conjunction with this behavioral treatment program.
12. Staff will monitor for medication side effects and report any observed or suspected adverse side effects to the nursing staff.

Update by: _____

Jacqueline Parker-Mazyck, QMRP
Program Director

Reviewed by: _____

Ronnie Ratliff, QMRP
Chief Administrative Officer