

# **FAMILY SUPPORT RESOURCES, INC.**

5800 W. Glenn Dr. #200 Glendale, AZ 85301

Phone (623)931-9300

Fax (623)931-9822

## **Behavior Management R6-5-7456**

Family Support Resources, Inc. (FSR) adheres to the ACYF Discipline Policy in its entirety.

Each FSR staff member will be educated on the ACYF Discipline Policy during their orientation training; staff are instructed to strictly adhere to the Discipline Policy. Each staff signs an agreement to adhere to the ACYF Discipline Policy.

The only time a physical restraint can be utilized is to prevent a child from hurting himself/herself or others. Only staff members who have completed their training in crisis intervention are allowed to use restraints. The only types of restraints that can be used are the applications taught in the Therapeutic Crisis Intervention class.

FSR will use incident reports as a method of documenting use of physical restraints or restrictive behavior management techniques.

FSR will have consistent review meetings to evaluate whether staff properly applied the restraints or techniques in any particular case.

FSR will not use any behavior techniques prohibited by DES.

FSR staff are responsible for the control and discipline of all clients in our care. FSR will not allow clients to discipline other clients.

*FSR shall not threaten a client or allow any client to be subjected to maltreatment, abuse, neglect or cruel, unusual, or corporal punishment including the following practices:*

- Spanking or paddling
- All forms of physical violence inflicted in any manner upon the body
- Verbal abuse, ridicule, or humiliation
- Deprivation of shelter, bedding, food, water, clothing, sufficient sleep, or opportunity for toileting
- Placing a child in seclusion
- Use of a mechanical restraints
- Requiring a child to take a painfully uncomfortable position, such as squatting or bending for extended periods of time
- Putting a client into a restraint using any form of blanket wrap
- Washing a client's mouth out with soap
- Administering prescribed medication or medication dosage without specific physician authorization

The behavior management practices listed below are restricted:

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- Required physical exercises such as running laps or performing push-ups, and assignment of physically strenuous activities except:
  - ♣ As expressly prescribed in a client's service plan and as part of a regular physical conditioning program, or as part of work experience that meets the requirements
  - ♣ With documented clearance by a physician who is knowledgeable about the physical activities in which the client will participate
  - ♣ Within sight of staff
- Disciplinary measures taken against a group because of the behaviors of an individual member of the group
- Denial of visitation or communication with significant persons outside the facility solely as a consequence for inappropriate behavior

FSR may use a restricted practice only when the practice and the circumstance warranting its use are:

- Consistent with FSR program description and purpose
- Described in the licensee's behavior management policy
- Used as prescribed in this section
- Not otherwise prohibited by these rules

If FSR cannot use a specific physical restraint or behavior management technique on a particular client, the client's service plan shall describe the restriction.

If FSR is suspected to have violated the Behavior Management policy, the licensing authority, will review and consider all the circumstances at the time of the action, including the following:

- Client's physical condition
- Whether the client was taking any medication that may have affected the client's ability to perform the action, such as psychotropic medications or antibiotics
- The climatic conditions under which the client was performing the action, such as intense heat, cold, rain, or snow
- The level of force, if any, the staff used to require the client to perform the activity, and whether any use of force resulted in injury to the client
- Whether the activity was consistent with FSR's program description and procedures

I have read the above document and agree to abide by FSR's Behavior Management Policies.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date