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Policy Name: Procedures for Challenging Behaviour Management - CYMHS Inpatient Unit

Policy No: MHS-WCH-CYMHS-050

Refer: Managing Challenging Behaviours on the Inpatient Unit

1. If or when a challenging incident occurs which was not able to be managed preventively, then a hierarchy of behavioural interventions will be used by staff to encourage the patient/family to learn ways to manage their anger. If the challenging incident can not be managed in the least restrictive way, the intervention may need to proceed to the next step. If the situation is emergent & threatens, or has caused injury a more restrictive level of intervention may be necessary.

2. The hierarchy proceeds from – Verbal prompts to practice agreed upon techniques for calming – i.e. removing oneself from upsetting circumstances, taking a walk, going to one's room, self-imposed use of the quiet room, reminding of consequences of continued challenging behaviours.

3. If these means are ineffective, or the child is unable to utilize them, the child may be removed to a quiet setting by verbal/physical guidance, or by use of safe, physical restraining techniques.

4. If the child is unable to calm, can not stay in a quiet space &/or continues to pose a threat to self /others, then more restrictive measures may need to be used. These include physical holding or placement in a room from which the child may not leave, until there is evidence of calming sufficient to allow the child to return to a less restrictive level. Use of psychotropic medications may be also used as part of the intervention strategy continuum (see Policy of Dispensing of Medications on CYMHS In-patient Unit)

5. Therapeutic holding and Time Out are final interventions for managing more serious misbehaviour. The aim is to achieve a positive outcome for all involved. Time Out allows children time away from potential triggers for disruptive behaviours so they can calm down. It also means children aren't getting any attention (positive or negative) for their misbehaviour. The Time Out room is important – it should be safe, well lit, well ventilated, but also boring. Children remain in the room until they have been quiet for a maximum of 5 minutes. This time can be reduced for younger children. Timing commences when the child is calm. If necessary, the door may be closed or locked called Closed Time Out. **The strategy is recommended for children from ages 2 – 13 years only.**

6. Time Out, Closed Time Out and therapeutic holding should be used as only one aspect of a comprehensive behaviour management strategy.

7. Time Out, Closed Time Out and therapeutic holding should only be undertaken with parental/guardian consent, and is not to be used for patients who are undergoing involuntary assessment or treatment under the MHA 2000.

8. Episodes of Time Out must be documented in the patients chart. Episodes of Closed Time Out must be documented in the patients chart AND on the Closed Time Out Record.

9. The statistical information for Closed Time Out is gathered on a monthly basis and reported on the clinical indicators. It is also available for review by Official Visitors from the Queensland Commission for Children and Young People.

10. Seclusion is a therapeutic intervention for young people (over 13 years of age) using confinement in a room alone from which free exit is prevented, for purposes of preventing injury to self and others and only if there is no less restrictive way of ensuring the safety of the patient or others. Seclusion may be used only under an Involuntary Assessment, or an Involuntary Treatment Order of the Mental Health Act (MHA), 2000. A Doctor must make a written seclusion order, which is effective for up to 12 hours, stating reasons and time of the seclusion order, whether the senior registered nurse is authorised to release, or return the patient to seclusion and the specific treatment measures to be used while the patient is secluded. A senior RN must immediately inform a doctor of the seclusion, document information relating to the seclusion in the clinical file and ensure that the patient is constantly observed while in seclusion under a nurse's authorisation. Other obligations under the Qld MHA 2000 will be met.

11. When the patient meets the criteria for an Involuntary Treatment Order, the process will be done in accordance with QLD MH Act 2000 (Involuntary Treatment Order) with regard to emergency use of seclusion, frequency of observations, availability of fluids, clothing, bedding, safety of patient medically and environment, & recording of the event in the proper registry.

12. A Parent/guardian will be notified, as soon as possible, when a patient is secluded under any of the above circumstances.

13. Each instance of seclusion will be documented in the patient's chart, as well as in the official Seclusion Register.

14. The Closed Time Out Record and the Seclusion Register will be reviewed by the patient's case coordinators to guide treatment plan development/revision and reviewed monthly in the Quality Improvement Committee meetings to evaluate trends to guide program development/modification.