



BEHAVIOUR MANAGEMENT & RESPONSE

1. Introduction

A fundamental of the of the school's interim 'Behaviour Action Response Policy' or 'Non-Violent Code of Best Practice' is founded on its '**Pre-emptive**', rather than '**Responsive**', nature.

The policy requires staff to use their knowledge of children and situations to '**Anticipate**' what could happen, and respond accordingly, thereby helping to prevent even more volatile situations arising, rather than having to **react** to crisis situations, once they occur, in an informed, not instinctive manner.

This strategy involves staff being able to firstly identify and understand the intricate role of the **Triggers** that can lead to the escalation of potentially aggressive and violent behaviours.

And, secondly, learning how to avoid or set up situations that eliminate the triggers, and/or, if necessary, use other triggers to **Diffuse** potentially volatile and dangerous situations, before they ever occur.

Triggers can be as subtle as 'looking at someone in a particular way to 'a child being overtly or physically bullied by another child in a specific context'. The display of other interrelated triggers also arise in the situation, with each of the behaviours having their own origins in emotional and behavioural factors associated with the individuals involved.

Escalation can quickly occur the more aberrant, inappropriate or severe the behaviours become, and/or the more frequently and intensely they occur.

The selection of such pre-emptive techniques as focusing, redirecting, refocusing, goal-setting, demonstration, humour, diffusing, debugging, neutralizing, resolving, scaffolding, touch, negotiation, translation, teacher questioning, self-questioning, self-control, cognitive behaviour therapies is made by staff according to the nature of the situation, and the triggers at play.

More overt ways of pre-empting, that require more careful planning, include:

- 'peer tutoring' (with an appropriate peer model working with the target child to help develop self-control);
- 'shadow program' (whereby a carefully selected teacher or aid, working with the behavioural specialist, is assigned to the target child, on a one-to-one basis, managing his/her total behavioural, life-skills and academic program, whilst in school, with the child working towards being gradually re-integrated back into the normal classroom);
- 'self-writing program' (in which the target child writes on a daily basis, about key events and feelings of significance, for therapeutic purposes, with these being shared and discussed with a significant trusted other, to help develop self-expression, self-instruction, self-control and self-help).

Teaching staff are also able to access 'Individual Education Plans', incorporating specific Behavioural and Emotional Management Strategies for each of the children enrolled at the school in order to help make such decisions with immediacy and forethought, in circumstances, as they regularly unfold.

The more informed, rehearsed, practiced and experienced teachers become, the more internalized and spontaneous these decisions become in given situations.

Children, it should be stressed, do not act out in a vacuum; with behaviours often being the outcome of several variables or triggers, with the management and escalation of the situation there, on often mostly shaped by how staff intervene, or react in the given situation.

Since crisis intervention is an integrated process, it is essential that 'staff members do not allow themselves to become irrational, anxious or defensive'; otherwise they will not only struggle to de-escalate situations, and re-establish calm; they may in fact 'accelerate the development of a crisis'.

'Therapeutic responses' from staff, in other words, can be used to "balance" or "offset" the acting out behaviours of individual children, rather than fuel them.

And the '**THERAPEUTIC ENVIRONMENT**' **SHOULD BE MAINTAINED**, not abandoned, **EVEN DURING THE MOST VIOLENT MOMENTS**, which is **THE LITMUS TEST** of **THE 'NON-VIOLENT' NATURE** of this behaviour management or crisis intervention policy, and **EXPLAINS WHY IT IS MORE LIKELY TO WORK**.

In being responsible for the safety of self and others, it is critical that teachers not only expand their repertoire of 'hands on' behavioural, emotional and physical intervention strategies, techniques and skills, but they continue to refine them on an ongoing self-evaluative basis, with a view to always reducing the amount of physical contact and the risk of injury to all concerned.

All techniques, especially appropriate methods of restraint, must only be used in a manner that complies fully with this policy for it is the only official policy that has been ratified by the Board of Directors for The Joseph Varga School.

The Joseph Varga School requires each staff member to sign an undertaking that he/she understands this policy and is willing to accurately implement the policy, and is fully aware of the risks involved, including any bodily injury, loss, or damage, that may occur, if the skills, techniques, and methods espoused in this policy are misused or incorrectly applied.

In summary, this school policy is designed to be a safe, non-harmful effective behaviour management system designed to help teachers at The Joseph Varga School to provide an optimum way of managing disruptive, oppositional, abusive, assaultive, and out-of-control individuals at all times.

2. **Specific Aims**

The policy will more specifically help teachers to:

1. Apply the policy in real-life school situations, so that it becomes a living, realistic, practical procedure, rather than one that exists only on paper.
2. Provide for the 'Care, Welfare, Safety and Security' of all those who are involved in a crisis situation, especially those individual children staff are in charge of.
3. Apply the policy so that staff control their own anxieties during interventions and

maintain the best possible professional attitude.

4. Apply the policy so that reactions are produced with maximum confidence, minimum fear, whilst ensuring as much self-protection and minimum self-defensive instinctive response as possible, when confronted with hostile, volatile or violent situations.
5. Develop the technical skills required to manage abusive, aggressive, violent and/or oppositional behaviours of children with disabilities.
6. Identify the non-verbal, para-verbal, verbal and physical signs and behaviour levels that contribute to the development of a crisis and choose an appropriate staff intervention.
7. 'Determine how to respond to the different stages of escalation, and, as a result, improve diffusion and de-escalation efforts'.
8. Select useful non-verbal, para-verbal, verbal and physical intervention techniques that can help prevent acting-out behaviour.
9. Use effective techniques to de-escalate behaviour and reduce the tension of an agitated person, so that the conflict is satisfactorily resolved.
10. Demonstrate CPI's 'Principles of Personal Safety' to avoid injury if behaviour escalates to a physical level.
11. Focus on the alternatives if a person loses control and becomes violent.
12. Understand and develop team intervention strategies and techniques.
13. Recognize the importance of staff attitudes and professionalism in responding effectively to those in the charge of teachers.
14. Demonstrate physical control and restraint positions to be implemented when physical control is necessary as a last resort due to an individual's dangerous behaviour.
15. Use the time after a crisis (Postvention) or incident to bring about necessary closure, debriefing, and re-establishment of a therapeutic relationship with the individuals involved, and/or to prevent future crises.

3. Specific Principles

When dealing with a potentially volatile situation involving children, or responding in a crisis intervention, it is important to be aware of the 'precipitating' internal and external causes of the behaviour. In addition, it is essential to appreciate that the behaviours and attitudes of staff interact with and impact on the behaviours and attitudes of the individuals acting out, and vice versa ('integrated experience').

Such awareness hinges on the ability of teachers to maintain their own 'rational detachment', meaning that they remain in control of their own behaviours and attitudes, without taking any of the acting-out behaviours of children personally.

To do this successfully, teaching staff must tune into their own fears and anxiety, because it is crucial to take care of and keep oneself safe, before one can take care of others, and keep them safe.

One's own fears as a staff member can in fact actually trigger the fears of the target children, so it is vital to know what triggers one's own fears, and how to eliminate them before they take hold in a crisis situation.

For such reasons, it is thus 'unproductive' to freeze, 'over-react,' 'under-react', 'confront' or 'control' the child prematurely, as it is 'to be physical' too soon, 'intimidate', or 'push a child to the limit'.

Avoid both over-reaction and under-reaction. with verbal and physical intervention.

Verbal intervention is used to intervene with a verbally acting-out person while physical intervention is used to intervene with a physically acting-out person.

The key is to 'control the situation'; not 'control the person'.

In using 'rational detachment', one's speed and strength along with sensory acuity, can be enhanced, as resources are not being spent unnecessarily on dealing with one's own fears and anxieties.

Reaction time can similarly decrease, allowing for firm, clear, direct and realistic actions and consequences to be adopted.

In many senses, both a 'psychological' and 'physiological' advantage can therefore be exercised, whilst maintaining one's own personal safety, as well as the safety of those one is managing.

4. Behaviour Patterns

There are generally two ways in which a hostile person can vent aggression or hostility: verbally and physically.

It is possible to confuse these responses, leading to inappropriate actions by staff that can escalate the situation to a more dangerous level (e.g. physical action to calm a verbally aggressive person, or verbal intervention to manage physically acting out person).

Words do not work if the person is hitting, biting, or choking another person, as their 'auditory channels have shut down during the peak of the violent outburst'.

The following four behaviour patterns can be seen in most people who are escalating toward a potentially violent episode.

<u>Behaviour Levels</u>	→	<u>Staff Attitudes</u>
1 Anxiety		1 Supportive
2. Defensive		2 Directive
3 Acting-out Person		3 Non-violent Physical Crisis Intervention
4. Tension Reduction		4 Therapeutic Rapport

1. Anxiety = 'a noticeable increase or change in behaviour, manifested by a non-directed expenditure of built-up energy', with something different about person

1. Supportive = engage contact, give 'personal space', be clear and simple, be empathic, actively listening to what is bothering the child, or 'what is really being said', and 'why the child is really acting this way?', as these understandings will help provide the means to help change, control, reshape, redirect the behaviour.

Avoid being judgmental, as this interferes with communication, and avoid dismissing the child as a 'constant complainer'. Also avoid 'confrontation', 'guilt trips', 'blame', 'false promises', 'bribes', or being 'demeaning'.

Encourage the child to stay calm, to take long, deep breaths, to pause and detach before thinking and expressing.

On 'setting limits', which is a verbal intervention technique here, it must be reasonable and

enforceable (can and will these really work?), whilst, as often as possible, offering the child choices and consequences.

MOST POTENTIALLY EXPLOSIVE SITUATIONS CAN BE DEFUSED AT THIS POINT BY BEING SUPPORTIVE. WITH NON-SUPPORT ONLY SERVING TO ESCALATE THE SITUATION RAPIDLY.

BE AWARE OF TUNING INTO:

- * THE PERSONAL SPACE OF A CHILD ACTING OUT, AND
- * HOW YOU POSITION YOUR BODY AND HANDS IN RELATION TO THE CHILD,
- * HOW YOU USE TONE, INFLECTION, VOLUME AND CADENCE OR SPEED OF YOUR VOICE,
- * THE FEEDBACK BEING PROVIDED BY THE CHILD ACTING OUT (e.g. do not assume that a child has automatically received your message),
- * AND HOW THE SITUATION CAN BE AFFECTED BY YOUR USE OF, OR THE VIOLATION OF, PROXEMICS, KINESICS AND PARAVERBAL CUES AND A READING OF NON-VERBAL SIGNALS (e.g. clenched fists, tightening facial features, moving away),

OTHERWISE THE TEACHER'S BEHAVIOURS OR BEST INTENTIONS (e.g. being supportive) CAN BE CONSTRUED TO THREATEN, CHALLENGE OR CONVEY MIXED MESSAGES.

2. Defensive = signifies increasing loss of rationality and control, through verbal (e.g. belligerence) and non-verbal (e.g. intimidation) cues that challenge teacher, school, and authority.

Child may also over-react or respond to the staff member's tone of voice, proximity, body posture, race, sex, weight, and sensitive issues to test the staff member and his/her limits, with a tendency to also try to solicit help from onlookers, with the original issue now becoming less important

This situation can often arise because inadequate support has been given at Level 1, the child refuses to accept support, or the support arrives too late.

2. Directive = must resist being affected by the button-pushing, so teacher's professionalism, rationality and verbal control are not compromised, so teacher does not fall into own crisis development, thereby losing control of own behaviour, with no one in control of the situation, with the acting-out child sensing this, fuelling more acting-out behaviour, thereby further escalating the situation

MUST SET CLEAR, SIMPLE, REASONABLE, OBJECTIVE, ENFORCEABLE, CALM, NON-THREATENING BEHAVIOURAL LIMITS TO HELP THE INDIVIDUAL REGAIN RATIONAL CONTROL

Support and empathy are no longer appropriate as they can feed defensiveness and no-win power struggles, rather than encouraging compliance.

THE OBJECTIVE HERE IS TO POSITIVELY MAKE THE INDIVIDUAL REALIZE THAT THE CONSEQUENCES OF HER/HIS BEHAVIOUR IS UP TO HER/HIM. AND THAT SHE/HE CAN CHOOSE OR DECIDE WHAT TO DO ABOUT THIS.

The staff member's role is then more to enforce the consequences of the individual's choice, rather than make the person choose one option or another, and to as far as reasonably possible, allow the child to save face, and feel safe.

So, at first, aim for a simple explanation of why behaviour is inappropriate; at the next stage, then point out a benefit, if the behaviour is toned down; followed by a more dramatic consequence (e.g. removal), if the behaviour continues.

Without imposing and enforcing reasonable limits the child will refuse to follow directives, and the situation will escalate.

3. Acting-Out Person = total loss of control usually involving verbal aggression becoming physical aggression, assault or self-harm.

Worthwhile remembering that this can be a frightening, traumatic or unpleasant experience for the child involved, being an 'explosion of pent-up energy', or 'a total energy expenditure', rather than a 'pre-meditated' act, with staff simply being the object of it, or having to struggle to restrain or contain this massive release of energy.

3. Nonviolent Physical Crisis Intervention = if child's behaviour is a danger to the self, or those around, teacher must 'consider physically controlling the child's behaviour until he/she can regain control on his/her own'.

SHOULD NOT BE USED AS A PUNITIVE MEASURE, and only to be used when necessary given legal implications, inherent dangers (e.g. pain compliance & negative associations), and the risk of escalating the situation even more

4. Tension Reduction = as the energy builds up within individuals, so does the tension, with it impossible to sustain such an expenditure of energy indefinitely, eventually resulting in a reduction that is both physical (e.g. muscles relax) and emotional (drained, release, withdrawn, remorseful, apologetic, vulnerable, confused, frightened, fearful again of losing control in another way), with this stage signaling the start of self-control, or regaining composure, rationality.

4. Therapeutic Rapport = staff must not distrust an individual's response during this phase, for it creates the opportunity to re-establish communication with the child, particularly since the child may be actively seeking this.

Child needs to be reassured, during restraint, that he/she is OK, staff are not going to harm her, allowing sufficient time to deep breath, calm down, regain rationality.

Make sure that the child understands what the sequence of events will be (e.g. moving him/her), and why this is occurring, and how the child is still free to make some safe choices about what is occurring.

THE MORE THERAPEUTIC THE COMMUNICATION IS. THE QUICKER TOTAL RATIONALITY WILL BE REGAINED.

5. Team Intervention

The effectiveness of this approach hinges on the communication and cohesiveness present within the crisis intervention team, known as the 'Its On' Team.

Team intervention reduces the danger to all individuals involved, including the child acting out, while also being perceived as more professional and safer from a legal point of view- 'we are here to help you and keep you safe', rather than 'I am here to confront you', with 'one word being pitted against the word of another' in a solo intervention.

The choice of team leader is not simply a function of seniority because this does not

necessarily equate to 'competence in intervening in a crisis situation', or group dynamics, or the first staff member to arrive on the scene.

The confidence of the pre-designated team leader 'to remain calm and to set and enforce limits' is an important consideration because the volatile child is often seeking control and safety from the person in charge, or another staff member, by them being reassured verbally and non-verbally that the situation is under control and that they are safe and being heard and cared for.

The ability to quickly establish rapport and build trust in the situation is another key skill the team leader requires.

The responsibilities of the team leader are to:

- quickly assess and plan the intervention, often on the spur of the moment, responding to such questions as: What has happened here? What caused this to happen? What behaviours are being exhibited, and at what level? How many staff are needed? What are their roles? How will we restrain, if necessary? What is the impact of the behaviours on other children, staff and the rest of the school? How can the situation be handled so that it does not excite bystanders, nor cause chaos or anxiety amongst staff and children?
- direct and cue the intervention by issuing appropriate instructions to others, prior to, during and after the intervention
- communicate with the individual child, so others also don't communicate, as this can confuse or distract the potentially violent person
- conduct a 'postvention' meeting with the staff involved, to evaluate whether the intervention process was effective and efficient

6. Other School Policies

The Joseph Varga School's '3.7.2 Behaviour Management & Response Policy' should always be read in conjunction with other policies formulated by the school, including Child Protection, Duty of Care, Anti-Bullying/Harassment, Discipline.

Last Updated: 20 February 2013

DECLARATION – BEHAVIOUR MANAGEMENT & RESPONSE POLICY

ACKNOWLEDGEMENT

I _____ have read, understood and agree to comply with the referred to school policy and am aware that it is designed to be a safe, non-harmful effective behaviour management system designed to help teachers at The Joseph Varga School provide an optimum way of managing disruptive, oppositional, abusive, assaultive, and out-of-control individuals at all times.

In complying with this policy I am aware and accept that it is the only official policy that has been ratified by the Board of Directors for The Joseph Varga School to do with Behaviour Management and Response.

I am further aware that I am signing an unconditional declaration, and will undertake to be bound by the terms and conditions explicitly outlined within this policy and procedures.

Signed by Employee

Dated

Signed by Principal/s

Dated