



M. Jodi Rell  
Governor

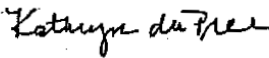
State of Connecticut  
Department of Developmental Services

**DDS**

Peter H. O'Meara  
Commissioner

Kathryn du Pree  
Deputy Commissioner

**TO:** *Private Provider Executive Directors*

**FROM:** *Kathryn du Pree*  
*Deputy Commissioner* 

**DATE:** *March 19, 2009*

**SUBJECT:** *Implementation of OPA Recommendations Regarding Supporting People Who Have Self-Injurious Behavior*

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Recently, the Office of Protection and Advocacy (OPA) completed an investigation as a result of the death of one of our consumers. The Department of Developmental Services (DDS) developed its response to the recommendations. The follow-up to the recommendations has implications for all providers who serve people with self-injurious behaviors. Following is a summary of the recommendations and the actions that we expect will be taken in an effort to better protect individuals who exhibit these behaviors:

**Recommendation #1:** DDS should ensure that all supported clients that exhibit self injurious behaviors involving the head have programs which monitor behavior intensity as well as behavior frequency.

- Response:** All public and private providers will adhere to existing DDS Policies and Procedures concerning the implementation of behavioral support plans for self-injurious behavior. Public and private providers should ensure that, when addressing self-injurious behavior, reviews of SIBs are conducted at least monthly.

**Recommendation #2:** DDS should ensure that all behavior programs designed for clients who exhibit self injurious behavior involving the head include provisions for requiring that DDS 255 unusual incident reports are completed whenever the behavior involving the head becomes severe or potentially dangerous.

- Response:** Public and private providers will ensure that, as part of their training in behavior support plans for people with self-injurious behavior, the following components are included and documented:
  - All staff who work with the individual are trained in all procedures.
  - All target behaviors are included as part of the training.
  - All data collection procedures are covered.
  - A monitoring component by the assigned behaviorist, team, and provider is included.
  - Behavior support plans (and subsequent training for direct support staff) should include a provision that highlights the need for immediate and accurate reporting (including the 255s), and communicating substantial changes in the frequency and/or intensity so that, when necessary, interventions are modified to address the current situation.

**Recommendation #3:** DDS should ensure that support teams involved with clients that exhibit self injurious behaviors involving the head regularly consider and deliberate whether external supports such as helmets or mittens are warranted upon review of the most current available information concerning the frequency and intensity of the self injurious behavior.

- Response:** Public and private providers will ensure that provisions regarding behavioral and nursing oversight, as well as management's responsibility to ensure training, monitoring, and PRC-compliance, are in place. When behavior support plans are implemented to address self-injurious behavior, the following should be included as part of the assessment and planning process, as well as, implementation and monitoring:
  - A functional analysis should be routinely conducted that is responsive and time-sensitive to all levels and changes in frequency and intensity of the identified SIB.
  - Providers, together with the assigned behaviorist, develop systems of reporting and communicating substantial changes in levels of SIB between staff, clinicians, and administration.
  - Part of this analysis should include whether any external supports (e.g. mittens, helmets) are needed.

**Recommendation #4:** DDS should ensure that all Individualized Programs for clients that exhibit self injurious behaviors involving the head provide for a medical evaluation to be obtained whenever there appears to be significant increases in the frequency and intensity of the target behavior involving the head.

- Response:** Substantial changes in frequency or intensity should be immediately reported to medical and behavioral staff, and closely monitored by the provider and the rest of the team. Communication about changes in these behaviors should be immediate, frequent and complete among team members, and between the provider and team.

We are confident that most, if not all providers already have the majority of these training, programming, reporting and monitoring expectations in place. If you or your staff need technical assistance or want any of these expectations further clarified, please contact the Director of Clinical Services in your lead region.

Thank you for your attention to this request.

cc: Regional Directors  
Clinical Services Directors  
QI Directors  
Private and Public ARDs