

DEPARTMENT OF HUMAN RESOURCES  
SOCIAL SERVICES ADMINISTRATION  
311 WEST SARATOGA STREET  
BALTIMORE, MARYLAND 21201

DATE April 15, 2009

POLICY # SSA 09-18

TO: Directors, Local Departments of Social Services  
Assistant Directors of Social Services  
Local Department of Social Services

FROM: Carnitra White, Executive Director  
Social Services Administration *CW*

RE: Behavioral Support Management

PROGRAMS AFFECTED: Public Out-of-Home Placement Services (Foster Care Services)

ORIGINATING OFFICE: Resource Development Placement and Support Services

ACTION REQUIRED OF: Out-of-Home Placement Services (Foster Care Services)

REQUIRED ACTION: Provide BSM Training and Behavioral Support Management Supplement to all pre-service and in-service foster parents

ACTION DUE DATE: Immediately

CONTACT PERSON: Kevin Keegan, Director  
Resource Development, Placement and Support Services  
410 767-7910

**I. PURPOSE**

This policy provides guidelines for the utilization of Behavioral Support Management techniques, which may be utilized by Local Department of Social Services' foster families and kinship caregivers. This policy is intended to protect the rights of children in the custody of the Department of Human Resources. The purpose of these activities is to protect children from harm and enhance the quality of services provided to them.

This policy also outlines those procedures which may be necessary to fulfill the reporting requirements necessary if a foster child should exhibit behavior which is a danger to him/herself or to others.

Attached is a document designed to be given to all foster parents during training outlining these techniques.

**II. BACKGROUND**

COMAR (07.02.25.19) sets the following limits on discipline of foster children:

A. Only foster parents or other adult caregivers approved by the local department, and known to the children, shall discipline children.

B. Physical holding as a form of restraint shall be used only to the degree necessary to protect the child from self-injury or from injuring others.

C. Discipline training and continuing consultation shall be provided by the local department as needed to foster parents regarding appropriate discipline methods. The use of discipline shall also be discussed routinely in the periodic reconsideration of the foster home.

D. Prohibited punishments include:

- (1) Corporal punishment, which includes physical hitting or any type of physical punishment inflicted in any manner upon the body;
- (2) Physical exercises, such as running laps or performing pushups;
- (3) Requiring or using force to require a child to take an uncomfortable position such as squatting, bending, or repeated physical movements;
- (4) Verbal remarks which belittle or ridicule a child or a child's family;
- (5) Denial of essential program services, such as local department planned educational, psychiatric, or psychological services;
- (6) Denial of meals, clothing, bedding, sleep, mail, or visits with a child's family;

- (7) Threatening a child with the loss of the child's placement in the home;
- (8) Bodily shaking;
- (9) Placement in a locked room; and
- (10) Use of mechanical or chemical restraints.

Prospective Restricted and Unrestricted Foster Parents in the State of Maryland are required by COMAR to receive 27 hours of pre-service training. The State of Maryland uses PRIDE, a foster care preparation method taught by the Child Welfare League of America (CWLA). Trainers who work with prospective foster parents receive 24 hours of "train the trainer" instruction from CWLA personnel, which insures that certain specific content is covered.

The Council on Accreditation suggests that States train foster parents in behavioral techniques which will help them deal with the ascending degree of behavioral difficulty which may be presented by children in the foster care system.

One of nine, 3-hour sessions is dedicated to Discipline, and contains reference to behavioral management. During the session dedicated to discipline, Prospective Foster Parents are introduced to positive behavior management techniques, and it is emphasized that physical discipline is not acceptable for foster children. This policy is intended to supplement the PRIDE curriculum on discipline.

All foster homes approved by DHR are expected to establish and maintain a home environment which is orderly and safe for the children in their care. COMAR states that "a foster parent shall...establish clear expectations for and limits on behavior, understand and deal with negative behavior in a positive way, and reward good behavior." This policy will define the types of incidents which may require behavioral support management techniques. Public foster parents who have completed pre-service training may use the behavioral interventions that they have been taught to protect the health, safety or well being of children or others.

The Department does not condone or promote the use of higher level behavioral support management techniques by restricted or unrestricted public foster parents or kinship caregivers. During PRIDE training, prospective foster parents are informed that no physical discipline of any kind is tolerated. Public foster families may not use behavioral support management techniques, including isolation or physical restraints, as a means of discipline, punishment, sanction, infliction of pain or harm, demonstration of authority, or to enforce compliance with directions. The use of mechanical or chemical restraints is prohibited.

The Department is responsible for identifying and maintaining updated information on the national standards and best practices for approved methods and trainings related to



this policy. DHR is also responsible for providing updated information regarding trainings, and providing it to local jurisdiction staff and foster parents.

**Authority:**

- 1) COMAR 07.02.25

**Definitions:**

In this policy, the following terms have the meanings indicated.

1. "Administration" means the Social Services Administration of the Department of Human Resources.
2. "Challenging behaviors" means those behaviors exhibited by a child, which are harmful, destructive, or socially unacceptable, and which must be addressed in a child's individual service plan.
3. "Chemical restraint" means the use of a drug or medication that is not a standard treatment for a child's condition to control behavior or restrict the child's movement.
4. "Department" means the Department of Human Resources.
5. "Directive Touch" means holding a child by the hand or arm to escort the child safely from one area to another.
6. "Family Foster Care" means 24-hour substitute care provided for a child in an approved foster family home.
7. "Isolation" means the involuntary restriction of a child from others for a period of time to a designated area from which the child is not physically prevented from leaving, for the purpose of providing the child with an opportunity to gain behavioral control.
8. "Local department" means the:
  - a. Department of Social Services in a county or Baltimore City; and
  - b. Montgomery County Department of Health and Human Services.
9. "Mechanical Restraint" means any mechanical device that restricts the free movement of an individual.
10. "Non-verbal strategies" means the use of gestures, postures, facial expressions, eye contact and/or proximity to prevent and/or reduce aggressive behavior.
11. "Physical restraint" means the use of physical force, without the use of any device or material, to restrict the free movement of all or a portion of a child's body, not including:

- a. Briefly holding a child in order to calm or comfort the child;
  - b. Holding the child by the hand or arm to escort the child safely from one area to another;
  - c. Moving a disruptive child who is unwilling to leave the area when other methods such as counseling have been unsuccessful; or
  - d. Breaking up a fight.
12. "Positive behavioral interventions, strategies, and supports" means the application of affirmative program and child specific actions and assistance to encourage emotional and behavioral success.
  13. "Restraint" means a technique that is implemented to impede a child's physical mobility or limit free access to the environment, including to chemical, mechanical or physical restraints.
  14. "Seclusion" means the confinement of a child alone in a room from which the child is physically prevented from leaving.
  15. "SSA" means the Social Services Administration of the Department of Human Resources.
  16. "Staff" means paid employees of DHR or a local Department of Social Services.
  17. "Time-out" means the removal of a child to a supervised area, which is unlocked and free of structural barriers, to prevent egress for a limited period of time during which the child has an opportunity to regain self-control and is not participating in program activities or receiving program personnel support.

## **IMPLEMENTATION**

All foster parents should be educated in Behavioral Support Management techniques. While there are many systems of Behavior Modification in use, SSA has chosen specific techniques to be taught to every public foster parent. They are outlined here, and there is a specific attachment meant to be given to each foster parent.

These techniques should be included in the curriculum for pre-service education as a specific handout to be given to each prospective foster parent for inclusion in the PRIDEbook (a reference given to each foster parent during training.) The PRIDE trainers will be instructed to give this handout to prospective foster parents and to discuss it during the session dealing with Discipline. This material must be thoroughly and exhaustively discussed with potential foster parents during a class session. If the foster parents do not attend the session in which discipline is discussed, a specific **interaction**



must be held to discuss this material and ensure that the foster parent understands the content.

It will also be important to train the existing cadre of foster parents in these techniques, and to reinforce their use each year when reconsiderations are done in the foster home. A handout listing the techniques outlined in this policy will be given to the existing foster parents at the time of the first recon after this policy goes into effect, and will be so noted in CHESSIE.

**Six hours of training are required of each public foster parent each year. Over the course of two years, twelve hours of training are required; henceforth, two training hours out of those twelve must cover Behavior Support Management or other disciplinary topics.**

### **BEHAVIORAL SUPPORT MANAGEMENT TECHNIQUES**

For foster parents, the first course of action is the use of the “Behavioral Support Management Technique” (BSMT). This is a method that DHR authorizes for staff and foster families to use to manage crisis behaviors and diffuse and/or de-escalate a potential crisis, where the health, safety or well being of a child or others may be at risk. The management of crisis behaviors and the use of therapeutic limit setting must always begin with the least restrictive method of intervention and progress incrementally through the appropriate levels to defuse and/or de-escalate a potential crisis.

Level 1 would be used when a child challenges the boundaries of known and common rules.

BSMT techniques which may be utilized are:

- Modeling. Model for a child the appropriate behavior in a respectful way, for instance by looking at child and taking off your own hat.
- Non-verbal strategies. You might place a finger on you head to remind the child to remove his hat, placing a finger on your lips to remind the child not to speak out of turn.
- Ignoring. At times you may use your professional judgment to ignore certain behaviors that attention seeking children often repeat to negatively engage the foster family or others. Ignore behaviors as they occur but confront the child gently when an audience is not present.
- Directive verbal commands. Gently inform child of the inappropriate behavior and assist in directing the child verbally towards a positive behavior.
- Supervision. This is general awareness of and responsibility for a child’s on-going activity. Supervision requires staff and foster families to have knowledge of the child’s needs and to be accountable for service delivery. Foster Parents are responsible for providing the degree of supervision indicated by a child’s age, developmental level, and physical, emotional and social needs.

Level 2 is characterized by a child's persistent challenging of limits, inability to adhere to common and known rules, persisting in distracting behaviors, increasing agitation (child is becoming visibly angry), increasing verbal aggression (child cursing) and unsuccessful implementation of lower level behavioral support management techniques.

BSMT techniques which may be utilized are:

- Preventive Intervention. Give verbal cues, such as appropriately stating the child's name repeatedly to cue the child to a problematic behavior or repeating a formerly agreed upon word to the child to cue the child to a problematic behavior.
- Diversion and Distraction. These may be appropriate methods of defusing problematic behaviors at this level.
- Empathy and Understanding. Communicate your understanding to the child regarding the problematic behavior, i.e.- "Johnny, I know you love gum very much. I do too sometimes. But today we are in class and the class rule is that no one is allowed to have gum here. After class you may have it- OK. Thank you for understanding."
- Reassurance and Encouragement. Encourage and support the child in adhering to the rules and expressing positive behaviors. As an example, one might say, "Johnny you have been so wonderful about not bringing gum to class. I am very proud of you for that. Please continue that terrific record and remove that small piece you have with you today."
- Quiet reprimand. A foster parent may need to explain to the child in a logical and age appropriate manner, what the identified problematic behavior is, why it is not appropriate and what the desired behavior should be. Foster parents must be respectful in their tone and manner and must carefully monitor their own feelings in order to avoid a power struggle with the child. The child should be asked to repeat his/her understanding of the issues and the foster parent should move on to another topic when the issue is resolved. This method should afford the child a sense of some choice and participation in the process. In addition this method may include a warning about consequences of continued inappropriate behaviors.
- Escorting. This means holding a child by the hand or arm to escort the child safely from one area to another.

Level 3 is characterized by a child's persistent inappropriate behaviors such as verbal aggression, threats to spit, bite or physically harm another or self and unsuccessful implementation of lower level behavioral management techniques.

BSMT techniques that may be appropriate at this level are:



- Being respectful, calm and consistent. Reiterate lower level strategies, in a calm, respectful and consistent tone.
- Problem solving. Assist the child by walking him/her through the thinking process/think out loud with the child.
- Personal responsibility. Affirm the child's ability to make good choices and assist him/her in understanding that he/she has personal responsibility in whatever choice he/she makes through both negative and positive behaviors.
- Creating a future. Outline or predict what will happen in the future if the maladaptive behavior continues, define the desired behaviors, outline his/her choices as well as your choices.
- Use Time. Give the child time to make a choice; do not rush (especially when feelings are intense and thinking is impaired).
- Directive touch. Hold a child by the hand or arm to escort the child safely from one area to another.
- Time out. This is a procedure in which a child is removed to a supervised area, which is unlocked and free of structural barriers to prevent egress for a limited period of time during which the child has an opportunity to regain self-control and is not participating in activities or receiving support from the foster family.

Occasionally, a foster parent may be confronted with a child's destructive or maladaptive behaviors, where the child attempts to physically harm him/herself or another, or the behavior is the direct result of a mental health crisis in which the child attempts to harm her/himself or another, i.e.- cutting, kicking to harm himself or others, striking with fists or objects, banging head, attempting to physically assault another with an object, suicidal or homicidal behaviors; and a foster parent is unsuccessful in the use of the behavioral support management techniques they have been taught. Outside intervention therefore becomes necessary.

At this point the foster family is encouraged to call 911, or to bring the child to an emergency room. If it is available in the jurisdiction, a call to a Mental Health Crisis Intervention Team would also be an appropriate intervention. Be sure that the foster parents have a telephone number for the Mental Health Intervention Team, the foster care worker, the Assistant Director, and a way to get help afterhours.

If a parent is required to call 911 or a Crisis Intervention Team, or to take a child to an emergency room because of any behavioral crisis, or if a child exhibits any assaultive, suicidal or homicidal behavior, the Foster Parent or kinship caregiver should immediately notify the Local Department of Social Services that they have had to use outside intervention to cope with the child's behavior. Within 24 hours, the child's worker should be notified, and if the foster parent is unable to get in touch with the worker, the worker's supervisor or the Assistant Director in the local department should be notified. Each foster parent should be given a list of the names and telephone numbers of these administrators at the time they receive a foster care placement.



At scheduled supervisions, supervisors and administrators will review with workers such incidents, noting any consistent patterns regarding child, foster parent, timing, etc. This review will include discussion of any changes of placement that may be necessary. If specific training appears necessary for foster or kinship parents, that should be identified and offered as soon as possible to eliminate the possibility of successive incidents where outside intervention becomes necessary. Supervisors and administrators will monitor adherence to this policy via supervisor conferences, review of case records and case staffing.

On a quarterly basis, the local departments will report to Barbara Terry at DHR (410-767-7908) regarding the behavioral crises which have been reported to them by foster parents using a **Initial Child Fatality/Serious Physical Injury/Critical Injury Report Form**. These reports will be considered as a basis for any policy changes necessary or additional training needed for foster parents in general.

## **BEHAVIORAL SUPPORT MANAGEMENT TECHNIQUES SUPPLEMENT**

As a foster parent, you will be called upon to provide positive discipline for the children in your care. The Department of Human Resources and your local Department of Social Services is providing this outline of techniques you may and should use to manage the behavior of the children under your care. The Code of the State of Maryland is very specific regarding discipline.

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- B. Physical holding as a form of restraint shall be used only to the degree necessary to protect the child from self-injury or from injuring others.
- C. Discipline training and continuing consultation shall be provided by the local department as needed to foster parents regarding appropriate discipline methods. The use of discipline shall also be discussed routinely in the periodic reconsideration of the foster home.
- D. Prohibited punishments include:
  - (1) Corporal punishment, which includes physical hitting or any type of physical punishment inflicted in any manner upon the body;
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  - (3) Requiring or using force to require a child to take an uncomfortable position such as squatting, bending, or repeated physical movements;
  - (4) Verbal remarks which belittle or ridicule a child or a child's family;
  - (5) Denial of essential program services, such as local department planned educational, psychiatric, or psychological services;
  - (6) Denial of meals, clothing, bedding, sleep, mail, or visits with a child's family;
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  - (8) Bodily shaking;
  - (9) Placement in a locked room; and



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Level 1 would be used when a child challenges the boundaries of known and common rules.

BSMT techniques which may be utilized are:

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- Ignoring. At times you may use your professional judgment to ignore certain behaviors that attention seeking children often repeat to negatively engage the foster family or others. Ignore behaviors as they occur but confront the child gently when an audience is not present.
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- Diversion and Distraction. These may be appropriate methods of defusing problematic behaviors at this level.
- Empathy and Understanding. Communicate your understanding to the child regarding the problematic behavior, i.e.- "Johnny. I know you love gum very much. I do too sometimes. But today we are in class and the class rule is that no one is allowed to have gum here. After class you may have it. Thank you for understanding."
- Reassurance and Encouragement. Encourage and support the child in adhering to the rules and expressing positive behaviors. As an example,

one might say, “Johnny you have been so wonderful about not bringing gum to class. I am very proud of you for that. Please continue that terrific record and remove that small piece you have with you today.”

- Quiet reprimand. A foster parent may need to explain to the child in a logical and age appropriate manner, what the identified problematic behavior is, why it is not appropriate and what the desired behavior should be. Foster parents must be respectful in their tone and manner and must carefully monitor their own feelings in order to avoid a power struggle with the child. The child should be asked to repeat his/her understanding of the issues and the foster parent should move on to another topic when the issue is resolved. This method should afford the child a sense of some choice and participation in the process. In addition this method may include a warning about consequences of continued inappropriate behaviors.
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- Personal responsibility. Affirm the child’s ability to make good choices and assist him/her in understanding that he/she has personal responsibility in whatever choice he/she makes through both negative and positive behaviors.
- Creating a future. Outline or predict what will happen in the future if the maladaptive behavior continues, define the desired behaviors, outline his/her choices as well as your choices.
- Use Time. Give the child time to make a choice; do not rush, (especially when feelings are intense and thinking is impaired).

Occasionally, a foster parent may be confronted with a child’s destructive or maladaptive behaviors, where the child attempts to physically harm himself or another, or the behavior is the direct result of a mental health crisis in which the child attempts to harm himself or another, i.e.- cutting, kicking to harm himself or others, striking with fists or objects, banging head, attempting to physically assault another with an object, suicidal or homicidal behaviors; and a foster parent is unsuccessful in the use of the behavioral support management techniques they have been taught. Outside intervention would then become necessary.



At this point, you should call 911, or to bring the child to an emergency room. If it is available in the jurisdiction, a call to a Mental Health Crisis Intervention Team would also be an appropriate intervention. Remember to call your local department as soon as possible so that people there can help you.

If you as a foster parent are required to call 911 or a Crisis Intervention Team, or to take a child to an emergency room because of any behavioral crisis, or if your foster child exhibits any assaultive, suicidal or homicidal behavior, you should notify the Local Department of Social Services as soon as possible that you have had to use outside intervention to cope with the child's behavior. Within 24 hours, the child's worker should be notified, and if you are unable to get in touch with the worker, then the worker's supervisor or the Assistant Director in the local department should be notified. You should be given a list of the names and telephone numbers of these administrators at the time you receive a foster care placement.

The local department will report all such incidents to the Department of Human Resources.