

**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS  
REHABILITATION SERVICES  
POLICY & PROCEDURE**

**NUMBER: 1708**

**VERSION: 3**

**SUBJECT/TITLE:** SUPERVISION AND BEHAVIORAL MANAGEMENT GUIDELINES FOR PEDIATRIC PATIENTS

**POLICY:** Staff monitor and supervise all patient therapy sessions to ensure there will be safe and effective delivery of services in a safe environment.

**PURPOSE:** To provide staff with supervision and behavioral management guidelines to protect the safety of patients and staff during therapy sessions.

**DEPARTMENTS:** REHABILITATION SERVICES

**DEFINITIONS:** **Supervision:**  
Supervision for our pediatric patient population is the process by which we ensure there will be safe and effective delivery of services.

**Behavior Management:**

Behavioral management principles such as reinforcement and modeling are used to reinforce and build altruistic behavior, which can be an effective management tool for many of our pediatric patients. Behavior management techniques may be required for some of our pediatric patients that have a diagnosis that may include but is not limited to, autism, attention-deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), separation anxiety disorder, generalized anxiety disorder, depression, schizophrenia, etc. Positive reinforcement is the preferred approach in managing inappropriate or disruptive behavior.

**PROCEDURE:**

**I. Guidelines for Supervision**

1. There is direct supervision of the patient(s) by the therapist during the entire therapy session. The patient(s) will not be left unsupervised in any treatment area at any time.
2. Additional supervision is provided when the therapist is involved in conversation (home program instruction) with the caregiver.
3. The caregiver will be discouraged from bringing siblings or any other person that is not crucial to the treatment sessions. If the caregiver must bring minor children to therapy, they must accept responsibility for supervising them. Anyone disruptive to the treatment will be asked to wait in the waiting room. If the disruptive person is a minor, and the supervising caregiver must be present for the treatment, the therapy session will be terminated and rescheduled for another time.

**SUBJECT/TITLE: SUPERVISION AND BEHAVIORAL MANAGEMENT GUIDELINES FOR PEDIATRIC PATIENTS**

**Policy Number: 1708**

**Page Number: 2**

4. Vigilant supervision is required at all times by the treating therapist when the patient uses therapy equipment.
5. The therapist always ensures the pediatric area is safe with no potential hazards before the therapy session begins and during the entire session.
6. Infants and children are closely supervised while they are playing with various sized toys.
7. Feeding activities are closely monitored during the therapy session. Please refer to the policy on “PEDIATRIC FEEDING ASSESSMENT AND TREATMENT”.
8. All toxic substances are kept in a locked cabinet at all times.
9. All electric wall sockets have tamper resistant outlets in the pediatric area.
10. All food and drink items are kept in the ADL kitchen cabinets or refrigerator.

**II. Guidelines for Behavioral Management (2 through 18 years)**

CHALLENGING BEHAVIORS	POSSIBLE INTERVENTIONS
1. Disobedience/conflict with adult	<ul style="list-style-type: none"><li>- State rules clearly</li><li>- Involve in developing rules</li><li>- Write down rules/post them</li></ul>
2. Difficulty paying attention	<ul style="list-style-type: none"><li>- Make eye contact</li><li>- Keep instructions brief and simple</li><li>- Write instructions down</li></ul>
3. Difficult to discipline	<ul style="list-style-type: none"><li>- Use positive reinforcement/rather than punitive</li><li>- Be consistent</li><li>- Reward or punish immediately</li><li>- Redirect interest</li><li>- Avoid power struggles</li></ul>
4. Low frustration tolerance/ Irritable/emotional	<ul style="list-style-type: none"><li>- Listen/be supportive</li><li>- Use active listening</li><li>- Teach problem solving skills</li><li>- Teach anger control</li></ul>
5. Restless/hyperactive	<ul style="list-style-type: none"><li>- Make sure the environment is safe</li><li>- Provide additional supervision if child runs out of the room</li><li>- Plan interesting treatment activities</li><li>- Reward non-hyperactive behavior</li><li>- Sensory break</li></ul>
6. Argue/talk back	<ul style="list-style-type: none"><li>- Ignore minor infractions</li><li>- Give time and space to cool off</li><li>- Impose a consequence</li></ul>

**SUBJECT/TITLE: SUPERVISION AND BEHAVIORAL MANAGEMENT GUIDELINES FOR PEDIATRIC PATIENTS**

**Policy Number: 1708**

**Page Number: 3**

7. Intrusive	<ul style="list-style-type: none"> <li>- Set boundaries</li> <li>- Teach to wait</li> <li>- Identify parent's &amp; sibling's space</li> </ul>
8. Difficulty relating to others	<ul style="list-style-type: none"> <li>- Provide tips on relating to friends</li> <li>- Provide opportunity for relating to peers in a small group treatment session</li> </ul>
9. Attention seeker	<ul style="list-style-type: none"> <li>- Discuss inappropriate attention</li> <li>- Participate in activities allowing recognition</li> <li>- Ignore some behaviors</li> </ul>
10. Agitation/aggressiveness	<ul style="list-style-type: none"> <li>- Move the patient to a calm, quiet environment</li> <li>- Remove objects that could be used to inflict harm to self or others from patient</li> <li>- Respond in a confident yet supportive manner</li> </ul>

References:	
Approved by: Celia Pena (), Joann York (Physical Therapy Chief I)	Date: 06/06/2019
Review Date: 06/06/2021	Revision Date:
Distribution: Rehabilitation Services	
Original Date: 06/06/2019	