Vista Policies and Procedures

Policy Name: Interactions with Individuals
Policy Number: CS 507
Policy Holder: Executive Director of Clinical Programs
Original Effective Date: January 22, 2019
Revision Date: N/A

The relationship between Vista employees and individuals served is a professional therapeutic relationship. The following interaction guidelines are designed to support this relationship and protect the individual, the employee, and Vista from the unintended consequences of inappropriate interactions.

To create a safe and productive treatment, learning, and living environment for individuals within Vista programs, all Vista staff members are responsible for maintaining appropriate and effective interactions with individuals. These effective and appropriate interactions include all verbal, non-verbal, and at times physical interactions and/or contact with individuals, as well as support during self-care routines. Appropriate interactions are those that convey safety and respect, uphold the individual's dignity, and are supportive and delivered in a manner that is easily understood by the individual with whom they are interacting. In addition, appropriate interactions are instructive, therapeutic, and should communicate or reinforce the concepts of privacy and appropriate physical social boundaries. The following policy delineates appropriate interactions that promote a safe therapeutic treatment scenario for any individual supported.

Verbal and Non-Verbal Interactions

Across interactions, staff must be cognizant of the messages they are conveying, both in the 'what' and 'how' the message is communicated. Individuals within Vista programs may vary in their competency using various forms and modalities of communication. As such, when interacting with any individual across programs, Vista staff members must ensure that all verbal and nonverbal communication remains:

- Clear with use of names such that an individual understands they are being addressed (i.e. use names and not nicknames or slang when referring to the individual).
- Respectful of the individual, their situation, and current needs. Respectful communication also refers to the time and place in which discussions regarding talking "about" the individual (e.g. crisis events, goal progress, medical, or sensitive events) in the individual's presence as opposed to talking "to" the individual.
- Easily understood, age appropriate, and communicated in a manner the individual understands. This also refers to avoiding the use of jargon, slang, or sarcasm.

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- Sensitive to the needs of the individual and their situation. Staff must ensure their communication remains supportive and understanding, and free of any derogatory or defaming statements.
- Related to their preferences, needs, programming/goals, and development. Discussions with individuals should not include topics related to the individual's family, parent/guardian concerns, highly personal staff information and events (i.e. staff may only disclose personal events that are relevant to the interaction and boundary of the helper), or gossip.
- Open and non-threatening body posture, facial expressions, and body positioning

Social and Physical Interactions with Individuals

During all physical interactions, it is important for staff to demonstrate respect, uphold individuals' dignity, and convey support and care. It is the responsibility of all staff to model and reinforce appropriate physical boundaries with individuals. Affectionate interactions that include (may not necessarily be limited to) hugs (prolonged embrace), tickles on the mid-section, inner thighs, or any area considered private, as well as staff lips making contact with an individual (such as a kissing or giving a "raspberry") are never acceptable interactions by employees, except under the contexts described below for the youngest individuals we serve. Therapeutic interactions must reinforce appropriate circles of trust, leaving the more personal and physically affectionate interactions to family members. Therefore, interactions must be weighed against appropriate affection boundaries, any additional family directives, individual preferences, and cultural norms and must demonstrate acceptable respect to individuals to reflect these boundaries and support education and understanding of abuse prevention.

For each physical interaction with individuals served, the interaction must be initiated by the individual. For instance, when individuals communicate a preference for a pat on the upper back or high five, staff may engage in these interactions as the individual has indicated and initiated such an interaction. No assumptions may be made regarding preferred physical contact, and should not be provided unilaterally across individuals. In addition, staff must also gauge the type of appropriate interaction based on the location and situation (e.g. community, work, classroom, personal care routines), as well as the individual's preferences, age, and history of injurious behaviors. Factors to consider may include potential disruptions (e.g. noise to the environment), the perception of the interaction by onlookers (does it further stigmatize the individual), and proximity to the individual during interactions. Even if requested by the individual, any requests for physical interaction that are inappropriate must be denied by staff (e.g. student leans in for a kiss on the cheek).

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Appropriate interactions with individuals across programs will have some variation due to age and size, however are always intended to produce therapeutic benefit and be free from inflicting harm or abuse. They may include:

- For our youngest learners of infant and toddler age, the most physical contact is permitted. Infants and toddlers shall be provided stimulation by being held, rocked, talked to, played with, and carried.
- For young learners of preschool age, more boundaries are developed around physical contact. Contact with arms, hands, and feet is acceptable. Lifting and carrying may occur with children under a certain age and size, and may only occur as a means to relocate a child to a safe location or for brief teaching routines, such as when a child has their legs wrapped around an adult's waist and the adult gently and securely tips them backwards and then up again as a means of evoking requesting behaviors or as a means of conditioning other humans to have value. Carrying a child may not occur as a means to have a child engage in an aversive activity or to expose to a potentially aversive condition. Hugging may occur as a means to provide comfort to a young child, such as when they are hurt or sick. Sustained contact may not be made with a child's upper legs outside of self-care cleanliness activities or when a child sits on an adult's lap as part of a teaching plan. Sustained contact with a learner's midsection is acceptable for the purposes of stabilization when walking or sitting or during playful lifting interactions/activities. Temporary contact and/or touch to the midsection and upper thighs for purposes of teaching body parts or imitation is permitted. In the event that sitting on a lap is used as a means to shape participation in a group context, there must be evidence of plans to fade the use of sitting on a lap. For purposes of teaching and reinforcement, staff may provide "raspberries" to a learner's cheek, hands, or feet. All other contact of staff's lips to learners is not permitted.
- For all individuals in elementary and upper school classes, Outreach, Adult Employment Services, and Residential Services, contact may be made to an individual's hands, head, feet, upper arms, or upper back (e.g. pat on the back). All contact must be brief and not prolonged, such as a side hug. Contact may not be made with an individual's legs or midsection outside of required self-care activities or approved crisis intervention techniques.

Assisting Individuals During Self-Care Routines

For each individual supported across programs, familiar and trusted staff (ideally a maximum of 3 staff members) are identified and scheduled to support individuals (on a rotation) as needed to

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complete self-care routines/activities. For activities in which the individual is not fully exposed, one staff may provide support, unless otherwise determined by the individual's team. Thoughtful selection and development of the trusting relationship must be developed and fostered based on individual preferences and needs. In the event an individual demonstrates a preference to not accept assistance from a staff, there must be a rearrangement and identification of a new staff member to assist the individual when at all possible.

When assisting individuals during self-care routines, such as those where instruction will occur when an individual requires assistance while their body is exposed, staff must ensure the environment is arranged to support the dignity and humility of the individual. For instance, all such activities are to occur in private locations such as a bathroom or locker room with the absence of other people being able to see the individual. In the event the individual will be fully exposed (such as during changing or showering routines), staff must ensure additional familiar staff are present as a means to further support abuse prevention.

Reporting of Concerns

As outlined in HR 139 Mandated Reporter, HR 100 Standards of Professional Behavior, and CE 401 Reporting Compliance Concerns, it is the responsibility of all Vista staff to advocate for the needs of individuals in any Vista program. As such, in the event that staff witness an event or interaction that does not align with standards for appropriate interactions, there must be an immediate report of the concern to the appropriate entity as outlined in Vista's HR and CE policy series. It is the charge of all Vista staff to provide immediate and in the moment feedback to any staff who is observed to engage in any action that is not appropriate with an individual in any program. Staff are to serve as constant and consistent advocates for individuals and as trainers for all staff who interact with those supported across programs. Employees who are found to have violated the contents of this policy may be subject to disciplinary action, up to and including termination.

Training

Within the first thirty days of hire, staff will receive training and guidance regarding acceptable interactions with those they support. The parameters of interactions outlined within this policy will also serve as a guide for ongoing feedback provided by peers, trainers, and/or supervisors to staff in their day-to-day activities. Staff will receive training related to the concepts outlined in this policy (as appropriate to role and position) on an annual basis.

Executive Director of Clinical Services: _____Date of Approval: _____