Behavior Management in Adult Social Day Services

Person-Centered Strategies for Supporting Diverse Adult Populations

60-MINUTE SELF-PACED TRAINING

NEW YORK STATE ADULT DAY SERVICES

Meet Your Trainer

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Course Overview

Welcome to This Training

Who This Is For

This training is designed for all Adult Social Day Service staff in New York State — activity staff, nurses, social workers, case managers, personal care aides, program assistants, transportation staff, supervisors, and administrators.

What You Will Learn

Over the next 60 minutes, you will explore practical, person-centered strategies for understanding and responding to behavioral expressions in adult day services. Content is grounded in current best practices for dementia care, trauma-informed approaches, and cultural competency.

How to Use This Training

Work through each section at your own pace. Reflect on the case studies and apply the strategies directly to your daily practice.

Section 1

Learning Objectives

By the end of this training, you will be able to:

01

Understand Behavior as Communication

Identify the underlying needs and triggers behind behavioral expressions in older adults and adults with disabilities.

02

Apply the ABC Behavior Model

Use antecedent-behavior-consequence analysis to assess and respond to behavioral incidents effectively.

03

Use Person-Centered Strategies

Implement individualized, trauma-informed, and culturally competent approaches to support participant well-being.

04

De-escalate and Document

Apply verbal and non-verbal de-escalation techniques and accurately document behavioral incidents in compliance with NYS standards.

Section 2

Why Behavior Management Matters

In Adult Social Day Services, behavioral expressions are among the most common — and most challenging — situations staff encounter. When handled skillfully, these moments become opportunities to build trust, protect dignity, and improve quality of life. When handled poorly, they can escalate into safety incidents, reduce program participation, and contribute to staff burnout.

Effective behavior management is not about control — it is about connection, understanding, and meeting people where they are.

The Real Stakes of Behavioral Incidents

70%

Dementia Prevalence

Estimated proportion of adult day participants living with some form of cognitive impairment or dementia

3x

Staff Injury Risk

Healthcare workers in direct care settings are 3x more likely to experience workplace injury during behavioral incidents

40%

Preventable Exits

Estimated share of participants who leave adult day programs early due to unaddressed behavioral or emotional needs

These numbers underscore the urgency of building staff competency in behavior support across all roles — from transportation to clinical care.

Section 3

Understanding Behavior as Communication

Every behavior — whether agitation, withdrawal, repetitive questioning, or refusal of care — is a form of communication. Adults living with cognitive impairment, mental health conditions, or physical disabilities may lack the ability to express their needs verbally. Their behavior **is their message.**

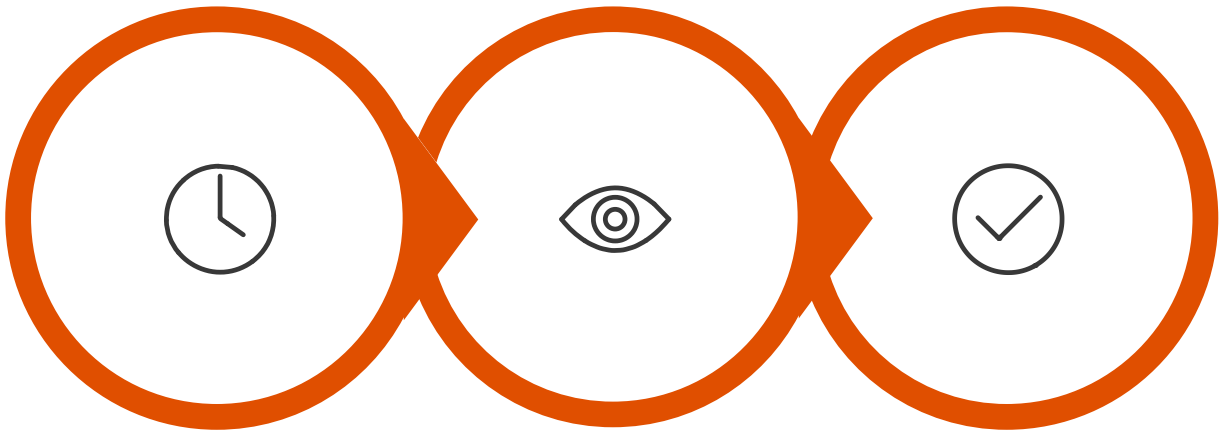
Our role is not to stop the behavior, but to **understand the unmet need** behind it and respond with empathy and skill.

Behaviors May Communicate:

- Physical discomfort or pain
- Fear, confusion, or disorientation
- Unmet emotional or social needs
- Overstimulation or sensory overload
- Loss of control or autonomy
- Unresolved trauma responses

Section 4

The ABC Behavior Model



Antecedent Behavior Consequence

The ABC model is the foundation of evidence-based behavior analysis. By examining what occurred **before** a behavior (Antecedent), what the behavior looked like (Behavior), and what followed (Consequence), staff can identify patterns, modify environments, and develop targeted prevention strategies.

Applying the ABC Model: An Example

Component	In This Scenario	Staff Action
A — Antecedent	Loud music playing during lunch; participant appeared startled	Note environmental triggers; document time and setting
B — Behavior	Participant stood up abruptly, began pacing, and shouted at nearby peers	Describe objectively — avoid labels like "aggressive"
C — Consequence	Staff lowered music, redirected participant to a quiet room; behavior resolved within 5 minutes	Document effective interventions for care plan updates

Use objective, non-judgmental language in all documentation. Focus on what you observed, not what you assumed.

Section 5

Common Behavioral Triggers in Adult Day Settings

Environmental

Noise, crowding, unfamiliar staff, changes in routine, poor lighting, extreme temperatures

Physical

Pain, hunger, thirst, fatigue, medication side effects, urinary urgency

Emotional

Grief, anxiety, loneliness, fear, boredom, feeling rushed or ignored

Interpersonal

Conflict with peers or staff, communication breakdowns, feeling disrespected

Section 6

Medical Causes of Behavior Changes

A sudden change in behavior is a **red flag** — it must first be assessed for medical causes before assuming a psychiatric or behavioral origin. Staff at all levels play a critical role in recognizing these changes early.

Pain

Undertreated or undiagnosed pain is a leading cause of agitation, withdrawal, and refusal of care — especially in non-verbal participants.

Medication Changes

New medications, dosage changes, or polypharmacy can significantly alter mood, alertness, and behavior.

Dehydration & Infection

UTIs, respiratory infections, and dehydration can cause sudden confusion, irritability, and behavioral changes.

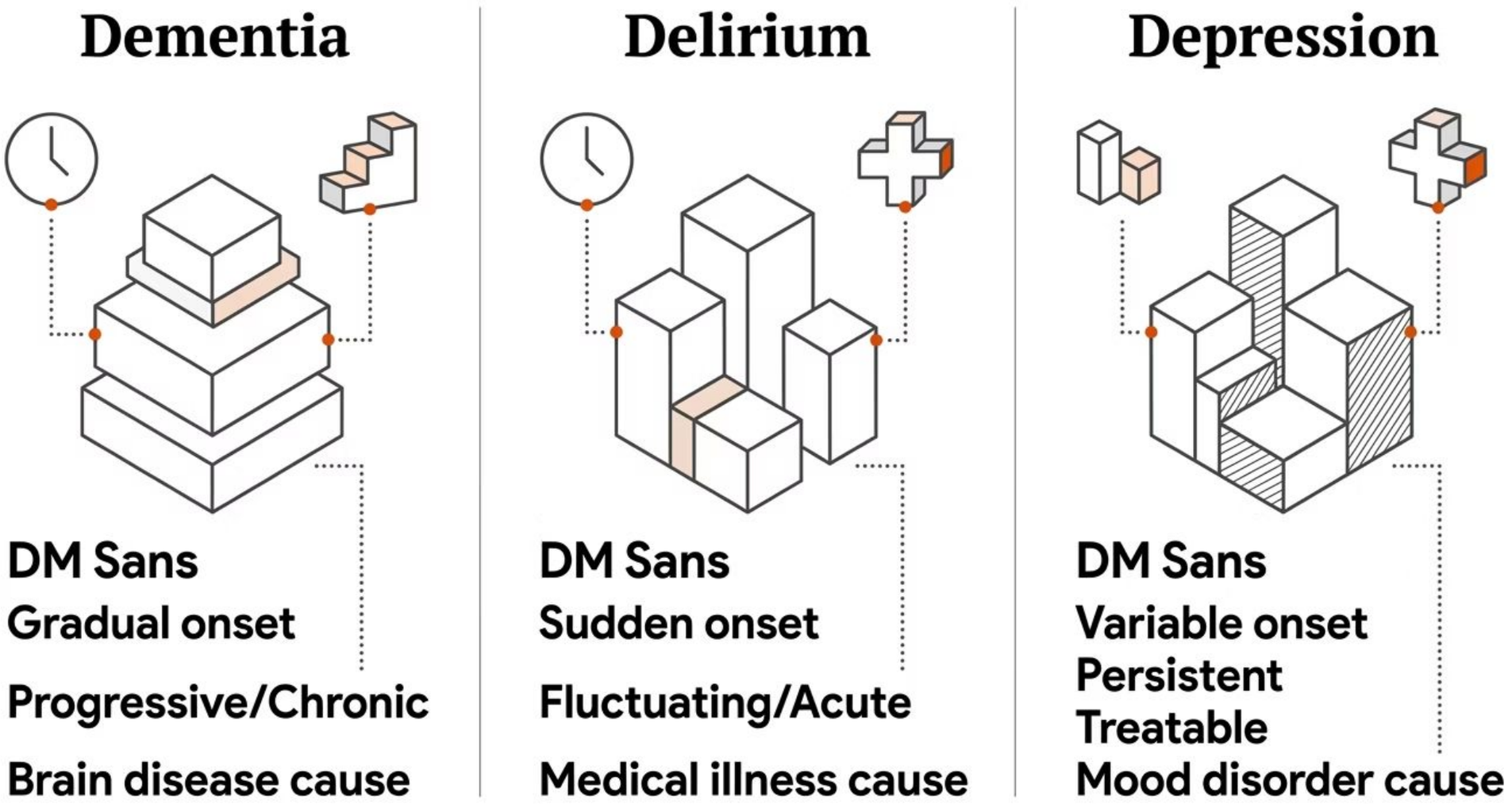
Neurological Events

TIAs, seizures, or strokes may present behaviorally before other neurological signs are apparent.

Section 7

Dementia, Delirium, and Depression

Understanding the difference between these three conditions is essential for appropriate staff response. They are often confused but require very different approaches.



Dementia: What Staff Need to Know

Key Principles for Dementia Care

- Approach from the front; announce yourself calmly
- Use simple, short sentences with a warm tone
- Never argue or correct — enter their reality
- Redirect toward meaningful, familiar activities
- Maintain consistent routines to reduce anxiety
- Watch for pain, hunger, or toileting needs as triggers

In dementia care, **how** you say something matters far more than **what** you say.

Delirium: Recognize It Early

What Is Delirium?

Delirium is an acute, often reversible state of confusion caused by an underlying medical condition — infection, dehydration, medication reaction, or metabolic imbalance. It is a **medical emergency**.

Signs to Report Immediately

Sudden confusion in someone who was previously oriented; dramatic mood or behavior change; fluctuating alertness; seeing or hearing things not present; inability to focus or follow conversation.

Your Role

Do not assume the behavior is "just dementia." Report changes to the nurse or supervisor immediately. Document onset time, behaviors observed, and any potential contributing factors (recent medication change, signs of illness, poor intake).

Section 8

Person-Centered Care Principles

Know the Whole Person

Life history, values, preferences, and relationships — not just diagnosis

Honor Choice

Maximize autonomy in every daily decision, however small

Preserve Dignity

Every interaction must affirm the person's worth and identity

Foster Belonging

Build genuine relationships and a sense of community within the program

Section 9

Individualized Behavior Support Strategies

The Foundation: Know Your Participant

No single strategy works for everyone. Effective behavior support begins with a thorough understanding of each person's history, preferences, triggers, and strengths — documented in their individual service plan.

Review care plans regularly. Communicate findings with your entire team.

Individualized Approaches Include:

- Preferred activities that provide calm and engagement
- Personalized communication style (formal, familiar, language)
- Known de-escalation approaches that work for that person
- Scheduled toileting, hydration, and rest breaks
- Preferred seating, sensory preferences, and social needs
- Family-identified strategies from the home environment

Strengths-Based Thinking

1

Identify Strengths

What does this person do well? What brings them joy or calm?

2

Build on Strengths

Design activities and interactions that leverage known abilities and interests

3

Use Strengths as Prevention

Proactively engage participants with what works — before behaviors arise

A strengths-based approach shifts the question from *"How do we stop this behavior?"* to *"How do we support this person's best day?"* This reframe is foundational to person-centered care and directly reduces behavioral incidents.

Section 10

Trauma-Informed Care

Many participants in Adult Social Day Services have experienced trauma — domestic violence, war, loss, institutional abuse, poverty, discrimination, or medical trauma. Trauma lives in the body and shapes behavior, sometimes decades later.

Trauma-informed care means asking **"What happened to you?"** rather than **"What's wrong with you?"**

The Six Principles of Trauma-Informed Care

1

Safety

Physical and emotional safety in all spaces and interactions

2

Trustworthiness

Transparency, consistency, and clear boundaries

3

Peer Support

Connection with others who share lived experience

4

Collaboration

Shared decision-making and power-sharing with participants

5

Empowerment

Amplifying strengths and supporting self-advocacy

6

Cultural Humility

Acknowledging bias and centering each person's cultural identity

Trauma Triggers in the Day Program

Common Trauma Triggers

- Being touched without warning or consent
- Loud voices, raised hands, or sudden movements
- Uniforms, authority figures, or institutional settings
- Certain smells, sounds, or physical environments
- Loss of privacy or personal space
- Feeling powerless or ignored

How Staff Can Respond

- Always ask before touching or assisting
- Introduce yourself and explain what you are doing
- Lower your voice; slow your pace
- Offer choices to restore a sense of control
- Validate feelings without judgment
- Document triggers in the care plan for team awareness

Section 11

Cultural Competency in Adult Social Day Services

New York State is one of the most culturally, linguistically, and ethnically diverse places in the world. Adult day program participants may come from dozens of countries, speak many languages, hold deeply different values about health, family, aging, disability, and authority — and staff must be prepared to meet every person with respect and curiosity.

Why Culture Shapes Behavior

Cultural Norms Around Illness

Some cultures view illness as shameful or spiritual; participants may refuse care or become distressed when care conflicts with beliefs.

Language and Communication

Language barriers cause frustration and isolation. Misunderstandings can escalate into behavioral incidents that have nothing to do with the participant's diagnosis.

Family Roles and Decisions

In many cultures, family — not the individual — is the primary decision-maker. This affects consent, care planning, and behavior support.

Food, Religion, and Traditions

Dietary restrictions, religious observances, and cultural celebrations are deeply personal — disregarding them can cause significant distress.

Section 12

Working with Diverse Populations in New York

Older Adults from Immigrant Communities

May fear authority due to past experiences with government. Build trust through consistency, interpreters, and family engagement. Never assume English proficiency.

Adults with Intellectual Disabilities

Routines are essential. Use visual schedules, simplified language, and consistent staffing. Avoid talking about participants as if they are not present.

Adults with Mental Health Diagnoses

Reduce stigma-driven responses. Focus on the person, not the diagnosis. Coordinate with mental health providers and follow the individual crisis plan.

Veterans and Trauma Survivors

Loud noises, physical proximity, and authority cues may trigger responses. Inform all staff of known triggers. Use calm, predictable environments.

Cultural Humility: A Lifelong Practice

Cultural competency is not a checklist — it is an ongoing commitment to self-reflection, learning, and humility. Cultural humility means recognizing that we cannot know everything about every culture, but we can always ask, listen, and learn.

Practice These Daily:

- Ask participants and families how they prefer to be addressed
- Use professional interpreters — never use a family member as interpreter for clinical matters
- Examine your own assumptions and biases honestly
- Incorporate cultural preferences into the individual care plan

Section 13

Effective Communication Techniques

Communication is the cornerstone of behavior support. The way we speak, listen, and respond has a direct impact on participant well-being and behavioral outcomes. Skillful communicators reduce conflict before it starts.

Use Simple, Clear Language

Short sentences. One instruction at a time. Allow time for processing before repeating.

Validate First

Acknowledge the feeling before addressing the behavior. "I can see you're upset. I'm here to help."

Avoid Confrontation

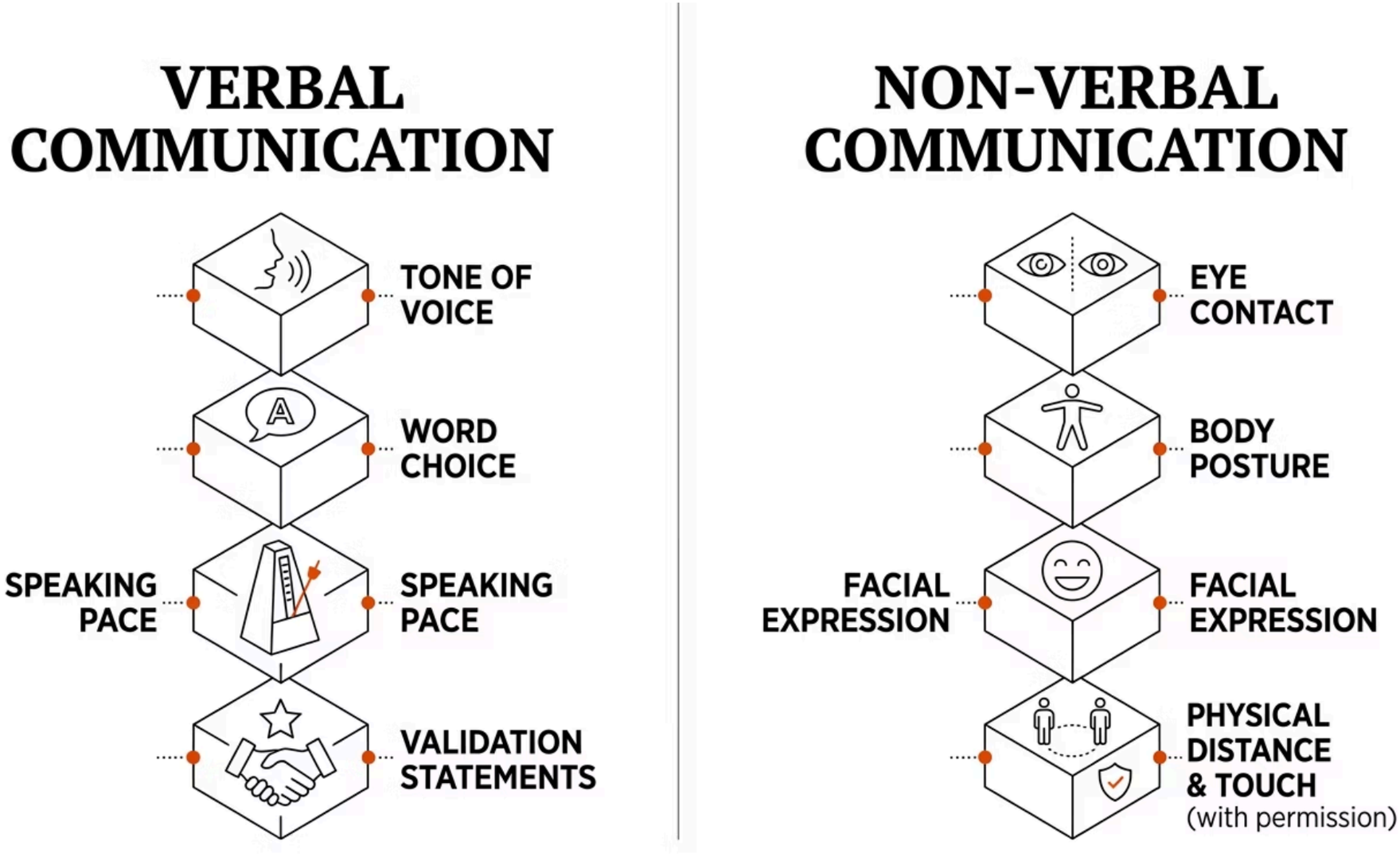
Never argue, correct, or compete for power. Step back, lower your voice, and slow down.

Active Listening

Give your full attention. Make eye contact at eye level. Do not interrupt. Reflect back what you hear.

Section 14

Verbal and Non-Verbal Communication



Research suggests that **over 70% of communication is non-verbal.** In behavior management, your calm posture, open body language, and soft facial expression communicate safety — often more powerfully than your words. Always monitor your own non-verbal cues when approaching a participant in distress.

Section 15

De-Escalation Strategies

De-escalation is the use of verbal and non-verbal techniques to reduce emotional intensity and prevent a situation from escalating into a crisis. It is a skill that can be learned and improved with practice.

De-escalation begins with **your own state of calm.** If you are anxious, rushed, or reactive, the participant will feel it. Regulate yourself first.

De-Escalation in Practice

Step 1: Pause and Assess

Before approaching, take a breath. Assess the situation for safety. Identify the emotional state of the participant.

Step 3: Validate and Connect

Acknowledge the feeling. "You seem upset — I want to understand." Do not rush to fix or redirect.

Step 2: Approach Calmly

Move slowly. Approach from the front. Use a soft voice and open, non-threatening body language.

Step 4: Offer Choices and Redirect

Provide simple options to restore a sense of control. Gently redirect to a calming activity or environment.

Section 16

Safety During Behavioral Incidents

Your Safety Comes First

You cannot support others if you are injured. Maintain a safe distance. Never block exits. Do not attempt physical intervention unless trained and authorized under your program's policy.

Know your program's emergency protocols before an incident occurs — not during one.

Safety Principles for All Staff

- Maintain at least arm's-length distance during escalation
- Never turn your back on an agitated individual
- Remove objects that could be used as projectiles if possible
- Alert a supervisor or nurse immediately
- Ensure other participants are safe and not observing the incident
- Call 911 if there is imminent physical danger

After the Incident: Debrief and Support

1

Immediate (0–30 min)

Ensure all parties are safe. Provide first aid if needed. Notify supervisor. Remove participant to a calm space.

2

Short-Term (1–2 hours)

Complete incident documentation. Notify family per program policy. Review the ABC sequence while memory is fresh.

3

Team Debrief (Same Day)

Brief team meeting to discuss what happened, what worked, and what to adjust. Focus on learning, not blame.

4

Care Plan Review (Within 72 Hours)

Update individual service plan with new triggers, interventions, and prevention strategies identified during debrief.

Section 17

Environmental Strategies to Prevent Behaviors

The physical environment of an Adult Social Day program powerfully shapes participant behavior. A well-designed space communicates safety, warmth, and belonging — and can dramatically reduce behavioral incidents before they begin.

Designing a Behavior-Supportive Environment

Lighting

Natural light reduces agitation and improves mood. Avoid harsh fluorescents. Use softer, warmer lighting in rest and dining areas.

Space and Flow

Ensure walkways are clear. Avoid overcrowding. Designate separate spaces for active and quiet activities.

Noise Management

Reduce background noise. Provide quiet zones. Avoid competing audio sources (TV + music simultaneously).

Visual Cues and Routines

Post daily schedules in accessible locations. Use picture boards for participants with literacy or language barriers. Predictability reduces anxiety.

Section 18

Documentation Best Practices

Why Documentation Matters

Accurate documentation is not just a regulatory requirement — it is a tool for continuity of care, pattern recognition, and legal protection. In New York State, Adult Social Day Services must maintain records that reflect participant behavior, staff response, and outcomes in a consistent, objective, and timely manner.

What to Document

- Date, time, and location of the incident
- Objective description of the behavior — what you saw, not what you assumed
- Antecedents and potential contributing factors
- Interventions used and participant response
- Notifications made (supervisor, nurse, family)
- Follow-up actions and care plan implications

⚠ Never document opinions, diagnoses, or assumptions. Use objective, observable language only.

Documentation: Do's and Don'ts

❌ Avoid This	✅ Use This Instead
"He was aggressive and out of control."	"Participant stood up abruptly, raised voice, and moved toward peer. Staff intervened verbally."
"She had a dementia episode."	"Participant was disoriented; did not recognize familiar staff; asked repeatedly for her mother."
"He was being difficult again."	"Participant refused breakfast and remained seated with arms crossed; did not respond to verbal prompts for 10 minutes."
"She seemed crazy today."	"Participant laughed and spoke loudly to individuals not present; was easily redirected by familiar staff."

Section 19

Team Communication and Collaboration

Behavior support is never a solo effort. Consistent, coordinated communication across disciplines — nursing, social work, activity, transportation, administration — is what transforms individual observations into effective care plans. One staff member may notice a trigger that no one else has seen.

Tools for Effective Team Communication

Daily Huddles

Brief 5–10 minute start-of-day check-ins to share participant updates, concerns, and plan-of-day changes across all staff on shift.

Care Plan Reviews

Regular interdisciplinary meetings to update behavior support strategies and share observations from all team members — including transportation and program assistants.

Communication Logs

Written or electronic shift notes that ensure incoming staff are briefed on behavioral events, new interventions, and participant status changes.

Incident Debriefs

Post-incident reviews focused on learning and improvement — not blame. All involved staff contribute their perspective on what occurred and what to do differently.

Section 20

Professionalism and Ethics in Behavior Management

The Ethical Foundation

Every behavioral intervention must be grounded in respect for the person's rights, dignity, and autonomy. No behavioral strategy is acceptable if it demeans, frightens, isolates, or physically harms a participant.

In New York State, participants have legally protected rights that must be upheld at all times — including the right to refuse care.

Ethical Standards for All Staff

- Never use threats, punishment, or coercion
- Never discuss a participant's behavior in public spaces
- Maintain confidentiality at all times — including in the hallway and parking lot
- Report any witnessed abuse, neglect, or mistreatment immediately
- Maintain professional boundaries — warm does not mean personal
- Know your organization's code of conduct and follow it

Mandatory Reporting and Your Obligations

Who Must Report

In New York State, all staff working in adult care settings are mandated reporters. You are legally required to report suspected abuse, neglect, or mistreatment of any participant in your program.

What Must Be Reported

Physical, emotional, sexual, or financial abuse; neglect; unlawful restraint; humiliation; or any act that violates a participant's rights. Suspicion is sufficient — you do not need proof to report.

How to Report

Follow your program's internal chain of command first. Contact the NYS Justice Center for the Protection of People with Special Needs at 1-855-373-2122 for adults with disabilities in licensed programs. Contact APS for other older adults as appropriate.

Section 21

Case Study 1: Maria, 78 — Memory Care Participant

The Scenario

Maria is a 78-year-old woman with moderate Alzheimer's disease. She speaks primarily Spanish. On Tuesday morning, she arrives agitated, repeatedly calling for her daughter, refusing breakfast, and pushing away staff who approach her.

Discussion Questions

- What might be the underlying causes of this behavior?
- How should staff approach and communicate with Maria?
- What role does language and culture play in this situation?
- What should be documented and reported?

Case Study 1: Best Practice Response

1 Approach Calmly and in Her Language

Greet Maria in Spanish. Use her preferred name. Approach slowly from the front with a warm, open posture. Do not rush.

2 Validate Her Emotion

"Maria, estoy aquí contigo." (Maria, I am here with you.) Acknowledge her distress without dismissing it. Enter her emotional reality.

3 Assess for Medical Triggers

Notify the nurse. Check for pain, dehydration, UTI, or medication changes. Do not assume this is purely behavioral.

4 Redirect Using Strengths

Offer a familiar activity — music she enjoys, a photo album, or a hand to hold. Contact family if distress persists.

Case Study 2

James, 52 — Adult with Intellectual Disability and Mental Health Diagnosis

The Scenario

James is a 52-year-old man with a mild intellectual disability and a history of depression. He has been attending the program for two years. Staff notice he has become withdrawn over the past week, refusing activities, sitting alone, and making statements like "nobody cares about me" and "what's the point?"

Discussion Questions

- Is this a behavioral issue or a clinical concern — or both?
- What immediate actions should staff take?
- How do you balance respecting his autonomy with ensuring his safety?

Case Study 2: Best Practice Response

Take His Words Seriously

Statements like "nobody cares" or "what's the point" must be assessed for suicidal ideation. Never dismiss or minimize. Notify the nurse and social worker immediately.

Follow the Mental Health Crisis Protocol

If James makes a direct statement about self-harm, follow your program's crisis protocol. Contact his mental health provider. Notify family per the care plan.

Engage Gently and Consistently

Sit with James. Do not force activity. Be present. Let him know he matters: "I'm glad you're here today, James. I've been thinking about you."

Document the Change in Behavior

Record the behavioral change, onset date, specific statements, and all notifications made. Flag for care plan review within 24 hours.

Case Study 3

Mr. Chen, 81 — Recent Delirium Episode

The Scenario

Mr. Chen is an 81-year-old Cantonese-speaking man with mild cognitive impairment. He arrived at the program today speaking rapidly in Cantonese, appearing confused and frightened. He did not recognize the program coordinator — a familiar staff member — and is attempting to leave, insisting he needs to "get home before curfew."

Consider:

- What medical concern should be your first priority?
- How do you communicate safety and calm across a language barrier?
- What documentation and notifications are required?

Case Study 3: Best Practice Response

Suspect Delirium — Act Immediately

Sudden confusion in a previously oriented person is a medical emergency. Do not attempt to redirect or de-escalate before notifying the nurse.

Use Non-Verbal Reassurance

Smile, open palms, calm eye contact. Avoid grabbing or blocking. Use your tone and presence to communicate safety across the language barrier.

Access Language Support

Contact a Cantonese interpreter (phone or video). Do not rely on another participant or family member for clinical communication.

Notify and Document

Notify nurse, supervisor, and family immediately. Document onset, behavior, communications, and actions taken. Flag for follow-up with physician.

Section 22

Key Takeaways: The Big Picture

Effective behavior management in Adult Social Day Services is not about compliance or control — it is about building relationships, understanding individuals, and responding with skill, compassion, and consistency. Every interaction is an opportunity to either escalate or de-escalate. The choice is in your hands.

10 Things to Take Back to Practice — Starting Tomorrow

01

Read Every Care Plan

Know your participants' triggers, preferences, and individualized strategies before each shift.

02

Ask Before You Act

Ask permission before touching, assisting, or redirecting. Consent is not optional.

03

Report Medical Changes

Sudden behavior changes may be delirium. Always notify the nurse. Never wait.

04

Stay Calm First

Regulate yourself before you try to regulate anyone else. Take a breath.

05

Document Objectively

What you saw, what you did, what happened next. No opinions, no labels.

10 Things to Take Back to Practice — Continued

01

Use Language Access Tools

Never let a language barrier become an unaddressed barrier to care. Use interpreter services every time.

02

Apply the ABC Model

When you notice a behavioral pattern, document the antecedent, behavior, and consequence to identify preventable triggers.

03

Practice Trauma-Informed Language

Ask "What happened to you?" not "What's wrong with you?" in every challenging interaction.

04

Communicate With Your Team

Share observations in huddles. Update care plans. No observation is too small if it reveals a pattern.

05

Treat Every Person With Dignity

Regardless of behavior, diagnosis, or circumstance — every person in your program deserves to be treated with respect, warmth, and professionalism.

Quick Reference: De-Escalation Reminders

Slow Down

Move slowly, speak softly, breathe deliberately. Your pace sets the tone.

Validate First

"I can see you're upset. That makes sense. I want to help." Empathy before action.

Offer Choices

Restore autonomy. "Would you like to sit here or move to the quiet room?" Two options, both acceptable.

Give Space

Step back. Do not crowd. Create physical room for the person to feel safe and in control.

Get Help

You do not have to manage every situation alone. Get a supervisor, nurse, or trusted colleague when needed.

NYS Adult Day Services: Regulatory Reminders

Key Regulatory Frameworks

- **NYCRR Title 10, Part 425** — NYS regulations governing Adult Day Health Care programs
- **NYS Mental Hygiene Law** — Rights of individuals with mental health and developmental disabilities diagnoses
- **NYS Justice Center** — Reporting and investigation of abuse of people with special needs
- **HIPAA** — Protection of participant health information in all settings

Your Compliance Responsibilities

- Follow your organization's behavior management policy
- Use only interventions documented in the approved care plan
- Report all incidents within required timeframes
- Complete required training hours for your role annually
- Maintain participant confidentiality in all communications

Staff Well-Being and Vicarious Trauma

You Cannot Pour from an Empty Cup

Consistent exposure to behavioral incidents, participant distress, and complex care situations takes a toll on staff. **Vicarious trauma** is real — and it is a sign that you are a human being who cares, not a sign of weakness.

Protect Your Well-Being

- Debrief with supervisors after difficult incidents
- Use your organization's Employee Assistance Program (EAP)
- Practice self-regulation strategies (breathing, grounding)
- Set healthy professional boundaries
- Advocate for adequate staffing and supervision support

Final Section

Closing: The Heart of This Work

> "People will forget what you said, people will forget what you did, but people will never forget how you made them feel." — Maya Angelou

The individuals who come to your Adult Social Day program each morning are trusting you with some of the most vulnerable hours of their lives. They are not their diagnosis, their behavior, or their history. They are whole people with stories, strengths, and an irreducible right to dignity.

Your skill, your calm, your compassion, and your professionalism make the difference between a day that diminishes them and a day that lifts them. **That is the heart of this work.**

Every day, participants place their trust in us. They may not remember our names, every conversation, or every activity—but they will remember how we made them feel. Every interaction is an opportunity to preserve dignity, reduce fear, and improve someone's quality of life. As Adult Social Day professionals, we are not simply managing behavior—we are building trust, promoting independence, and honoring the unique story of every person we serve. Thank you for the work you do every day.

Thank You for Participating

Behavior Management in Adult Social Day Services

Presented by

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> "Thank you for your dedication to improving the lives of older adults and adults with disabilities through compassionate, person-centered care."

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ELEVATING INDUSTRIES