COMMUNITY LIVING
Thunder Bay

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GENERAL MANUAL POLICY

APPROVED BY: _____
Executive Director

CATEGORY: **Supports and Services**

TOPIC: **Behaviour Support Plans Guidelines**

POLICY

Community Living Thunder Bay (CLTB) is committed to providing positive support strategies. When supporting a person to change behaviour, when this behaviour poses a risk to health & safety, this must be done in the context of a person-centered planning process that focuses on helping the person live the life he or she desires.

Ontario Regulation 299/10 has minimum standards in place that we must comply with.

DEFINITIONS:

1. **Behaviour Support Plan:** A document that is based on a written functional assessment of the person that considers historical and current, biological and medical, psychological, social and environmental factors (a bio-psycho-social model) of the person with a developmental disability that outlines intervention strategies designed to focus on the development of positive behaviour, communication and adaptive skills. O. Reg. 299/10, s. 15 (2).

2. **Challenging behaviour:** Behaviour that is aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them. O. Reg. 299/10, s. 15 (2).

3. **Intrusive behaviour interventions:** A procedure or action taken on a person in order to address the person with a developmental disability's challenging behaviour, when the person is at risk of harming them self or others or causing property damage. O. Reg. 299/10, s. 15 (2).

   For purposes of the definition of "intrusive behaviour intervention", the following are examples of intrusive procedures or actions:

   1. Physical restraint, including a holding technique to restrict the ability of the person with a developmental disability to move freely, but does not include the restriction of movement, physical redirection or physical prompting if the restriction of movement, physical redirection or physical prompting is brief, gentle and part of a behaviour teaching program.

   2. Mechanical restraint, which is a means of controlling behaviour that involves the use of devices and equipment to restrict movement, but does not include any restraint or device,

      i. that is worn most of the time to prevent personal injury, such as a helmet to prevent head injury resulting from seizures or a device to safely transport a person in a motor vehicle,

      ii. that helps to position balance, such as straps to hold a person upright in a wheelchair, or

      iii. that is prescribed by a physician to aid in medical treatment, such as straps used to prevent a person from removing an intravenous tube.

3. Secure isolation or confinement time out in a designated, secure space that is used to separate or isolate the person from others and which the person is not voluntarily able to leave.

4. Prescribed medication to assist the person in calming themself, with a clearly defined protocol developed by a physician as to when to administer the medication and how it is to be monitored and reviewed. O. Reg. 299/10, s. 15 (4).

The Physical Restraints Policy (SS 6.0) must be followed at all times and any chemical restraint (psychotropic medication) must be prescribed by a licensed medical professional.

4. **Positive behaviour intervention strategies:** The use of non-intrusive behaviour intervention strategies for the purpose of reinforcing positive behaviour and creating a supportive environment, with a goal of changing the behaviour of the person with a developmental disability. O. Reg. 299/10, s. 15 (2).

Positive behaviour intervention strategies support people to improve challenging behaviour with an approach based on the belief that there are reasons behind difficult behaviour; that people are treated with compassion and respect; and that people with extremely challenging behaviour still are entitled to lives of quality. The focus is on understanding people better and helping them change their lives in ways that reduce the occurrence of difficult behaviour. The purpose of these strategies is to support individual growth, enhance the person's quality of life, and make the use of more intrusive measures unnecessary.

For purposes of the definition of "positive behaviour intervention", the following are examples of non-intrusive behaviour intervention strategies. O. Reg. 299/10, s. 15 (5):

1. Teaching or learning components, including teaching proactive skills and communication strategies to maximize the person's abilities and to minimize challenging behaviour.

2. Positive reinforcement. This includes (but is not limited to) staff supporting people to recognize that changing their behaviour has resulted in more positive experiences.

3. A review of the person's living environment, including the physical space, and support and social networks, to identify possible causes of challenging behaviour and making changes to the living environment to reduce or eliminate those causes. O. Reg. 299/10, s. 15 (5).

5. **Adaptive skills:** Adaptive skill areas are those daily living skills that assist a person to participate meaningfully within his/her community.

PROCEDURE:

Plan

1. A Behaviour Support Plan must be developed with the person when challenging behaviour exists (see definition of challenging behaviour).

2. When a person has an intrusive behaviour intervention (for example if a psychotropic medication is prescribed for challenging behaviour), then a Behaviour Support Plan must be developed and it must be approved and signed off by a psychologist, a psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board.

3. The Physical Restraints Policy (SS 6.0) must be followed at all times.

4. A Behaviour Support Plan must (please see Behaviour Support Plan template):

    a. Outline positive behaviour intervention strategies;

    b. Consider adaptive skills gained;

    c. Considers the risks and benefits of the various interventions that can be used to address the behaviour;

    d. Set out the least intrusive (see definition of intrusive behaviour interventions) and most effective strategies possible;

    e. Where applicable, outline intrusive behaviour intervention strategies and how the strategies may be used to reduce or change challenging behaviour. Intrusive behaviour interventions may be used only when the person is at immediate risk of harming his/herself or others;

f. Where the Behaviour Support Plan includes intrusive behaviour intervention strategies, it must be approved and signed off by a psychologist, a psychological associate, a physician, a psychiatrist, behaviour analyst and/or Clinical Advisor.

g. If an intrusive behavior intervention is required in the form of a chemical restraint, the Clinical Advisor will assist in developing a protocol for administration which will be approved and signed by the person's physician.

5. Monitoring & Documentation will include:

a. An Incident Report (IR) or Restraint Report (RR) must be filled out by the staff who utilized a Behaviour Support Plan. The IR/RR must contain all details of what happened, including all non-intrusive supports that were provided.

b. The Team Leader/Supervisor will ensure a Serious Occurrence is filled out when required under the Serious Occurrence Reporting Policy (SS 5.1).

c. The Team Leader/Supervisor is responsible for ensuring that a Behaviour Support Plan is to be monitored for its effectiveness and reviewed at least every six (6) months. This must include review of all incidents (including Incident Reports, Restraint Reports and Serious Occurrences) since the last review. Dates of the review will be documented on the Behaviour Support Plan. The review will include all pertinent people. This may include but is not limited to: the person, his/her family, the person's support workers, and any other professionals involved. When the Behaviour Support Plan includes intrusive intervention strategies, the review should include the professional who approved and signed off on the Behaviour Support Plan (see 4.f.).

Consent

1. A person supported and his or her guardian/substitute decision maker (if any) *must* be involved in developing a plan for any of the approaches described in these

procedures. In addition key members of the person's team should also be involved in developing the plan.

2. Plans written to carry out a court order do not require the consent of the person or guardian. Guardian/person's consent is helpful, but is not required for the implementation of court-ordered interventions. A copy of the court order must be in the person's record.

3. Every effort should be made to develop a plan to which the person and his/her guardian/substitute decision maker can agree. However, there may be times when an agency will require a Behaviour Support Plan, as a condition of providing services. If the person or guardian/substitute decision maker wishes to receive services, but does not agree with a proposed plan or intervention, the plan must be in writing and must be reviewed by the Director of Services or designate. If the plan is approved by the Director of Services or designate, the person or guardian/substitute decision maker can then decide whether he/she will accept services, including the plan. Except for court-ordered services, a guardian/substitute decision maker or a person without a guardian/substitute decision maker can refuse services altogether. All court-ordered services will be reviewed by Community Living Thunder Bay to ensure that the resources are available and that they respect our values and philosophy as an agency.

4. Contact the person's guardian when the use of intrusive behaviour intervention as outlined in the Behaviour Support Plan has been used.

5. Consent should be obtained by person supported and/or his/her guardian decision maker when there is use of intrusive behaviour intervention and the Behaviour Support Plan does not identify specific regular updates.

6. Consent will be obtained by the person/and or guardian following the use of a physical restraint with a person in a crisis situation. A Serious Occurrence will be submitted to the Ministry in regard to the use of a physical restraint as per our Serious Occurrence Policy & Procedure.

Orientation

1. Orientation is to be provided to all staff on the Behaviour Support Plan of the person they will be supporting, before beginning work with the person. Both the staff being

orientated and the designated coworker are to initial the orientation form when this has occurred.

Volunteers:

1. Support staff must be present with a volunteer if there is a Behaviour Support Plan in place that identifies a potential risk to the person and/or others. Any exceptions will be written into the Behaviour Support Plan and approved by the Director of Services or delegate. The volunteer must sign an acknowledgement form confirming training on behaviour interventions that are outlined in the Behaviour Support Plan of the person(s) they will be supporting before beginning volunteer work with the person.

Prohibited Practices

The use or application of the following practices is not permitted for any purpose by Community Living Thunder Bay staff. Their use may constitute abuse. For further information on abuse, see the Abuse Policy (SS 1.0).

A. **Corporal Punishment:** The application of painful stimuli to the body as a penalty for certain behaviour or for the purpose of behaviour modification. Corporal punishments includes, but is not limited to, hitting, pinching, tickling, shocking, over correction (enforced performance of repetitive behaviour), automatic shock devices, and aversive stimuli, such as ammonia spray, water in the face, pepper sauce, damaging or painful sound.

B. **Psychological/Verbal Abuse:** The use of verbal or non-verbal expressions in any form that exposes the person to ridicule, scorn, intimidation, denigration, devaluation, or de-humanization. Threatening a person with loss of his or her home is considered psychological abuse.

C. **Restriction of Contact with Family or Significant Others:** Denial of communication or visitation with family members or significant others for the purpose of punishment or behaviour modification.

D. **Denial of Basic Needs:** Denial of sleep, shelter, bedding or access to bathroom facilities not associated with prescribed medical treatment (e.g. sleep deprived EEG) or withholding of food or drink which is part of a nutritionally adequate diet not associated with prescribed medical treatment (e.g. fasting before a medical procedure).

E. **Limiting a Person's Mobility:** Removal of crutches, glasses, hearing aids, or wheelchair to limit a person's mobility or for the purpose of behaviour modification.

F. **Withholding Funds:** Withholding money that a person has earned or is legally entitled to as a form of punishment or behavioural control. Only a legally authorized person, such as a representative payee or a guardian or an agent appointed by a power of attorney, may control a person's money.

G. **Forced Administration of Psychiatric Medications:** Administration of psychiatric medications by means of physical force to a person who is refusing these medications.

H. **Unauthorized Use of Physical, Chemical, or Mechanical Restraints.**

Any worker who learns that a person with an intellectual disability has been subjected to a Prohibited Practice should report the situation.

Community Living Thunder Bay staff must report any suspicion of abuse by following the Abuse Policy and Procedure (SS 1.0).