

Ingersoll Support Services Inc.

Policy: Behavioural Support Plans and Strategies

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Ministry requirement –
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Directive (undated, Effective
June 1,2012)

An individual Behaviour Support Plan exists for each person whose needs indicate the necessity for specialized expertise in behavioural plans, strategies and interventions. The Behaviour Support Plan will be developed by a qualified consultant in consultation with the staff team, the person and/or their network.

Procedure:

Introduction

1. A Behaviour Support Plan outlines positive behaviour intervention strategies, and where applicable, intrusive behaviour intervention strategies, and how the strategies may be used to reduce or change *challenging behaviour* and address the acquisition of adaptive skills. The goal of the behavioural support plan is inclusion such that the person may take part in the community and live as independently as possible.
2. A Behaviour Support Plan, where it exists, specifically addresses the *challenging behaviour* identified in the person's behavioural assessment. It is distinct from, but can be an attachment to, the person's Support Plan.
3. A Behaviour Support Plan considers the risks and benefits of the various interventions that can be used to address the behaviour.
4. A Behaviour Support Plan sets out the least intrusive and most effective strategies possible. Persons supported by the Agency who are assessed as requiring systematic, positive behaviour intervention, will have a plan developed to ensure consistency, accountability, and excellence of support to avoid inappropriate or ineffective interventions.

Definitions:

Definitions contained herein for the purposes of this procedure are from Ontario Regulation 299/10:

“Challenging behaviour” is defined in Ontario Regulation 299/10 as
“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”.

“*Crisis situation*” is defined in the regulation as “a circumstance where,
(a) a person is displaying challenging behaviour that is new or more intense than that which was displayed in the past and the person lacks a behaviour support plan or the strategies outlined in the person’s behaviour support plan do not effectively address the challenging behaviour
(b) the challenging behaviour places the person at immediate risk of harming themselves or others or causing property damage, and
(c) attempts to de-escalate the situation have been ineffective.”

“If a person experiences three crisis situations within a 12 month period, the service agency shall investigate the potential causes of the behaviour and factors that may have led to the crisis situations.”

“*Mechanical restraint*”, as an example of a type of intrusive behaviour intervention in Ontario regulation 299/10, 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”.
Further to the above definition, a mechanical restraint is not a device that is worn or used at points in time for protective purposes, such as mittens.

“*Secure isolation or confinement time-out*”, as an example of a type of intrusive behaviour intervention in Ontario regulation 299/10, is “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.” Secure isolation or confinement time-out does not refer to a space that a person may use to “cool down” when he/she feels anxious or angry, and where the person may leave freely or to an apartment where the person may live on his/her own”.

“*Prescribed medication*”, as an example of an intrusive procedure or action in Ontario regulation 299/10, is medication that is prescribed “to assist the person in calming themselves, 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”.

Procedures Not Permitted

Ingersoll Support Services, in concert with the Regulation, supports an approach to behaviour intervention that uses the least intrusive and most effective evidence-based practices possible. Further, ISSI supports the use of non-intrusive measures in order to prevent and avoid crisis situations. Physical restraint should be used solely as a last resort in crisis situations, unless otherwise identified in an individual's behaviour support plan. "Procedures not permitted include:

- *Mistreatment of the person* – mistreatment could include but is not necessarily limited to: physical or corporal punishment, such as punching, slapping, or pulling hair; abandonment or segregation, rough handling, ridicule, humiliation, or name-calling;
- *Noxious stimulus* – people should not be subjected to harmful or offensive odours or liquids as a form of punishment or discipline, such as a spray of lemon juice, drops of Tabasco sauce, or pepper; and/or
- *Deprivation of basic human needs* – people should not be deprived of basic human needs, including food, adequate clothing, and adequate heat and cooling; access to health care, suitable shelter and safety; or reasonable access to family members (if desired by the individual), as part of a behaviour intervention strategy."

The Behaviour Support Plan

5. The Behaviour Support Plan is monitored for its effectiveness by the staff team, the person and their advocates, and the consultant involved. Daily Support Notes, Incident Reports, Monthly and Annual Reports, and charts may be used to confirm that positive behaviour interventions and intrusive behaviour interventions are based on and used as outlined in the behaviour support plan. Data collection and review by the team should be *documented* at least once annually as part of the annual review process or when the plan changes. This can be done within a regular staff meeting.

6. The Behaviour Support Plan is approved by a Clinician, including, for example, a Psychologist, a Psychological Associate, a Physician, a Psychiatrist or Behaviour Analyst certified by the Behaviour Analyst Certification Board, where the behaviour support plan includes intrusive behaviour intervention strategies.

7. It is expected that a behaviour support plan focuses on the least intrusive and most effective evidence-based practices (which would include positive behaviour intervention strategies). A behaviour support plan may also include intrusive behaviour intervention strategies.

8. The behaviour support plan is developed with the involvement of the person who has "challenging behaviour" and/or, where applicable, persons acting on their behalf, and the plan documents their involvement.

9. The person and/or, where applicable, persons acting on their behalf, provides consent to the behaviour support plan and the strategies that it outlines.

10. Where intrusive measures are undertaken there may be an agreement on notifications of persons who advocate for the person supported. The terms of these notifications on the use of intrusive measures would be individually set out in the behaviour support plan. Where notification is a result of a *crisis situation* (as per the definition above) and is not part of a plan, notification will occur according to the defined parties to the person's support agreement, beginning first with obtaining the person's consent to notify.

Review

11. The agency will have access to a review committee(s) for all behaviour support plans that are developed, and ensures that the behaviour support plans for the person(s) are reviewed by the committee. This will include a clinical consultant as part of the committee that reviews the behaviour support plans of person(s) who evidence challenging behaviour who are receiving support from the agency. The Committee, together with the clinical consultant, provides advice as to whether the use of intrusive behavioural supports are:

- Ethical and appropriate to the person's needs and assessment results, based on professional guidelines and best practices; and
- In compliance with the ministry's requirements outlined in the regulation to the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and the MCSS Policy Directive (*undated, effective June 1, 2012.*)

With respect to the review committee; its membership, and its roles and responsibilities:

- ISSI shall ensure that the committee collectively has expertise in supporting adults with a developmental disability who have challenging behaviour.
- ISSI shall ensure that the review committee includes the involvement of a clinician as a part of its membership
- ISSI shall review the committee's findings and recommendations and determine how the findings and recommendations may be implemented.

12. The Behaviour Support Plan is reviewed formally twice in a 12 month period. Where intrusive behaviour supports are in place, and clinical support services are provided by the Regional Support Associates, the Behaviour Support Plan will be reviewed twice annually by the Regional Support Associates Behaviour Standards Review Committee which includes clinical representation. A copy of the review will be provided to ISSI to file and for internal review.

13. When a prescribed medication is considered the only intrusive intervention, and no external, clinical Behavioural Support Plan exists, a clearly defined written PRN Protocol should be approved and reviewed twice annually -- once by the prescribing

Physician, and once by a third party Review Committee that includes a provincially identified, professionally proficient clinician with expertise with regards to medication. An additional and third review of the support plan can be conducted annually by the support team as per the process under item 5 above.

14. PRN medications are NOT to be administered:

- Excessively, beyond the recommended dosage;
- As a punishment for the person's behaviour, a mistake or wrong-doing;
- For convenience, to make it easier for staff to support the person; and
- As a substitute for meaningful supports.

Orientation and Training for Volunteers

15. Volunteers in direct contact with persons supported who have a formalized Behaviour Support Plan are trained in the Support Plans and strategies as required. Volunteers acquainted with the information and interventions would need to have completed an Oath of Confidentiality and would have an orientation to the information in the Behaviour Support Plans and Strategies before beginning work with the person they will support. This would include information regarding:

1. The behaviour support plan of the person they will be supporting.
2. The use of behaviour interventions that are outlined in the behaviour support plan of the persons they will be supporting. O. Reg. 299/10, s. 17 (3).

Typically Volunteers would not be expected to engage in intrusive measures or to respond to challenging behaviour. Staff members will provide notations in the Daily Notes when a situation arises pertinent to Volunteers and the use of Behaviour Support Plans and strategies.

Orientation and Training for Staff

16. Staff training includes information on understanding human behaviour, how to effectively support a person in a manner that allows the individual to feel safe, engaged and respected, as well as early warning signs of, and means to prevent, a crisis situation. This may include information on early intervention techniques, strategies to assist a person to calm him/herself and de-escalate a situation, and ways to promote personal safety

17. Staff persons will engage in orientation and training so they are equipped with the knowledge and skills to react quickly and effectively in the event of a crisis situation, and to keep everyone safe in the area of the crisis situation. The staff persons who work directly with persons with challenging behaviour will receive refresher training based on a schedule that is recommended by the training program.

18. Feedback to Staff on Behaviour Intervention

- Supervisors will monitor the application and use of behaviour intervention strategies (both positive and intrusive strategies), to see that the strategies are

carried out as outlined in the behaviour support plan and in accordance with best practices in the field.

- Supervisors will ensure that feedback is provided on a regular basis to their staff on the application of behaviour intervention techniques.