

PATHWAYS ABILITIES SOCIETY

POLICY: BEHAVIOURAL SUPPORT AND INTERVENTION GUIDELINES

Applies to: All Personnel, Volunteers, Persons Served, Families, Advocates and Caregivers

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Board Member's Signature

DEFINITIONS

Behaviour is:

- A way of communicating hopes, dreams, fears, anxieties, preferences and priorities to others;
 - A way of meeting needs;
 - An attempt to cope with demands from others, control impulses, conform to generally accepted social conduct, and/or influence the environment;
 - A way of avoiding people, places, or tasks;
 - The result of pain, hallucinations or medical issues;
 - The result of complex neurological and sensory processes.
- (The Mandt System)

Behaviour support: A set of interventions developed to support individuals with challenging behaviour. These behavioural interventions are designed to improve an individual's quality of life, are functionally based and are integrated with person-centered planning.

Behaviour support plan: An individualized, written document developed to support individuals who have challenging behaviour. It outlines specific behaviour support interventions, strategies and implementation requirements. It is a tool for all support networks to be consistent in the strategies they are using when dealing with challenging behavior.

Behavioural lead: Pathways staff trained by a qualified behavioural consultant to complete functional assessment and behavioural plans for difficult and/or unconstructive behaviours. This training does not qualify the behavioural lead to write a safety plan for serious or dangerous behaviours.

Challenging behaviours:

- Difficult or Unconstructive Behaviour: Impedes community acceptance or interferes with other behaviours and remains unchanged over time. It impedes community inclusion.

- Serious Behaviours: Interfere with learning and daily activities and the behaviours are likely to become severe if they are not addressed and/or greatly concerns family members, support network members or staff. This behaviour may prevent individuals from participating in community activities.
- Critical Behaviour or Unsafe Behaviour: Is of such intensity, frequency, or duration that the physical safety of the individual or others is likely to be placed in serious jeopardy.

Prohibited Practices: Actions that are reliant on fear, pain, or threats, or that constitute an infringement on the fundamental human entitlements or rights of an individual. Prohibited practices can never be used, even in an emergency. Prohibited practices include:

- Physical or corporal punishment, such as punching, slapping, pulling hair, spraying with water or using excessive physical force.
- Punishment, ridicule, neglect, humiliation or retaliation, such as swearing, yelling, demeaning attitude, or name-calling.
- Electric shock, including electric prods or Tasers.
- Use of noxious substances (i.e. Tabasco Sauce, lemon juice, detergent or pepper).
- Misuse or overuse of a drug for a non-therapeutic or non-medical effect.
- Use of a psychotropic drug without medical authorization
- Leaving a person unattended when in restraints.
- Ongoing removal of personal belongings from a person's environment.
- Seclusion i.e. the separation of an individual from normal participation and inclusion, in an involuntary manner. The person is restricted to a segregated area, denied the freedom to leave it, and left alone (Community Living BC (CLBC) Behavior Support Guide and Safety Planning).
- Any use of prohibited practices constitutes abuse and must be reported immediately as a critical incident (see Incident Report Policy and Procedure).

Restricted Practices: Techniques or strategies that limit an individual's behaviour or freedom of movement including:

- Exclusionary time-out.
- Restraint.
- Restriction of rights: This involves removing access to activities for an individual. Restriction of rights must never include taking away food, clothing, heat, access to health care, suitable shelter or safety, or reasonable access to family members.

Restricted practices may only be used as a planned response to unsafe behaviour when they are outlined in a Safety Plan and the required authorizations have been provided. In an emergency, restricted practices may be used without a Safety Plan or authorizations.

De-Escalation Protocol: Written guidelines to minimize or eliminate precipitating factors, preventing escalation of behaviour and to provide staff with clear responses to protect themselves and the person served if they see an escalation in behaviours. The protocol does not contain any restrictive practices and is not a behaviour change program.

Safety Plan: An individualized, written document designed to address situations where unsafe behaviour has the potential to harm the individual or those around them. The safety plan outlines the strategies and procedures to respond to the behaviours and

reduce risk and contains restrictive practices. Safety plans can only be developed as an in conjunction with an overarching behaviour support plan. (Definitions CLBC's Behaviour Support and Safety Planning Policy, November 2016). Safety Plans must be authorized in writing by a behavioural consultant, a physician, a CLBC integrated service manager, the service provider and the individual and/or their parent or family member or formal representative.

Functional Behavioral Assessment: Focuses on the underlying function of an individual's behaviour and how behaviour may serve as a means of communication. The assessment seeks to describe the behaviour, the environmental factors and setting events that predict the behaviour, and the function that the behavior serves. Functions of behaviour may include communication, getting something, or avoiding something.

POLICY

Pathways is committed to providing the least amount of intervention required to assist individuals to live a meaningful life. To-that-end:

1. People will be treated with respect and dignity at all times.
2. Personal possessions (a person's things) will not be taken away as a means of dealing with behaviour.
3. People are free to access their room and have their right to privacy respected.
4. People will not be denied medical, dental or health care because of behavioural reasons.
5. Food and fluids will not be withheld or denied (stopped).
6. Methods such as protective garments, safety belts or straps in which the individual cannot remove independently will only be used for the safety of the individual and when ordered by a doctor.
7. Individual's rights will not be restricted to suit an on-going support plan or for the convenience of Pathways and/or staff.
8. Physical intervention and/or restraints is only to be used in emergency situations to protect a person from injuring themselves or others. The physical intervention or restraint is the least restrictive necessary and used only during the acute episode, is not mechanical or chemical in nature and is not used for punishment or staff convenience. Any use of restraint will be documented in an incident report. Instances of repeated or extended use of physical intervention or restraints will be reviewed within 24 hours.
9. Chemical restraints as prescribed by an individual's physician must have a physician's written protocol in place for their use. All staff supporting the individual must be fully aware of the doctor's orders, reporting requirements and observant for possible side effects of the medications.
10. Behavioral support plans will be developed with all stakeholders and in a timely manner.
11. Safety plans will be developed by a qualified Behavioral Consultant and be put in place for individuals demonstrating unsafe behaviors towards self or others.

Intervention and Support Standards Employees Must Adhere to:

1. Staff will be trained in and apply Mandt System techniques, after three months of employment and when their probationary period was only extended to obtain outstanding employee file requirements.
2. Staff will provide proper individualized support that is planned, respectful of personal integrity, is the least restrictive, and designed to foster individual competencies.

3. Staff will ensure individuals have the same rights as any other citizen.
4. Staff will provide individuals with direction, assistance and support to help them acquire the skills necessary to achieve individual aspirations and to cope effectively.
5. Staff will conduct themselves in a manner, which provides appropriate models for the individual according to community norms.
6. Staff will report any deviations from the pre-established behavioural support plan and safety plan using appropriate reporting procedures.
7. Staff will never use physical force, aggression or threatening language. This is not considered behaviour support and will result in termination of employment immediately as would any other form of abuse.
8. All staff will annually review the most current edition of the CLBC "Behaviour Support and Safety Planning – A Guide".
9. Staff will focus on the behaviour not the individual while working with the individual to empower them to learn positive methods to have their needs met.

Implementation of Plans

At Pathways there are two types of plans associated with assisting people who use challenging behaviours as defined above. A behaviour support plan is a proactive plan that assists individuals to develop new skills and behaviours to replace challenging behaviours and assist individuals in accomplishing what they want to do.

A safety plan is a companion document that focuses on addressing unsafe behaviours. Safety plans include restricted practices and require certain written authorizations. A safety plan can only be written by a behavioural consultant and may only be developed in conjunction with a behaviour support plan.

When an individual is using challenging behaviours to have their needs met, Pathways arranges to meet with the individual and their support network to discuss the behaviour being used. A Behaviour Support Plan may be required, but medical, psychiatric, and environmental causes for the behaviour must be ruled out first. An individual's support network includes involved family members, caregivers and CLBC representatives. When a person uses unsafe behaviour that has the potential to harm the individual or those around them a Safety Plan will be developed by a qualified behavioural consultant. If necessary a temporary Safety Plan may be developed while a Behavioural Support Plan and functional behavioural assessment is being completed.

Behaviour Support Plan

The Behaviour Support Plan is a set of proactive positive strategies aimed at enhancing the quality of life for the individual and a planned approach to prevent or reduce challenging behaviours.

All decisions made regarding support techniques or protocols will be done with the individual, the individual's support network, CLBC and a behaviour specialist. The decisions and actions to be taken will be documented in writing in a behaviour support plan with the specific intervention techniques outlined. Strategies and methods used in Behaviour Support Plans will be explained to the person. The person, where possible, will sign the plan. All staff supporting the person will know the plan and follow the guidelines and steps.

A person with training and expertise in completing functional behavioural assessments and demonstrated expertise in developing multi-element behaviour support plans will lead the development of the behaviour support plans. Where necessary Pathways will involve behaviour consultants to assist with developing plans and assist Pathways in developing the internal capacity for developing behaviour support plans and safety plans.

A Behaviour Support Plan must include the following:

1. Documentation that medical, psychiatric, or environmental causes for the behaviour have been ruled out.
2. A functional behaviour assessment that focuses on the underlying function of an individual's behaviour and how behaviour may serve as a means of communication for that individual.
3. A lifestyle review and strategies to modify or eliminate triggers.
4. An outline of desirable behaviours and objectives in context of an individual's best interests.
5. Strategies for establishing or increasing desirable behaviours.
6. A process for managing emergency situations including establishing roles and detailing permitted and restricted practices.
7. A reference to training, feedback and ongoing communication and review.
8. Evaluation and a timeline for review.

Safety Plan

When individuals use Critical Behaviour or Unsafe Behaviour on a regular basis Pathways must implement a Safety Plan. Safety Plans are strategies to deescalate situations and to protect the individual and others from harm when an individual displays Critical or Unsafe behaviour. A Safety Plan can only be implemented if the person has a Behaviour Support Plan. A temporary Safety Plan may be implemented while a Behaviour Support Plan is being developed.

A Safety Plan must include the following:

1. Identification of the unsafe behaviour and the triggers and/or functions for the individual.
2. De-escalation strategies to be used.
3. Identification of restricted practices to be used, when, where, and by whom.
4. Rationale for use of restricted practices.
5. Training requirements for staff and others.
6. Documentation of how the Safety Plan is linked to the Behaviour Support Plan.
7. Documentation that whenever possible the individual, their family, and support network have been consulted during the development of the Safety Plan, and have been provided information about proposed restricted practices.
8. Methods to gather, report data, monitor, and evaluate the effectiveness of the Safety Plan to address the unsafe behavior and to reduce the need for restrictions.
9. Review dates.
10. Upon review or when possible, a move to lessening or removal of restrictive practices.

Safety Plans must be authorized in writing by:

1. A qualified Behavioural Consultant;

2. A physician;
3. The CLBC Quality Service Manager;
4. The service provider; and,
5. The individual and/or their parent or family member or formal representative.

Safety Plans must be reviewed at least every 6 months. A copy of the review will be submitted to the CLBC Quality Assurance Manager by the behavioral consultant.