

## PATHWAYS ABILITIES SOCIETY

### **PROCEDURE: BEHAVIOURAL SUPPORT AND INTERVENTION GUIDELINES**

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

Original Effective Date: 1993

Effective Date: September 12, 2022

Replaces Procedure Dated: October 18, 2021

#### **1. Notify your supervisor if:**

- A person is exhibiting challenging behaviours that may interfere with their learning, daily activities and/or social inclusion.

-when an individual's behaviour is unsafe and of such intensity, frequency and/or duration that the physical safety of the person and/or those nearby is put a risk.

It is important to first rule out any medical conditions that may be the cause for the challenging behaviour.

2. The supervisor notifies the executive director and Licensed Practical Nurse (LPN).

The behaviours are discussed to determine if a Behavioural Support Plan is required. If the individual is exhibiting serious or dangerous behaviour the behavioural lead contacts Pathways' Community Living BC (CLBC) Analyst and the person's support network to request a referral for a qualified behavioural consultant. If the behaviour is classified as difficult or unconstructive, the behavioural lead the behavioural lead completes a functional assessment and then a Behavioural Support Plan with the approval of the individual and their support network.

Difficult and/or unconstructive behaviour

1. The behavioural lead discusses the behavior with the individual and their support network. With their approval the behavioural lead completes a functional assessment to determine the cause of the difficult and/or unconstructive behaviour.

2. The behavioural lead analyzes Notables and incident reports to determine triggers and/or setting events for the behaviour.

3. After determining the function of the behaviour, the behavioural lead writes a Behavioural Support Plan with strategies to teach the individual skills that aid them in attaining what they need using positive methods or ways to communicate their needs in a positive manner.

4. The Behavioural Support Plan includes:

- A description of the individual's behaviours at their baseline, during escalation, and at stabilization.

- A description of behaviours that we would like to increase and those behaviours we would like to decrease.

- Behavioural goals for the individual.

- Examples of setting events and antecedents to unwanted behaviour.

- Strategies for staff to assist the individual to remain at their baseline and increase desirable behaviours.
- Skills to be taught and consequence strategies.
- A reference to training, feedback and ongoing communication and review.
- An evaluation and a timeline for review.

5. The behavioural lead will review the plan at least annually or sooner if the challenging and/or unconstructive behaviour becomes more severe or looks different from what is described in the plan.

**Serious and/or dangerous behaviours that it causes a risk to the individual and/or others:**

1. After consulting with the individual and their support network, the behavioural lead notifies Pathways' CLBC analyst that a referral is needed for a qualified behavioural consultant to create a Behavioural Support Plan and a de-escalation protocol or Safety Plan.

2. While waiting for a behavioural consultant to be assigned to the individual the behavioural lead completes a functional assessment and then develops behavioural strategies to reduce the likelihood of the serious and/or dangerous behaviour occurring.

3. If necessary, the behavioural lead creates a temporary Safety Plan. If this plan includes any restrictive practices, the behavioural lead consults with Pathways' CLBC analyst, the individual and their support network before implementation of the restrictive practice.

4. If deemed necessary, a Safety Plan must include:

- Identification of the unsafe behaviour and the triggers and/or functions for the individual; this may be part of a risk assessment.
- De-escalation strategies to be used.
- Identification of restricted practices to be used, when, where, and by whom.
- Rationale for use of restricted practices.
- Training requirements for staff and others.
- Documentation of how the Safety Plan is linked to the Behaviour Support Plan.
- 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.
- Methods to gather and report data and monitor and evaluate the effectiveness of the Safety Plan.
- Review dates.

5. The Safety Plan includes restrictive practices and there if is a need to implement a restrictive practice, this implementation must be reported as a critical incident unless otherwise stated in the plan. See Incident Report Policy and Procedure.

6. A Safety Plan that includes restricted practices must be authorized in writing by each of the following people: A qualified Behavioral Consultant, a physician, a CLBC quality service manager, the service provider, and the individual and/or their parent or family member or formal representative.

7. If restrictive practices are not deemed necessary but the behavior is serious or unsafe, a De-escalation Protocol may be written which includes specific guidelines to prevent the escalation in behavior.

### **Implementation**

1. The supervisor in conjunction with the behavioural lead are responsible for implementing Behaviour Support Plans, De-escalation Protocols, and Safety Plans and ensuring the staff are thoroughly orientated to the plans and the techniques.

2. The supervisor monitors employees implementing plans and ensures strategies are implemented as per the plan and documented.

3. The staff keeps detailed and accurate records of the implementation process through documentation in ShareVision Notables, ABC Data Collection, and/or Critical Incident reports.

4. The behavioural lead ensures:

-The Behavioural Support Plan is reviewed on the review date. If the plan was written by a behavioural consultant, the behavioural lead contacts them and requests their review. If the plan was written by the behavioural lead or the individual has been discharged from the behavioural consultant, the behavioural lead completes the review.

- Behavioural plans are reviewed minimally at least once every twelve months.

- Safety Plans are reviewed at least minimally once every six months by the Behavioural Consultant and include the individual and their support network, family, and/or caregiver.

- Written documentation is available if requested by CLBC. This includes the signature of who did the review, the date, and any resulting changes.

5. If the Safety Plan does not lead to a decrease in unsafe behaviour and decreased use of restricted practices in a specific situation, a CLBC internal practice review or an external review of the Behaviour Support Plan and the Safety Plan may need to be arranged by the supervisor.