
Behaviour Support & Safety Planning

A Guide for Service Providers

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**COMMUNITY LIVING
BRITISH COLUMBIA**

“Good Lives in Welcoming Communities”

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Have a question or comment about this Guide?
Contact your Quality Services Office

INTRODUCTION

Community Living British Columbia (CLBC) is committed to supporting adults with challenging and/or unsafe behaviours in the community. The behaviour approach endorsed by CLBC and used in all CLBC-funded services is called Behaviour Support and Safety Planning. It is an empowering way to support people to experience a decrease in challenging or unsafe behaviours, and an increase in their quality of life.

Behaviour Support and Safety Planning builds on successful practices in B.C., and establishes CLBC and our contracted service providers as leaders in supporting people with developmental disabilities. This approach advances the evolution of community living supports in terms of values and the rights of the people being supported.

This Guide is intended to support service provider practice in implementing Behaviour Support and Safety Planning. It sets out key concepts and requirements of CLBC policy, and provides suggestions and resources. It is designed to increase the information available to service providers, and raise awareness about the benefits of this approach for many individuals supported by CLBC and community service providers.

The Guide is a companion to the **CLBC Policy on Behaviour Support & Safety Planning**. Together they form part of the service contract, replacing the previous *Guidelines for Use of Behavioural Techniques*. They apply to all service providers, including sub-contractors.

Behaviour Support and Safety Planning offers an empowering way to make a positive difference in the lives of adults with challenging and/or unsafe behaviours – and the lives of the people who support them.

This approach is about understanding what triggers specific behaviours, and then controlling those triggers in the individual's environment and context.

When a person's needs are being met effectively, challenging behaviours are less likely to occur. Life can be more positive and participatory for everyone involved.

Behaviour Support and Safety Planning Guide

This Guide is designed for use by the people who provide support for adults with challenging and/or unsafe behaviours. This includes managers, supervisors, direct support staff, relief staff and sub-contracted caregivers. Service providers, caregivers and sub-contractors are expected to use the Guide, and access the training, resources and professional supports required to make Positive Behaviour Support and Safety Planning a reality for the people supported by CLBC. Families are also encouraged to learn about and use this approach in supporting their family members.

The CLBC Behaviour Support and Safety Planning Policy and this Guide represent one element of what is needed to successfully provide constructive Behaviour Support and Safety Planning. Other important elements include:

- Staff training;
- Access to resources to support exemplary practice;
- Professional psychological and medical advice and supervision;
- Experience in person-centred planning;
- Awareness of the roles of other agencies; and
- Ongoing quality assurance mechanisms and safeguards.

Successful implementation requires commitment and capacity within service provider organizations, as well as awareness and coordination amongst all these elements. CLBC expects service providers to be open to change and seek out the supports and partnerships needed.

CLBC welcomes your feedback and suggestions for improving this Guide.



HOW TO USE THIS GUIDE

Service providers and caregivers should become familiar with what is this Guide. You will see three icons used throughout the Guide – these help identify specific kinds of content:



INFORMATION

This icon identifies pieces of information that are especially important and may be new to you.



REQUIREMENT

This icon identifies things that you are required to do as a part of your service contract with CLBC.



TIP FOR SUCCESSFUL PRACTICE

This icon identifies optional ideas or suggestions for optimizing the implementation of Behaviour Support and Safety Planning.

This Guide should be read in collaboration with the more detailed **Behaviour Support and Safety Planning Policy**. The full policy and a further information bulletin for individuals and families can be found on the CLBC website or obtained from any CLBC office.



THE BEHAVIOR SUPPORT & SAFETY PLANNING APPROACH

The first step in implementing Behaviour Support and Safety Planning is understanding and using the language. It is positive language that reflects the importance of the rights and values of the person being supported, and emphasizes the overall goal of improved quality of life.



CLBC Policy defines some key terms about behaviour that you need to be familiar with and use.

They replace terms such as *problem* or *dangerous behaviour*.

Unsafe Behaviour

Behaviour that is of such intensity, frequency or duration that the safety of the person or those nearby is put at risk

Challenging, Difficult, or Unconstructive Behaviour

Behaviour that limits a person's ability to participate in daily life and usual activities; enjoy community experiences; and/or learn new skills

Target or Identified Behaviour

A specific challenging or unsafe behaviour that an individual, his service providers, and support network want to change or eliminate

Here is how CLBC defines key concepts in Behaviour Support and Safety Planning.



Understanding the language and concepts involved, and the shift in thinking that they represent, means accepting that there are reasons behind all behaviours.

Identifying and understanding those reasons enables people to change the dynamics that make the behaviour useful for the individual.

This most often requires changes to the environment and to personal relationships; new communication skills; different coping skills and methods; and maximizing an individual's control of their life.

Applied Behaviour Analysis (ABA) is a group of intervention strategies that are often used as a part of a positive behaviour support approach to modify, prevent or teach skills. Working one-on-one, a trained instructional specialist breaks down behaviours into manageable skills that are repeated using frequent prompting, cueing and rewards. More information on ABA and Positive Behaviour Support is available on professional websites and from local behavioural consultants.

Behaviour Support

A systematic and planned approach to preventing or reducing challenging behaviours and enhancing quality of life for individuals. Behaviour Support is a set of assessment-based strategies that combine the science of behaviour; information about physical and mental health; and person-centered values.

The goal is to positively address socially significant behaviours and skills in a way that will benefit the individual and all of the people within their social network.

A central concept in Behaviour Support is the "function" of behaviour; all behaviour is seen to be meaningful, purposeful, and functional for the individual.

Interventions are individualized and provide holistic support to an individual in the context of his or her lifestyle, values and environment. Interventions do **not** include restricted or prohibited practices as defined in CLBC policies and this Guide.

Safety Planning

The process of developing and implementing individualized and planned responses to unsafe behaviours. The intent is to de-escalate unsafe behaviour and protect an individual and others from harm.



Central to Behaviour Support and Safety Planning is this set of principles.

These apply to both CLBC staff and to service providers.

Principles

Respect the Rights of the Person Served

The human rights, safety and well being of the individual are paramount. Each individual is treated with the same degree of respect and dignity that would be accorded to any citizen. In particular, the dignity, feelings, values, personal and lifestyle choices of the individual must be respected and safeguarded. The person's culture, ethnic background, heritage, including Aboriginal heritage, and religious and spiritual beliefs, must also be respected.

Positive Focus on the Interests and Quality of Life of the Person Served

Behaviour Support must focus on benefits for the individual through increased quality of life and independence. It should support the growth and learning of the individual as a whole person, within a positive environment. It must be appropriate to the age, maturity and understanding of the individual involved.

Avoid Prohibited Practices

Prohibited practices as defined in this Guide are never to be used. Use of any prohibited practices constitutes abuse and CLBC staff and service providers must report immediately, following the Abuse and Neglect Policy and the Critical Incident Policy.

Limit Use of Restricted Practices

Restricted practices as defined in this Guide may only be used within an individual's Safety Plan or in an emergency. Restricted practices are only included in a Safety Plan when conditions are serious enough to justify them, and when appropriate authorizations are in place.



Service providers are **required** to follow CLBC policy direction on Behaviour Support and Safety Planning.

The rest of this Guide provides further detail and explanation about what is expected of service providers in implementing this policy.

CLBC Policy Summary

Behaviour Support is provided to individuals receiving CLBC-funded services, who exhibit challenging behaviours. Behavioural Support is a proactive, preventative approach designed to improve the individual's quality of life and is integrated within person-centred planning.

An individual and/or his or her legal representative, Committee, family, support network, friends, or advocates are to be informed of the content of a Behaviour Support Plan and that contact documented. Plans are reviewed at least every 12 months or more frequently if required.

Safety Plans are developed and implemented to de-escalate situations when an individual displays unsafe behaviour. The responses in a Safety Plan are not interventions and serve only to de-escalate unsafe behaviour. An individual with a Safety Plan must also have a Behaviour Support Plan in place. Safety Plans are reviewed at least every 6 months or more frequently if required.

Safety Plans may include **restricted practices** as defined in this policy. If so, they must be authorized by a behavioural consultant, physician, CLBC Quality Service Manager and the service provider. Individuals must be informed of a Safety Plan, including any proposed restricted practices, before such actions are taken. If it is not possible to adequately inform an individual, then efforts must be made to make family members and/or other advocates aware of the restricted practices in the Safety Plan. These authorizations and efforts to inform must be documented.

In the case of **emergencies**, restricted practices may be used where a Safety Plan is not in place. This is permitted **only** when the safety of the individual or another person is at immediate risk. Informing the individual or others is not required in an emergency. Repeated emergency response with an individual triggers the need for a Behaviour Support Plan and Safety Plan.

OUTCOMES



These are the expected results of effectively implementing this approach for the person served.

It is important to note that the expected outcomes for Behaviour Support are broader than for Safety Planning.

This reflects the fact that Safety Planning is implemented to de-escalate unsafe behaviours, and prevent people from getting hurt. It is not a behavioural support intervention.

Safety Plans must respect the needs and rights of the individual.

Expected Outcomes

Behaviour Support

- ✓ The needs and rights of the individual are respected and the function of the behaviour is acknowledged
- ✓ Increase in skills and opportunities for more productive activities
- ✓ Reduction in frequency, intensity, duration of identified behaviour
- ✓ Increased opportunities to develop adaptive skills and improved quality of life
- ✓ Reduced risk to persons served and others, including physical, emotional, and well-being
- ✓ Enhanced relationships among individuals, families and staff

Safety Planning

- ✓ The needs and rights of the individual are respected and the function of the behaviour is acknowledged
- ✓ Reduced risk to physical and emotional well-being of persons served and others around them
- ✓ Safe, planned de-escalation of unsafe behaviour

INTERNAL POLICY REQUIREMENTS



Service providers are expected to have written internal policies, procedures and documentation requirements outlining their commitment to provide Behavioural Support and Safety Planning for individuals who require them. This commitment is from the Board of Directors or Owner, and/or senior

management.



TIP FOR SUCCESSFUL PRACTICE

The Behaviour Support and Safety Planning

language and approach can be extended to all individuals being supported. The concepts and language can be used to improve all environments and relationships.

Areas Requiring Written Policy Direction

- ✓ Behaviour Support
- ✓ Safety Planning
- ✓ Emergency Use of Restricted Practices
- ✓ Complaints and Dispute Resolution, including investigation process and protection from retaliation
- ✓ Consent
- ✓ Rights of Persons Served

EXTERNAL COMPLIANCE REQUIREMENTS



Service providers are expected to be familiar with and conform to a number of external

requirements. Check regularly for updated information about external conformance requirements.

Consult with other service providers and accrediting or regulatory bodies about suggestions and resources for following the regulatory directions.

External Compliance Requirements

- ✓ Related CLBC policies such as Critical Incidents; Abuse and Neglect, Consent; and Confidentiality
- ✓ Applicable CLBC Service Standards
- ✓ Applicable legislation and regulations such as Community Care Licensing; Adult Guardianship and Health Care Consent
- ✓ Accreditation Standards where applicable

RIGHTS AND RESPONSIBILITIES



Individuals, their families and support networks, and service providers all have specific rights in relation to Behaviour Support and Safety Planning. These rights must be explicitly recognized and evident in identified roles, responsibilities and accountabilities. These rights and responsibilities are in addition to human rights and other rights set out elsewhere.

INDIVIDUALS

Have a right to:

- ✓ Be fully informed about what is in their Behavioural Support or Safety Plan, including any proposed restricted practices
- ✓ Be involved in the development and implementation of their Behavioural Support or Safety Plan
- ✓ Have their personal information and privacy respected, in conformance with applicable legislation and CLBC policy
- ✓ Advocate for and receive the most effective treatment possible

Have the responsibility to:

- ✓ Participate in the development and implementation of their Behaviour Support or Safety Plan as appropriate



TIP FOR SUCCESSFUL PRACTICE

Use the positive language of Behaviour Support and Safety Planning when speaking with support staff, individuals, and family or support network members. It helps to validate the rights and value of the individual.

FAMILIES, REPRESENTATIVES, and PERSONAL SUPPORT NETWORKS

Have a right to:

- ✓ Be informed about the policy and requirements around Behaviour Support and Safety Planning
- ✓ Be fully informed about what is in the person's Behaviour Support or Safety Plan, including any proposed restricted practices to the extent allowable without compromising an individual's rights to privacy
- ✓ Be involved in the development and implementation of the Behaviour Support or Safety Plan where appropriate
- ✓ Advocate for the most effective treatment possible on behalf of an individual

Have the responsibility to:

- ✓ Participate in the development and implementation of the Behaviour Support or Safety Plan as appropriate, including providing information and reviewing plans in the context of an individual's values and rights

SERVICE PROVIDERS & CAREGIVERS

Have a right to:

- ✓ Be supported in implementing the Behaviour Support and Safety Planning Policy
- ✓ A safe workplace
- ✓ Access training, professional support and other resources needed to successfully implement Behaviour Support and Safety Planning

Have the responsibility to:

- ✓ Be familiar with and follow this Guide and related CLBC policies, which form part of the service contract
- ✓ Coordinate and collaborate with others involved in the provision of Behaviour Support and Safety Planning

TRAINING

There are different levels of expertise required to perform different tasks related to Behaviour Support and Safety Planning. For instance, prescribing medication or admission to a psychiatric facility can only be done by a medical professional. Complex functional assessments or consultation and training on multifaceted situations are usually done by a psychological professional or an experienced behaviour consultant. The level of internal expertise within service provider agencies, and the access to professional, consultant or paraprofessional supports, varies widely across the province.



All caregivers and staff involved in supporting an individual who requires Behaviour Support or Safety Planning must meet the minimum training requirements. This includes direct support staff, relief staff, supervisors, managers and subcontracted caregivers.

Service providers are responsible for ensuring that their staff and caregivers meet these requirements. You are also responsible for accessing the professional or paraprofessional supports you need.

Consult with your CLBC Quality Services Office if you are not sure what support you need or how to access it.

Training Requirements

- ✓ Basic certification in interventions related to Behaviour Support and Safety Planning through a competency based training program such as MANDT; Crisis Prevention Intervention (CPI); or Cornell University Therapeutic Crisis Intervention.
- ✓ Regular refreshers as required.
- ✓ Training in the specific strategies and techniques to be used with each individual, as set out in the Behaviour Support or Safety Plan.
- ✓ Initial orientation in policies and procedures related to ethics; values; rights; attitudes; Positive Behaviour Support language and strategies; Applied Behavioural Analysis; collaboration with professionals; communication techniques; critical incident response and reporting; health and safety.

SUPERVISION AND MONITORING



Service providers are required to provide adequate supervision and monitoring of staff and caregivers who are supporting individuals requiring Behaviour Support and Safety Planning.

Supervision & Monitoring Requirements

- ✓ Supervise the preparation, implementation and review of Behaviour Support and Safety Plans.
- ✓ Observe and assess competencies at regular intervals.
- ✓ Review and debrief incidents with a view to ongoing learning and improvement of practice.
- ✓ Ensure there is written documentation of the process, including development of plans; informing and involving individuals and families; approval of restricted practices; implementation of strategies; and review of plans.
- ✓ Ensure compliance with internal and external requirements.



TIP FOR SUCCESSFUL PRACTICE

Ensure regular and accurate documentation of Behaviour Support and Safety Plan actions, and regular communication with people involved, including the individual, family members, staff and caregivers.

KEY FEATURES OF BEHAVIOUR SUPPORT



Here are some key features of the Behaviour Support approach that are central to understanding and implementing it.

Quality of Life and Lifestyle Change

The core goal of any behavioural intervention is to improve an individual's quality of life. When this is successful, it also results in improvements to the quality of life of those around the person – staff, families, friends, co-workers and community members. The focus is always on positive changes in the environment and lifestyle, rather than reducing specific behaviours.

Life-long Perspective

Comprehensive lifestyle change does not typically happen in a short period of time. Meaningful change can take many years. A life-long perspective, that anticipates and responds to key transitions, and changes in environments and relationships, is necessary.

Active Participation of Individuals, Service Providers & Support Networks

Behaviour Support should be a consumer-driven approach. Individuals, service providers and support networks are actively involved in providing information, identifying target behaviours, designing plans for change, carrying out strategies, and evaluating success. Interventions are generally carried out by people already in a person's life – service providers, family members, friends, job-coaches etc. Medical and psychological experts provide specific support and consultation as needed, depending on the complexity of a person's need, but do not drive or implement the process on a day-to-day level.

Environment and Systems Change

The focus is on shifting problem contexts, instead of problem behaviours. The environment and systems are restructured so as to enable change to happen and be sustained. This comprehensive approach requires interventions in many aspects of an individual's living and social environments.

Focus on Prevention

Proactive approaches that actually anticipate and prevent challenging or unsafe behaviours before they occur or reoccur are preferable to reactive strategies that respond to behaviours as they occur, or after the fact.

Collaboration and Relationships

Strong relationships among the people and agencies involved in Behavioural Support are critical. This is a team approach, and requires communication and openness to different perspectives by professionals, paraprofessionals, service providers and ordinary people.

Meeting Needs and Rights

Interventions are rooted in respect for the human rights, support needs and personal values of the individual involved. There is a commitment to uphold and advance the human rights of individuals. Behaviour support interventions must also honour and balance the rights and needs of others who are involved, including staff, family members, co-workers, and community members.

Understanding Behaviours

Behavioural Support is primarily based on the premise that all behaviour has a function for the individual. The function is often communication or expressing emotion or it may be related to an individual's physical or mental health. Changing the behaviour is about changing the environment and conditions that make it functional for the person. It is vital to understand the function of specific behaviours for an individual.

Use of Non-aversive Techniques

In keeping with a rights and values-based approach, there is a strong emphasis on proactive, constructive, positive techniques; building skills; and changing environments. This in turn should reduce or eliminate the use of restrictive practices. There are additional planning, approval and review requirements around the use of restricted techniques.

Fostering Inclusion

Effective behavioural interventions are generally designed to be implemented in inclusive environments by people who can enable an individual to participate more fully in a wider range of community and social contexts.

Integrated Planning

Behaviour Support planning is always done in the larger context of person-centred planning. That way all supports and strategies in a person’s life are individualized, based on the uniqueness, abilities and strengths of the person being supported; and coordinated to support improvement in overall quality of life.

TIPS FOR SUCCESSFUL PRACTICE



The key features of Behaviour Support apply to other aspects of supports for adults with developmental disabilities as well. Implementing effective interventions is an opportunity to ensure that all supports are provided in an inclusive, integrated, collaborative and values-based way.

The involvement of the individual, family or support group is a key goal in behavioural support. Their inclusion will depend on many factors but must always be sought and considered. Remember that there are many points of possible formal and informal involvement including initial consultation, meeting with the behaviour consultants, feedback on proposed interventions, feedback on progress, etc.



THE BEHAVIOUR SUPPORT PROCESS



It is important to understand Behaviour Support as a process. It is a process that is repeated and refined over a long period of time with an individual – often a lifetime. It changes as the individual's behaviours and social and personal context change. These are the key elements of the process:

- ✓ **Preventing** challenging behaviours by assessing and restructuring an individual's environment and/or lifestyle to try to control and eliminate events that may be triggers for the behaviour; in the context of person centred planning, and functional assessments of the person and the environment.
- ✓ **Teaching** new skills to substitute for the challenging behaviours, which can then accomplish the same function.
- ✓ **Reinforcing** socially acceptable alternative behaviours that can be strengthened to compete with the challenging behaviour.
- ✓ **Correcting** (and then re-teaching) minor challenging behaviours immediately whenever they occur.

TIPS FOR SUCCESSFUL PRACTICE



Reinforce the importance of environment and context in affecting behaviour. Remember the intent is always to change the context and environment so that the behaviour in question is no longer functional or effective for the person.

The following questions can give you an indication of whether a Behaviour Support process should be considered:

- Does the behaviour limit the individual's integration into the community?
- Does the behaviour interfere with learning more appropriate behaviour?
- Is the behaviour unsafe or unsafe to either the individual or to others?



Service Providers are expected to follow these steps in the Behaviour Support and Safety Planning process.

The next few sections of the Guide provide details on how to do that.

Steps in the Behaviour Support and Safety Planning Process

1. **Assess** the behavioural needs of the individual, including the function of the challenging or unsafe behaviour, and the impact of environmental and other factors. Access professional support to do this if needed.
2. **Develop** a Behaviour Support plan, with or without a Safety Plan, which forms part of the person's person-centred plan. Obtain appropriate authorizations for restricted practices if included in a Safety Plan.
3. **Implement** the specific strategies and techniques in the plan, ensuring appropriate training, supervision and monitoring are in place, and accessing professional supports as needed.
4. **Review** the plan regularly. This means at least every twelve months for a Behaviour Support Plan and at least every six months for a Safety Plan.



TIP FOR SUCCESSFUL PRACTICE

Involve individuals, support staff, family and support network members, Representatives and/or advocates in all aspects of the planning process. Provide communication and other supports as needed to make their involvement meaningful.

FUNCTIONAL ASSESSMENT



Individualized functional assessment is the foundation of successful Behaviour Support and Safety Planning. It helps determine the causes and functions of targeted behaviours, and sets the stage for developing a plan. A functional assessment is generally conducted under the supervision of someone with training in behavioural analysis and therapeutic interventions.

Common Functions of Challenging Behaviours

- Get attention, interaction or reaction from another person
- Get a desired activity or thing
- Self-stimulation
- Express emotion such as fear, anger, frustration
- Protest or avoid an undesired event or activity

Factors Affecting Challenging Behaviours

- Social setting and context
- Physical environment
- Activities and interactions going on including noise level
- Health including diet, sleep and exercise
- Mental or physical medical conditions
- Medications
- Degree of participation and interest of the individual
- Communication and social skills of the individual
- Degree of choice and control of the individual
- Nature of teaching or other intervention
- Schedule and routines
- Person's likes and dislikes



Service providers are required to conduct an individualized functional assessment with adults who display challenging or unsafe behaviours.

Some service providers have the capacity to conduct functional assessments in-house. Others may require external expertise. This depends on the complexity of the individual's situation and needs, and the service provider experience and training.

Contact your CLBC Quality Services Office if you need information about how to access professional supports.

Key Elements of Individualized Functional Assessment

Gather Information

- ✓ Interview the individual
- ✓ Interview family, support network, support staff and others who know the individual
- ✓ Review medical and psychological reports
- ✓ Review medications
- ✓ Review history of the behaviour and previous interventions
- ✓ Identify target behaviours
- ✓ Identify possible factors such as sleep, health, diet and the person's likes and dislikes

Observe the Individual

- ✓ Identify what is happening just before the behaviour occurs
- ✓ Describe the behaviour in detail, including location, frequency, duration and intensity
- ✓ Identify what happens right after the behaviour, including consequences

Analyse Target Behaviour

- ✓ Develop hypothesis about why the behaviour is happening and what function it has for the individual
- ✓ Consider context factors such as social and physical setting, routines, interactions, skills, degree of choice or control for the individual, noise or light stimulation
- ✓ Test the hypothesis if needed
- ✓ Gather more information if needed

BEHAVIOUR INTERVENTIONS



Behaviour Support interventions are proactive, constructive strategies designed to reduce or eliminate challenging behaviours by reducing or eliminating the function or effectiveness of the behaviour for the individual.

They are based on a functional assessment that identifies the function of targeted behaviour for the individual, and the context within which it is occurring.

Interventions are individualized to provide respectful, holistic support to an individual with consideration of his or her rights, lifestyle, values and environment.

Acceptable Behavioural Support interventions do **not** include restricted or prohibited practices as defined in this Guide.



TIPS FOR SUCCESSFUL PRACTICE

Encourage self-reflection by staff and others. Support them to ask what they might be doing that could contribute to an individual's challenging or unsafe behaviour and how they could change that.

Staff training is an important element of successful behaviour support. Time and resources invested in this area ensure proper techniques are used, consistency is maintained and risk is decreased.

Behaviour support techniques are most successful when they are uniformly applied in every environment of an individual's life. The involvement of all service providers and the family should be a goal when planning and applying positive behaviour interventions.



Service providers are expected to be familiar with and have the capacity to implement acceptable PBS techniques.

You must ensure that support staff are trained in the uniqueness of the individual and implementation of specific techniques with each person.

You are expected to access professional or paraprofessional supports if necessary to make sure this happens.

Acceptable Behaviour Support Strategies

- ✓ Support the individual to communicate needs, desires and choices
- ✓ Support staff or others to change their behaviour if it has a detrimental impact e.g. voice, tone, gestures, actions, words
- ✓ Avoid situations that are too uncomfortable or difficult for the person
- ✓ Develop alternative coping, emotional self-regulation and communication skills building on existing skills
- ✓ Control triggers for challenging behaviours
- ✓ Teach alternative behaviours
- ✓ Enable the individual to have control and choice over activities and environments
- ✓ Respond positively to desired behaviour
- ✓ Change environments or routines to remove stressors such as light or noise or too many people
- ✓ Provide counseling or therapy
- ✓ Use verbal prompts/redirection and verbal or manual guidance
- ✓ Anticipate challenging situations or environments, and assist the individual to cope and stay calm
- ✓ Offer many positive activities such as physical exercise and relaxation

BEHAVIOUR SUPPORT PLANS



A Behaviour Support Plan is an individualized written document that forms part of an individual's person-centred plan. It supports the provision of behaviour interventions for an individual. It is developed in a collaborative process with the individual, her family or support network members, support staff and professionals or consultants, if required. A Behaviour Plan requires review and revision over time, in response to changes in an individual's behaviours, goals and lifestyle.



Service providers are expected to ensure the requirements for Behaviour Plans are met and documented for each individual with challenging behaviour.

Some service providers may have the internal capacity to develop, implement and review Behaviour Plans. Others may require professional or paraprofessional supports with some aspects, or with particularly complex situations. Others may not have any experience or capacity and may need significant professional involvement.

Behaviour Plan Requirements

- ✓ Based on an individualized functional assessment
- ✓ Integrated into person-centred planning
- ✓ Focussed on long-term interests and quality of life of the individual
- ✓ Developed in collaboration with the individual, his family/support network, support staff and any required professionals
- ✓ Individual and family/support network informed of the plan contents
- ✓ Reviewed at least every twelve months or more often if needed



Service providers are expected to ensure that these key elements are included in all Behaviour Support Plans.

See the Appendix for a sample Plan outline.

Key Content for a Behaviour Support Plan

- ✓ Documentation of individual behavioural needs, based on a comprehensive functional assessment
- ✓ Recognition of the individual's values, lifestyle preferences, culture and spirituality
- ✓ Identification and description of target behaviours to be modified or prevented stated in terms of specific observable and measurable behaviours
- ✓ Goals for positive behaviour or interaction change and subsequent improvement in quality of life
- ✓ Rationale, strategies, and techniques for reaching the goals
- ✓ Description of each technique and procedure, when and where it is to be used and specific training needs
- ✓ Documentation that the plan has been explained to the individual, and/or his support network/family or legal representative
- ✓ Monitoring and evaluation provisions, including data collection, reporting and documentation requirements
- ✓ Review dates
- ✓ Responsibilities for the service providers(s) and roles of any behaviour consultants, external professionals or paraprofessionals
- ✓ Extraordinary circumstances



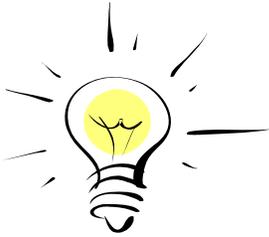
TIP FOR SUCCESSFUL PRACTICE

Use positive, non-blaming, and descriptive language when describing behaviour. For example, "Bill hit the table and pushed the chair after Ben called him stupid", instead of "Bill was rude."

IMPLEMENTING BEHAVIOURAL SUPPORT PLANS

Implementing a Behaviour Support Plan can be a challenge initially, especially if the individual, family and support staff are used to a more traditional approach. It requires everyone to learn new behaviours and responses. It also requires changes to routines, environments and expectations that may have been in place for a long time. It is like looking at the situation and context through a different coloured lens. Here are some tips for successful implementation:

A wide range of techniques and methods can be used to successfully accomplish the goals in a Behavioural Support plan. A behaviour consultant can assist in this process but they include expanding social interaction abilities, developing improved motor skills and addressing behaviour “triggers” for the individual. Other common techniques used include modifying tasks in a person’s day, adapting communication systems and expanding choice options.



TIPS FOR SUCCESSFUL PRACTICE

Behaviour may intensify before it gets better, as the individual is reacting to not getting reinforcement for behaviour that was previously working for him/her. Persistence and consistency with the new techniques is key to shifting this response.

Behavioural Support Plans are always a work in progress. Be prepared to revisit the plan often, especially if it does not seem to be working. Plans are based on a hypothesis about the function of the target behaviour for the individual. This is a best guess based on the information gathered in the functional assessment. It could be wrong or need modification. If after a reasonable amount of time, the plan does not seem to be working, you may need to collect new information, revisit the hypothesis and make a new plan. You will probably need professional advice to help you do this.

Make sure all support staff, family members and others involved are implementing the plan in the same way. All interventions must be used consistently over time to be effective. Lack of consistency will result in intermittent reinforcement of the target behaviour.

REVIEWING BEHAVIOURAL SUPPORT PLANS



Service providers are expected to follow these requirements for the review and updating of Behaviour Support Plans.

The purpose of regular review is to assess the effectiveness of the implementation of the plan, and make adjustments as required.

Reviews can generate useful changes to training and practice that can result in improved outcomes.

Seek expert professional support if a Plan is not working well despite several reviews.

Review Requirements for Behavioural Support Plans

- ✓ Ensure every Plan is reviewed as cited earlier. Review more often if there are concerns or issues with implementation, or if the plan does not seem to be working very well.
- ✓ Document the review process on the individual's file, including the date, the signature of who did the review, and any changes resulting from it.
- ✓ Include the individual and his family or support network in the review process. Inform the individual and her family or support network of any changes to the Plan that result from the review.
- ✓ Be prepared to provide written documentation of the review process if requested by CLBC.



TIP FOR SUCCESSFUL PRACTICE

Keep detailed and accurate records of the implementation process. Monitor and record the person's behaviours and responses closely, especially at first. Make notes about staff practices and comments. Do not rely on memory to support the review and revision process.

SAFETY PLANS



A Safety Plan is an individualized, written document designed to support staff and others to de-escalate unsafe behaviour and protect the individual and/or others from harm. Unsafe behaviour is behaviour that is of such intensity, frequency or duration that the physical safety of the person or those nearby is put at risk.

A Safety Plan may **only** be developed in conjunction with a Behaviour Support Plan. It is a companion document focused specifically on addressing unsafe behaviours in the context of an overall behavioral approach to improving quality of life. A Safety Plan is a serious further step with additional approval and review requirements.

The strategies in a Safety Plan are not considered behavioural interventions as such, but are designed only to de-escalate unsafe situations and reduce risk of harm. A Safety Plan may include **restricted practices** as defined in the next section, with appropriate written authorizations. A Safety Plan is developed with the support of a qualified behaviour consultant trained in risk assessment and behavioural support interventions.

Examples of Unsafe Behaviours that Require a Safety Plan

- ✓ Threatening someone with a weapon or a object that could cause harm, such as a table or a lamp
- ✓ Throwing objects that could cause harm
- ✓ Harming oneself or threatening to harm oneself
- ✓ Eating non-edible objects that could cause poisoning, aspiration or choking
- ✓ Running away from a supported environment

Common Triggers for Unsafe Behaviour

- ✓ Mental health or medical conditions such as Pica
- ✓ Environmental events such as loud noises, crowds, changes in activity, lack of choice or decision making



Service providers are required to develop and implement a Safety Plan for any individual who displays unsafe behaviour.

A Safety Plan must include these key elements.

Safety Plans must be reviewed at least every 6 months. The purpose of review is to evaluate the effectiveness of the plan and its implementation, and make adjustments as required. Reviews can generate useful changes to training and practice that can result in improved outcomes.

Document every review, including the signature of who did it, the date, and any resulting changes. Include the individual and his family or support network members in the review process, and notify them of any changes that result.

Seek expert professional support if a Safety Plan is not working well despite several reviews.

Key Content for a Safety Plan

- ✓ 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 any restricted practices to be used, when and where and by whom
- ✓ 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 about the contents of the Safety Plan including any proposed restricted practices.
- ✓ Methods to gather and report data and monitor and evaluate the effectiveness of the plan
- ✓ Review dates

Approval of a Safety Plan

- ✓ Prior written authorization must be obtained from a professionally trained behavioural consultant, physician, CLBC Quality Service Manager and the service provider

RESTRICTED PRACTICES



Restricted practices are techniques or strategies that limit a person's behaviour or freedom of movement, in order to prevent them from harming themselves or others. They are not considered a part of Behaviour Support and may **only** be used to de-escalate unsafe behaviour as part of a Safety Plan, or in an emergency.

In the context of a Safety Plan, the use of a restricted practice requires advance written authorization; in an emergency it does not. Restricted practices are never the preferred option, and should only be used as a last resort in extraordinary circumstances where personal safety is at risk and other behavioral strategies have not yet been successful. Any use of a restricted practice is considered a Critical Incident.



Service providers are required to **only** use permitted restricted practices and **only** in the context of a Safety Plan or an emergency.

You must follow these requirements when using restricted practices.

Restricted Practices Requirements

- ✓ Have a protocol in place and approved in writing by a physician for any proposed use of a restraint, including physical, chemical, or mechanical restraints
- ✓ Provide training to all staff in the specific use of specific restricted practices with specific individuals
- ✓ Supervise and monitor staff
- ✓ Document and report every use as a Critical Incident



TIP FOR SUCCESSFUL PRACTICE

Be proactive about anticipating the triggers of unsafe behaviour, and changing the context and dynamics of the situation so that the behaviour is no longer useful for the individual. Think of restricted practices as a last resort.



Permitted Restricted Practices

Exclusionary Time-out

- Removal of a person from a situation and environment for a limited period of time so as to prevent harm to her or others.
- Differs from seclusion, which is a prohibited practice, in that the person is not left alone.
- Does not include positive re-direction of a person to a safe, quiet place, which is not considered a restricted practice.

Restraint

- Use of the minimum amount of physical, mechanical, chemical or other means to temporarily subdue or limit the freedom of movement of an individual.
- Includes containment within a certain area, such as a half door that contains a person within one room; locked exit; or locking seatbelts in a vehicle.
- Standard safety practices such as use of regular seatbelts in a car, bed rails, helmets, or restraints required for medical or dental procedures are not considered restricted practices.

Restriction of Rights

- Removal of access to certain activities.
- Must include a time limit and opportunities for reinstatement by the individual.
- Must never include taking away adequate food, adequate clothing, adequate heat, access to health care, suitable shelter or safety.
- Must never be used as punishment or reward for changing behaviour.
- Does not include standard safety practices or reasonable house rules.



TIP FOR SUCCESSFUL PRACTICE

There can be a fine line between a standard safety precaution (locking up medications) and an unreasonable restriction of rights (locking the fridge). Or between a reasonable house rule (limiting phone calls to a half hour), and a restriction of rights used as punishment (denying use of the phone until he cleans up his room). Be vigilant about respecting that line and be aware of the inequality of power inherent in paid support services.

EMERGENCY USE OF RESTRICTED PRACTICES



An emergency is an unanticipated and infrequent occurrence or situation where an individual and/or others are at risk of immediate harm or injury. In an emergency a restricted practice may be used without having an authorized Safety Plan in place or prior informing of the individual. This is permitted **only** when the safety of the individual or someone else is at immediate risk.



Service providers are expected to follow these requirements for use of restricted practices in an emergency.

Requirements for Emergency Use of Restricted Practices

- ✓ Have written emergency procedures in place, including emergency use of restricted practices.
- ✓ Ensure staff are trained and supervised in emergency procedures, including emergency use of restricted practices.
- ✓ Document and report every emergency use of a restricted practice as a Critical Incident.
- ✓ Develop a Safety Plan for any individual who experiences repeated emergency use of restricted practices. (for example, three times in three consecutive months)



TIP FOR SUCCESSFUL PRACTICE

When is an emergency not an emergency? If the behaviour has happened before in a similar situation, and could reasonably have been predicted, then a Safety Plan is likely required.

PROHIBITED PRACTICES



Prohibited practices are actions that are reliant on fear, pain or threats, or that constitute an infringement on a person's fundamental human entitlements or rights. They may be criminal as well as unethical, and constitute abuse or neglect under CLBC policy and Adult Guardianship legislation. Prohibited practices can **never** be used as behavioural techniques, even in an emergency.

Prohibited Practices

- ✘ 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
- ✘ 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.



Service providers are expected to take all necessary steps to ensure that these prohibited practices are never used.

In the event that an incident involving a prohibited practice occurs, ensure it stops immediately and that the person is safe. Report it immediately as a Critical Incident.

CRITICAL INCIDENT REPORTING

Service providers are expected to be familiar with and follow CLBC and, where applicable, Community Care licensing requirements regarding Critical Incident reporting.



Reportable Critical Incidents include any use of a **prohibited** practice, and any use of a **restricted** practice, whether with a Safety Plan or in an emergency.

Documenting and reporting of critical incidents must be timely and accurate. Service providers are accountable for monitoring and reviewing all critical incidents related to behavioural support and for providing information and support to affected individuals, staff and family members.



TIPS FOR SUCCESSFUL PRACTICE

Debriefing is an important aspect of responding to critical incidents. The opportunity to talk about what happened in a safe and supportive environment is key to helping staff, individuals and other affected people deal with what has happened. It can also help identify ways to anticipate and prevent such incidents in the future.

Critical Incident reports can be one of the first sign of a developing behaviour issue where a behaviour planning process is needed. Serious incidents can also lead to increased isolation and less integration of the individual in the community; again, an indication of the need for a Behaviour Support plan.



TIPS FOR SUCCESSFUL PRACTICE

In addition to the tips that appear throughout the Guide, here is a collection of key suggestions for achieving excellence in Behaviour Support and Safety Planning.

Reaching for Excellence in Supporting Individuals with Challenging and/or Unsafe Behaviours

- ★ Prevention is the best approach. Always be aware of and anticipate possible environmental triggers for an individual.
- ★ A Behavioural Support or Safety Plan is only as good as the functional assessment on which it is based. Comprehensive functional assessment, and re-assessment as needed, is best done with the involvement of someone with professional training in behaviour analysis and intervention.
- ★ Individuals, families and support network members have important perspectives and insight to contribute. They may feel sidelined by many years of expert-driven approaches. Reach out to them and include them as equal partners in understanding behaviours and generating solutions.
- ★ “Right” relationships are at the core of quality of life – and therefore of successful Behaviour Support and Safety Planning. Be committed to nurturing positive, trusting relationships with individuals, and their families and support networks. And consider the impact of behavioural interventions on those relationships.
- ★ Use person-centred planning processes that can integrate Behaviour Support and Safety Planning into a comprehensive approach to improving quality of life for individuals – as well as everyone around them.