



COMMUNITY LIVING  
BRITISH COLUMBIA



# Behaviour Support & Safety Planning

## A Guide for Service Providers

Revised November 2016

## Table of Contents

Introduction.....	3
Who is this Guide for?.....	4
Definitions .....	5
The Behaviour Support and Safety Planning Approach.....	7
Key Concepts .....	9
Principles .....	10
Outcomes.....	11
Rights and Responsibilities .....	12
Key Features of Behaviour Support .....	14
The Behaviour Support Process .....	16
Steps in the Behaviour Support and Safety Planning Process .....	17
Functional Behaviour Assessment.....	18
Key Elements of Individualized Functional Behaviour Assessment .....	19
Behaviour Interventions .....	20
Behaviour Support Plans.....	22
Implementing Behaviour Support Plans.....	24
Reviewing Behaviour Support Plans.....	25
Safety Plans.....	26
Implementing Safety Plans .....	27
Key Content for a Safety Plan .....	28
Restricted Practices.....	29
Permitted Restricted Practices .....	30
Emergency Use of Restricted Practices.....	31
Prohibited Practices.....	32
Critical Incident Reporting.....	33
Training.....	34
Supervision and Monitoring.....	35
Related Requirements.....	36
Summary and Implementation Decisions .....	37
Appropriate Responses for the Type of Challenging Behaviour.....	38
Behaviour Support and Safety Planning Matrix .....	40
Appendix A: Behaviour Support and Safety Planning Policy.....	43

## **INTRODUCTION**

Community Living BC (CLBC) is committed to supporting adults with challenging and/or unsafe behaviours in the community. The 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 person-centred practices in BC, 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 a companion to the CLBC Behaviour Support & Safety Planning Policy, appended to this document. Together the policy and Guide form part of the service contract, replacing the previous Guidelines for Use of Behavioural Techniques. The policy and Guide apply to all service providers, including sub-contractors.

This Guide includes information that will support service providers to implement behaviour support and safety planning. The Guide sets out key concepts and provides suggestions that will support service providers to meet the requirements of the CLBC policy. The Guide is designed to raise awareness about the benefits of this approach for individuals supported by CLBC and service providers.

### **Behaviour Support and Safety Planning**

This approach offers an empowering way to make a positive difference in the lives of adults with challenging behaviour and the lives of the people who support them.

Behaviour support is a practical approach to address challenging behaviours by replacing them with positive social skills. It concentrates on understanding the context, triggers and outcomes of behaviour for an individual and using this information to decrease the need for more intrusive or restrictive interventions. Generally, this is achieved by reinforcing desired behaviours and modifying the environment to strengthen positive and participatory behaviour.

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

The CLBC policy and this Guide describe when a Behaviour Support Plan is required and when a Safety Plan is required in addition to the Behaviour Support Plan.

## **WHO IS THIS GUIDE FOR?**

This Guide is designed for use by the people who provide support for adults with challenging and/or unsafe behaviours. These people include managers, supervisors, direct support staff, relief staff, respite care providers and sub-contracted support persons. Service providers, including home sharing providers and sub-contractors are expected to use the Guide, and access the training, resources and professional supports needed to enable them to provide effective behaviour support and safety planning. Families are also strongly encouraged to learn about and use this approach in supporting their family members.

The CLBC Behaviour Support and Safety Planning Policy and this Guide form one of the important components to providing behaviour support and safety planning. Other important components include:

- Experience in person-centred planning;
- Access to resources to support exemplary practice;
- Staff training;
- Access to professional psychological, behavioural and medical advice and supervision;
- Knowledge about of the roles of other agencies;
- Ongoing quality assurance mechanisms and safeguards; and
- A collaborative approach to working with partners.

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 will work with service providers to develop capacity within their organizations to successfully provide behaviour support and safety planning and to access required resources.

CLBC welcomes your feedback and suggestions for improving this Guide.

### **About CLBC Policy**

The CLBC Behaviour Support and Safety Planning Policy outlines requirements for service providers who support individuals with challenging behaviours in CLBC funded services. The policy clarifies that Safety Plans are required when restricted practices such as restraints or exclusionary time out are a planned response to de-escalate unsafe behaviours. The policy also outlines CLBC staff responsibilities for monitoring service provider adherence to the policy and the requirements in this Guide.

The Behaviour Support and Safety Planning Policy is attached as an appendix to this Guide. It should be reviewed before reading this Guide. The rest of this Guide provides further detail and explanation about what is expected of service providers in implementing this policy.

## **DEFINITIONS**

**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-centred planning.

**Behaviour Support Plan:** An individualized, written document developed to support individuals with challenging behaviour. It outlines specific behaviour support interventions, strategies and implementation requirements.

**Behavioural Consultant:**

- i) A professional with graduate qualifications (i.e. has completed a Bachelor's and Master's or Doctoral degree in Clinical or Educational Psychology or Special Education) or
- ii) A Board Certified Behaviour Analyst or
- iii) A person who has completed a Bachelor's degree and is under the clinical supervision of a professional with graduate qualifications (as above) and is either:
  - a. in the process of completing graduate work, or
  - b. has extensive demonstrated competence in functional behaviour assessment and the development and implementation of Behaviour Support Plans and Safety Plans.

**Challenging Behaviour** encompasses a continuum of behaviours that range from unconstructive behaviours that impede community inclusion to behaviour that is unsafe for the individual or others. The term challenging behaviour replace terms such as problem or dangerous behaviour.

**Critical Incidents:** Serious or unusual events that involve an individual receiving services funded by CLBC.

**Critical 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.

**Difficult or Unconstructive Behaviour** impedes community acceptance or interferes with other behaviours, and remains unchanged over time, it impedes community inclusion.

**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.

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

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

**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. Safety Plans can **only** be developed as an adjunct to or in conjunction with an overarching Behaviour Support Plan.

**Serious Behaviour** interferes with learning and daily activities and is either likely to become severe if not addressed and/or greatly concerns family members, support network members or staff. It may interfere with an individual's participation in community activities.

**Target or Identified Behaviour:** A specific challenging behaviour that an individual, their service providers, and support network members want to change or eliminate.

## **THE BEHAVIOUR SUPPORT & SAFETY PLANNING APPROACH**

The behaviour support and safety planning approach offers an empowering way to make a positive difference in the lives of adults with challenging behaviour. Not all challenging behaviour will require the development of a Behaviour Support Plan or a Safety Plan. There is a continuum of challenging behaviour and planned responses need to be along a continuum as well. The approach is an empowering way to support people to experience a decrease in challenging behaviour and an increase in their quality of life. The first intervention of choice is always enriching a person's relationships and their daily life, regardless of the type of challenging behaviour they are exhibiting. This type of enrichment is the most powerful, durable, and inexpensive type of behavioural intervention available.

Challenging behaviour that is **Difficult or Unconstructive** and is impeding community acceptance or interfering with other behaviours and remains unchanged over time is best responded to by revisiting and revising an individual's person-centred plan. When a person's needs are being met effectively and they are experiencing quality of life, challenging behaviours are less likely to occur. If implementing changes in the person-centred plan does not reduce the challenging behaviour and difficulty increases, developing a Behaviour Support Plan should be considered.

Challenging behaviour that is **Serious** and interferes with learning and daily activities and participation in community activities that greatly concerns people around the individual requires developing a Behaviour Support Plan and revisiting and revising an individual's person-centred plan.

Challenging behaviour that is **Critical or Unsafe** is of such intensity, frequency, or duration that the physical safety of the individual or others is likely to be placed in serious jeopardy requires the development of a Safety Plan in addition to starting with the foundation of revisiting and revising an individual's person-centred plan and developing a Behaviour Support Plan.

## Continuum of Challenging Behaviour and Plans Required

Challenging Behaviour Type	Definition	Plans Required
<b>Difficult or Unconstructive Behaviour</b>	Impedes community acceptance or interferes with other behaviours, and remains unchanged over time, it impedes community inclusion.	<b>Person-centred Plan</b> <ul style="list-style-type: none"> <li>• If no change a Behaviour Support Plan may be necessary</li> </ul>
<b>Serious Behaviour</b>	Interferes with learning and daily activities and is either likely to become severe if not addressed and/or greatly concerns family members, support network members or staff. It may prevent individuals from participating in community activities.	<b>Person-centred Plan</b> <b>Behaviour Support Plan</b>
<b>Critical Behaviour Or Unsafe Behaviour</b>	Is of such intensity, frequency, or duration that the physical safety of the individual or others is likely to be placed in serious jeopardy.	<b>Person-centred Plan</b> <b>Behaviour Support Plan</b> <b>Safety Plan (includes restricted practices)</b>

### **Tip for Successful Practice**

The behaviour support 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.

The behaviour support and safety planning approach outlined in this Guide is based on using positive and proactive responses. Applied Behaviour Analysis (ABA) is a group of intervention strategies that are often used as part of a positive behaviour support approach to modify or prevent the challenging behaviour while teaching new skills and socially appropriate alternative behaviours. More information on ABA and positive behaviour support is available on professional websites and from local behavioural consultants.



To successfully implement the behaviour support and safety planning approach, service providers need to understand some key concepts.

## **KEY CONCEPTS**

### **Behaviour Support**

Behaviour support is a systematic and planned approach to prevent or reduce challenging behaviours and enhance quality of life for individuals. Behaviour support is a set of function-based strategies that combine the science of behaviour, information about physical and mental health, and person-centred values. Behaviour support planning focuses on proactive, positive strategies.

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 key concept in behaviour support planning is the ‘function’ of behaviour; all behaviour is seen to be meaningful, purposeful, and functional for the individual.

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

### **Safety Planning**

Safety Planning is the process of developing and implementing individualized and planned responses to unsafe behaviours. Safety Plans are developed and implemented to de-escalate situations and to protect the individual and others from harm when an individual displays **Critical** or **Unsafe** behaviour. A **Safety Plan** is not a **Behaviour Support Plan**. Whenever a Safety Plan is developed, a Behaviour Support Plan is a requirement as a foundation for addressing the underlying issues or challenges that are leading to the unsafe behaviour. Safety Plans are required when restricted practices are used to respond to **Critical** or **Unsafe** behaviour.

A first critical step for using the behaviour support and safety planning approach is to identify and understand the reason behind an individual’s behaviour. Understanding the reasons behind an individual’s behaviour will allow support people take the next step which is to change the dynamics that make the behaviour useful for the individual. Changing the dynamics most often requires changes to the environment and to personal relationships; teaching new communication skills; teaching different coping skills and methods; and maximizing an individual’s control of their life.

## **PRINCIPLES**

These principles are foundational for the behaviour support and safety planning approach. These principles apply to both CLBC staff and to service providers.

### **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.

### **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 circumstances are serious enough to justify them, and when appropriate authorizations are in place.

### **Least Intrusive Principle**

The decision rule to follow for when restricted practices (as defined in this Guide) are used is that the least intrusive responses must be used for de-escalating the behaviour while providing safety for the individual and others.

### **Do Not Use 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 it immediately, as outlined in the CLBC Abuse and Neglect Policy and the CLBC Critical Incident Policy.

## **OUTCOMES**

Service providers are responsible to ensure that Behaviour Support Plans are developed and implemented for individuals who are exhibiting **Serious Behaviour**. A person with training and expertise in completing functional behaviour assessments and demonstrated expertise in developing multi-element Behaviour Support Plans needs to lead the development of the Behaviour Support Plan. Some service providers have the capacity to conduct functional behaviour assessments. Others may require external expertise and may need to involve Behaviour Consultants to assist with increasing service provider capacity for completing functional behaviour assessments and for developing Behaviour Support Plans.

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

### **Expected Outcomes- Behaviour Support Planning**

- ✓ The needs and rights of the individual are respected
- ✓ The function of the behaviour is acknowledged
- ✓ Increase in skills and opportunities for community inclusion
- ✓ Reduction in frequency, intensity, duration of identified behaviour
- ✓ Increased opportunities to develop adaptive skills and improved quality of life
- ✓ Enhanced relationships among individuals, families, and staff

Service providers are required to ensure that a Safety Plan is developed and implemented when an individual is exhibiting **Critical or Unsafe Behaviour**. When a Safety Plan is required service providers must work with a qualified Behaviour Consultant to develop the Safety Plan. The Safety Plan must be developed in addition to the Behaviour Support Plan.

The expected outcomes for Behaviour Support are broader than for Safety Planning.

This is because Safety Planning is only implemented to respond to and de-escalate unsafe behaviours, and prevent people from getting hurt. A Safety Plan is not a Behaviour Support Plan.

### **Expected Outcomes- Safety Planning**

- ✓ The needs and rights of the individual are respected
- ✓ The function of the behaviour is acknowledged
- ✓ Reduce risk to physical and emotional well-being of person served and others around them
- ✓ Safe, planned de-escalation of unsafe behaviour following a least to most intrusive decision model

Restricted practices may only be used as a planned response to unsafe behaviour when they are outlined in a Safety Plan and required authorizations have been provided.

## **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. The rights and responsibilities are in addition to human rights, the right to effective treatment, and other rights set out elsewhere.

### **Individuals**

#### Have a right to:

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

#### possible Have the responsibility to:

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

### **Families, Representatives, and Personal Support Networks**

#### Have a right to:

- ✓ Be informed about the policy and requirements for behaviour support and safety planning
- ✓ Be involved in the development and implementation of the Behaviour Support Plan and Safety Plan
- ✓ Be fully informed about what is in the individual's Behaviour Support Plan
- ✓ Be fully informed about what is in the individual's Safety Plan, including any proposed restricted practices to the extent allowable without compromising an individual's right to privacy
- ✓ Advocate for the most effective interventions and treatment possible on behalf of the individual

#### Have the responsibility to:

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

## **Service Providers (including Home Sharing Providers)**

### 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 a responsibility to:

- ✓ Be familiar with and follow this Guide and related CLBC policies, which form a part of the service provider's contract
- ✓ Coordinate and collaborate with others involved in the provision of behaviour support and safety planning

## **KEY FEATURES OF BEHAVIOUR SUPPORT**

### **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 simply reducing specific behaviours. In positive behaviour support, person-centred planning is an essential feature, and improved quality of life is a major component of the multi-element Behaviour Support Plan.

### **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 team based 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 the people already in a person's life – service providers, family members, friends, job-coaches etc. Medical, psychological and Behavioural Consultants 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 basis.

### **Environment and Systems Change**

The focus is on shifting problem contexts, instead of behaviours. The environment and systems are restructured to enable change to happen and be sustained. This comprehensive approach requires interventions in many aspects of an individual's living and social environments. The person with challenging behaviour is not the sole agent of change. Change occurs within staff interactions with the person, changes to living environments and community opportunities as well as agency practice and policies.

### **Focus on Prevention**

Proactive approaches that actually anticipate and prevent challenging or unsafe behaviours before they occur or reoccur is the focus of intervention and behaviour support (95% of team energy and action) vs. reactive strategies that respond to behaviours as they occur, or after the fact (5% of team energy and action).

### **Collaboration and Relationships**

Strong relationships among the people and agencies involved in behaviour 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**

Behaviour support is primarily based on the premise that all behaviour has a function for the individual. Specifically, what is the person getting or avoiding via their challenging behaviour. Changing the behaviour is about changing the environment and teaching new positive replacement behaviours. It is vital to understand the function of specific behaviours to create effective multi-element Behaviour Support Plans.

### **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.

### **Fostering Inclusion**

Effective behavioural interventions are 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.

### **Tip for Successful Practice**

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

## **THE BEHAVIOUR SUPPORT PROCESS**

It is important to understand behaviour support is a process that is repeated and refined over a long period of time with an individual. The process needs to be repeated 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 modify or eliminate events that may be triggers for the behaviour. This occurs within the context of person-centred planning and is based on the 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* minor challenging behaviours immediately whenever they occur and then re-teaching new skills.

Remember the importance of environment and context in affecting behaviour. 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.



## **STEPS IN THE BEHAVIOUR SUPPORT AND PLANNING PROCESS**

1. **Assess** the behavioural needs of the individual (level of challenging behaviour). If it is **Difficult** behaviour, that is not unsafe, but is impeding community inclusion, review and revisit person-centred planning. For **Serious** or **Critical/Unsafe** behaviour, conduct a functional behaviour assessment. For **Critical/Unsafe** behaviour involve a qualified Behavioural Consultant.
2. **Develop** a multi-element Behaviour Support Plan which builds from the foundation of the person's person-centred plan. For **Critical/Unsafe** behaviour also develop a Safety Plan and obtain appropriate authorizations for use of restricted practices in a Safety Plan.
3. **Implement** the specific strategies and techniques in the Behaviour Support Plan, ensuring appropriate training, supervision and monitoring are in place, and accessing professional supports as needed.
4. **Review** the plan regularly. Behaviour support requires consistent monitoring and effective team functioning. Behaviour Support Plans should be reviewed at least once every twelve months and Safety Plans need to be reviewed every six months.

## **FUNCTIONAL BEHAVIOUR ASSESSMENT**

Individualized functional behaviour 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 Behaviour Support Plan.

### **Common Functions of Challenging Behaviours**

- Get attention, interaction, or reaction from another person
- Get a desired activity or thing
- Self-stimulation
- Communicating needs
- Express emotion such as fear, anger, frustration, etc.
- 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

A person with training and expertise in completing functional behaviour assessments and demonstrated expertise in developing multi-element behaviour support plans needs to lead the development of the Behaviour Support Plan. Sometimes this will be a service provider staff member, other times the service provider may need to work with a Behavioural Consultant to assist with increasing service provider capacity for completing functional behaviour assessments and developing Behaviour Support Plans.

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

## **KEY ELEMENTS OF INDIVIDUALIZED FUNCTIONAL BEHAVIOUR 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
- ✓ Develop clear definition of the target challenging behaviour
- ✓ Identify setting events (slow triggers) and antecedents (fast triggers) associated with the specific challenging behaviour
- ✓ Identify consequences (what happens after the behaviour occurs)

### **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 occurs (consequences)

### **Develop Summary Statement and Function**

- ✓ 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 of 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 modify or eliminate events that trigger the behaviours, teach functional replacement skills and modify the consequences that are maintaining the challenging behaviour.

They are based on a functional behaviour 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, environment and person-centred plans and goals.

Multi-element positive behaviour support interventions include the following:

- Setting event changes
- Antecedent changes
- Teach Replacement Behaviours
- Consequence changes (what to do when positive replacement behaviour occurs, what to do when the challenging behaviours occur)

Service providers need to be familiar with and have the capacity to implement positive behaviour support techniques. All staff and caregivers need to be trained to implement specific techniques for each individual person.

Service providers need to access professional or paraprofessional supports as 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
- ✓ Modify or eliminate 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 counselling 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

### **Tip 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.

## **BEHAVIOUR SUPPORT PLANS**

A Behaviour Support Plan is an individualized written document that links to and builds upon 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, his or her family or support network members, support staff and professionals or consultants. The goals of the Behaviour Support Plan are consistent with the goals in the person-centred plan. A Behaviour Support 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 Support Plans are met and documented for each individual with **Serious** and **Critical or Unsafe behaviour**.

Some service providers have the internal capacity to develop, implement and review Behaviour Support Plans. Others may require additional or external support with some aspects, or with particularly complex situations. Others may not have any experience or capacity and may need to access resources to develop their capacity.

### **Behaviour Support Plan Requirements**

- ✓ Based on an individualized functional behaviour assessment
- ✓ Integrated with person-centred planning
- ✓ Focused on long-term interests and quality of life of the individual
- ✓ Developed in collaboration with the individual, their family/support network, support staff, and any required professionals
- ✓ Frequent and ongoing review and modifications as needed – reviewed at least every 12 months

### **Key Content for a Behaviour Support Plan**

- ✓ Documentation of individual behavioural needs, based on a comprehensive functional behaviour 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 provider(s) and roles of any professional or paraprofessionals including Behaviour Consultants
- ✓ 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 BEHAVIOUR SUPPORT PLANS**

Implementing a Behaviour Support Plan can be a challenge initially, especially if the individual, family and support staff are learning new strategies and using a new 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. Following are some tips for successful implementation.

A wide range of techniques and methods can be used to successfully accomplish the goals in a Behaviour Support Plan. A Behavioural Consultant can assist in this process.

Techniques or strategies include:

- Expanding social interaction abilities
- Developing improved motor skills
- Addressing behaviour triggers for the individual
- Modifying tasks in a person's day
- Adapting communication systems and
- Expanding choice options

Challenging behaviour may intensify before it gets better. The individual is reacting to not getting reinforcement for behaviour that previously worked for them. Persistence and consistency with the new techniques is crucial to shifting this response.

Behaviour Support Plans are always a work in progress. Be prepared to revisit the plan often, especially if it does not seem to be working. Behaviour Support 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 behaviour 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 may 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. Evidence based strategies must be followed with consistency.





## **REVIEWING 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 additional expert professional support if a Behaviour Support Plan is not working well despite several reviews and revisions.

### **Review Requirements for Behaviour Support Plans**

- ✓ Ensure every Behaviour Support Plan is reviewed. Review sooner than required if there are concerns or issues with implementation, or if the Behaviour Support Plan does not seem to be working very well (no improvement in quality of life, no reduction in use of restricted practices, challenging behaviour remains unchanged, etc.)
- ✓ 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/her family or support network in the review process. Inform the individual and their family or support network members of any changes that result from the review.
- ✓ Be prepared to provide written documentation of the review process if requested by CLBC

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 respond to and 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 behavioural 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 includes **restricted practices** (defined in the next section) and requires certain written authorizations. A Safety Plan is developed with the support of a qualified Behavioural Consultant.

**Examples of Critical/Unsafe Behaviours that Require a Safety Plan** (when they occur with such intensity, frequency, or duration that safety is at risk):

- ✓ Harming oneself or threatening to harm oneself
- ✓ Eating non-edible objects that could cause poisoning, aspiration, or choking
- ✓ Running away from a supported environment into streets and traffic
- ✓ Threatening someone with a weapon or an object that could cause harm
- ✓ Escalated pattern of throwing objects with enough force to cause harm to people

### **Potential 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

## **IMPLEMENTING SAFETY PLANS**

Service providers are required to ensure that a Safety Plan is developed and implemented when an individual is exhibiting **Critical or Unsafe Behaviour**. When a Safety Plan is required service providers must work with a qualified Behavioural Consultant to develop the Safety Plan. The Safety Plan must be developed in addition to the Behaviour Support Plan.

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. The service provider is responsible to submit written documentation to CLBC indicating that they and the Behavioural Consultant have reviewed the Safety Plan every six months. When reviewing Safety Plans, include the individual and his family or support network members in the review process, and/or notify them of any changes that result.

## **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 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

### **Written authorization of a Safety Plan must be obtained from each of the following:**

- ✓ A qualified Behavioural Consultant;
- ✓ A physician;
- ✓ The CLBC Integrated Service Manager;
- ✓ The service provider; and,
- ✓ The individual and/or their parent or family member or formal representative.

A Safety Plan is developed only to respond to and de-escalate unsafe behaviour. When a Safety Plan is in place it is essential to continue to revisit person-centred plans and to continue to focus on enriching lifestyles with a goal of reducing the need for the use of restricted practices.

## **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 do not constitute a Behaviour Support Plan and may **only** be used to de-escalate unsafe behaviour as part of a Safety Plan, or in an emergency and may only be used if they can be justified as the last resort and the only practices that can respond to or de-escalate the unsafe behaviour and keep the person and others safe.

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. The use of all restricted practices must be documented and some require being reported as 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.

### **Restricted Practices Requirements**

You must follow these requirements when using restricted practices:

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

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**

There is a range of restricted practices. Safety Plans should identify which practices to use and should always use the least intrusive approaches possible.

Permitted restricted practices must never be used as punishment or reward for changing behaviour.

### **Restriction of Rights**

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

### **Exclusionary Time-out**

- Removal of a person from a situation and environment for a limited period of time so as to prevent harm to them or others.
- Differs from seclusion, which is a prohibited practice. During exclusionary time-out, 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.
- Standard safety practices such as use of seatbelts in a car, bed rails, helmets, or restraints required for medical or dental procedures are not considered restricted practices.

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 a Safety Plan or authorizations. This is permitted **only** when the safety of the individual or someone else is at immediate risk.

### **Requirements for Emergency Use of Restricted Practices**

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

- ✓ 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)

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 PRACTICE**

Prohibited practices are actions that are reliant on fear, pain, or threats, or that constitute an infringement on a person's fundamental human entitlement 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 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.

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 ensure 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 in an emergency and any use of restraints.

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

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 signs of a developing behaviour issue where a behaviour planning process is needed. Serious incidents can also lead to increased isolation and less inclusion of the individual in the community; again, an indication of the need for a Behaviour Support Plan.

## **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 behaviour assessments or consultation and training on multifaceted situations are usually done by a psychological professional or a qualified Behavioural Consultant. The level of internal expertise within service provider agencies, and the access to professional, consultant, or paraprofessional supports, varies widely across the province. Service providers will need to work together with CLBC to address developing capacity and accessing professional support as required.

All caregivers and staff involved in supporting an individual who requires behaviour support and safety planning must meet the minimum training requirements. This includes direct support staff, relief staff, supervisors, managers, and sub-contracted caregivers.

Service providers are responsible for ensuring that their staff and caregivers meet these requirements. Service providers are also responsible for accessing the professional or paraprofessional supports needed. Consult with your CLBC Quality Service 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 Plan and Safety Plan
- ✓ Initial orientation in policies and procedures related to ethics, values, rights, attitudes, positive behaviour support language and strategies, Applied Behaviour Analysis, collaboration with professionals, communication techniques, Critical Incident response and reporting, and health and safety

## **SUPERVISION AND MONITORING**

Service providers need 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 Plans
- ✓ Work with Behavioural Consultants as required and when Safety Plans are in place
- ✓ 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
  - Authorization of restricted practices
  - Implementation of strategies
  - Review of plans
- ✓ Ensure compliance with all policy and related requirements



Service providers need to ensure that any actions flowing from Behaviour Support Plans and Safety Plans are regularly and accurately documented. They also need to ensure that regular communication occurs with people involved, including the individual, family members, staff and caregivers.

## **RELATED REQUIREMENTS**

Service providers are expected to be familiar with and comply with a number of related requirements. Service providers should consult with other service providers and accrediting or regulatory bodies about suggestions and resources for the related requirements and will need to regularly check for updated information.

### **Related Requirements include:**

- ✓ CLBC policies such as the Critical Incidents Policy, the Investigations: Abuse and Neglect Policy, and the Confidentiality and Information Sharing Policy
- ✓ Applicable Standards as outlined in CLBC Service Terms and Conditions (Schedule B: Standards)
- ✓ Applicable legislation and regulations such as Community Care Licensing, Adult Guardianship, and Health Care Consent
- ✓ Accreditation Standards where applicable

### **Additional Considerations**

Service providers should have written policies, procedures, and documentation requirements outlining their internal processes, as appropriate. The service provider's policies and procedures should reflect their commitment to provide behaviour support and safety planning. The commitment needs to be supported by the Board of Directors or Owner, and/or senior management. Where service providers develop their own policy direction it must be consistent with the CLBC Behaviour Support and Safety Planning Policy and the policy direction must meet or exceed the CLBC policy requirements.

### **Service Provider Written Policy Direction Should Address:**

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

## **SUMMARY AND IMPLEMENTATION DECISIONS**

### **Summary**

The CLBC Behaviour Support and Safety Planning Policy and the requirements outlined in this Guide for Behaviour Support Plans and Safety Plans represent an evolution of current person-centred practices and evidence based practices in positive behaviour support. The approach will require collaboration, training and support to be fully achieved and implemented. The policy and Guide represent current best practices in positive behaviour support. The goal is to continuously embed these practices in support to individuals with challenging behaviour throughout the province.

CLBC and service providers need to work together and may need to develop a training, support, and implementation plan to develop capacity within service provider organizations to successfully provide behaviour support and safety planning. CLBC and service providers need to work collaboratively to ensure that adequate access to resources is planned.

## **APPROPRIATE RESPONSES FOR THE TYPE OF CHALLENGING BEHAVIOUR**

### **Difficult or Unconstructive Behaviour**

Challenging behaviour is mostly impeding community acceptance and inclusion or interfering with other behaviours, and remains unchanged overtime. In this instance, a functional behaviour assessment and multi-element Behaviour Support Plan is not likely needed. The team would need to revisit the person-centred plan and or create a person-centred plan and the intervention would mostly focus on lifestyle changes and opportunities.

#### **Recommended Course of Action:**

- Create/Revisit person-centred plan and lifestyle enhancements
- Assess results: if no improvement in overall quality of life and community inclusion it may be helpful to conduct a functional behaviour assessment to determine the function of the behaviour and additional teaching strategies that may be needed.

### **Serious Behaviour**

**Serious** behaviour is interfering with learning and daily activities and is either likely to become severe if not addressed and/or greatly concerns staff or family or support network members.

**Serious** behaviour **does** require a functional behaviour assessment and a Behaviour Support Plan but does not require a Safety Plan (the behaviours are not unsafe to self or others).

The team in this instance needs to mobilize quickly, complete the functional behaviour assessment, determine the function of the behaviour and develop a multi-element Behaviour Support Plan (setting event changes, antecedent changes, teaching replacement behaviours, consequence changes).

A person with training and expertise in completing functional behaviour assessments and demonstrated expertise in developing multi-element Behaviour Support Plans needs to lead the development of the Behaviour Support Plan.

Demonstrated expertise by the person leading the development of the Behaviour Support Plan includes the following:

- Completing functional behaviour assessments including:
  - Identifying setting events, antecedents, behaviours and consequences maintaining behaviour
  - Creating summary statements
  - Developing hypothesis about the function of behaviour
- ◎ Developing multi-element Behaviour Support Plans which include:
  - Identifying setting event changes
  - Antecedent changes
  - Teaching functional alternatives to challenging behaviour
  - Consequence changes.

The key is the development of evidence based interventions and practices and consistent implementation of these practices. Person-centred planning and lifestyle enhancement should be the first and most important intervention implemented. The Behaviour Support Plans for **Serious** behaviours will require collaboration and team development.

**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.

**Critical/Unsafe** behaviours **require** a Safety Plan, a functional behaviour assessment, and a multi-element Behaviour Support Plan. The process of completing a functional behaviour assessment and developing a multi-element Behaviour Support Plan takes time and expertise. While these steps are being completed, a Safety Plan may temporarily be in place. The goal of the Safety Plan is to de-escalate the behaviour and provide temporary emergency management to keep the person and others safe while a comprehensive Behaviour Support Plan is being developed.

With **Critical** or **Unsafe** behaviour, the planning team will require the support of a qualified Behavioural Consultant as defined in the Behaviour Support and Safety Planning Policy.

The Behavioural Consultant assists the team to identify the least intrusive and most effective Safety Plan (de-escalating **Critical/Unsafe** behaviour)

Others will be required to authorize the Safety Plan. This may include a medical professional who prescribes and monitors medications and would require a physician to ensure that the individual has no known underlying conditions that indicate the strategies identified in the Safety Plan (i.e. the use of physical or mechanical restraints) would be unsafe. They would inform the team of any physiological/medical conditions that may make physical restraint far too dangerous (i.e. the person has brittle bone disease so the application of restraints would likely result in broken bones). It is also important to determine if there are straightforward reasons for challenging behaviour and rule out any possible medical or dental issues as part of the process. The service provider plays a key role in ensuring all required authorizations are provided including the physician's authorization.

The decision rule to follow for Safety Plans is that the least intrusive Safety Plan needs to be in place, it should be effective in de-escalating the behaviour and providing safety for the individual and others, and it needs to be authorized in writing by each of the following:

- ⦿ The individual and/or their parent or family member or formal representative
- ⦿ A qualified Behavioural Consultant,
- ⦿ The CLBC Integrated Service Manager,
- ⦿ A physician (medical or mental health professionals etc.), and
- ⦿ The service provider.

## Behaviour Support and Safety Planning Matrix

Challenging Behaviour Type	Definition	Plans Required	Who needs to be involved?	Required Plan Authorization
<b>Difficult or Unconstructive Behaviour</b>	Impedes community acceptance or interferes with other behaviours, and remains unchanged over time, it impedes community inclusion.	<b>Person-centred Plan</b> <ul style="list-style-type: none"> <li>If no change a Behaviour Support Plan may be necessary</li> </ul>	<ul style="list-style-type: none"> <li>The individual</li> <li>Family &amp; Support Network</li> <li>May include service provider staff or a CLBC facilitator</li> </ul>	None required
<b>Serious Behaviour</b>	Interferes with learning and daily activities and is either likely to become severe if not addressed and/or greatly concerns family members, support network members or staff. It may prevent individuals from participating in community activities.	<b>Person-centred Plan</b> <b>Behaviour Support Plan</b>	<ul style="list-style-type: none"> <li>The individual</li> <li>Family &amp; Support Network</li> <li>Service provider staff with training and expertise</li> </ul>	None required
<b>Critical Behaviour Or Unsafe Behaviour</b>	Is of such intensity, frequency, or duration that the physical safety of the individual or others is likely to be placed in serious jeopardy.	<b>Person-centred Plan</b> <b>Behaviour Support Plan</b> <b>Safety Plan (includes restricted practices)</b>	<ul style="list-style-type: none"> <li>The individual</li> <li>Family &amp; Support Network</li> <li>Service Provider</li> <li>Behavioural Consultant<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>The individual and/or their family or formal representative</li> <li>Behavioural Consultant</li> <li>Physician</li> <li>CLBC Integrated Service Manager</li> <li>Service Provider</li> </ul>

<sup>1</sup> Behavioural Consultant:

- i) A professional with graduate qualifications (i.e. has completed a Bachelor's and Master's or Doctoral degree in Clinical or Educational Psychology or Special Education) or
- ii) A Board Certified Behaviour Analyst or
- iii) A person who has completed a Bachelor's degree and is under the clinical supervision of a professional with graduate qualifications (as above) and is either:
  - a. in the process of completing graduate work, or
  - b. has extensive demonstrated competence in functional behaviour assessment and the development and implementation of Behaviour Support Plans and Safety Plans.



## **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 Behaviour Support Plan or Safety Plan is only as good as the functional behaviour assessment on which it is based. Comprehensive functional behaviour 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 the core 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.

<b>Policy Number:</b> SE4.251	<b>Policy Section:</b> Supports and Services	<b>Effective:</b> May 15, 2012 <b>Amended:</b> November 24, 2016
<b>Title:</b> Behaviour Support and Safety Planning Policy		<b>Executive Sponsor:</b> Vice President, Regional Operations

## 1. PURPOSE

The *Behaviour Support and Safety Planning Policy* outlines requirements for service providers who support individuals with challenging behaviours in CLBC funded services. This policy clarifies that Safety Plans are required when restricted practices such as restraints or exclusionary time out are a planned response to de-escalate unsafe behaviours.

The *Behaviour Support and Safety Planning: A Guide for Service Providers* accompanies this policy. It outlines key concepts and requirements for service providers concerning behaviour support and safety planning. The guide is referred to as *A Guide for Service Providers* throughout this policy.

This policy outlines CLBC staff responsibilities for monitoring service provider adherence to this policy and requirements outlined in *A Guide for Service Providers*.

## 2. DEFINITIONS

**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-centred planning.

**Behaviour Support Plan:** An individualized, written document developed to support individuals with challenging behaviour. It outlines specific behaviour support interventions, strategies and implementation requirements.

### **Behavioural Consultant:**

- i) A professional with graduate qualifications (i.e. has completed a Bachelor's and Master's or Doctoral degree in Clinical or Educational Psychology or Special Education) or
- ii) A Board Certified Behaviour Analyst or
- iii) A person who has completed a Bachelor's degree and is under the clinical supervision of a professional with graduate qualifications (as above) and is either:
  - a. in the process of completing graduate work, or
  - b. has extensive demonstrated competence in functional behaviour assessment and the development and implementation of Behaviour Support Plans and Safety Plans.

**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.

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

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

**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. Safety Plans can **only** be developed as an adjunct to or in conjunction with an overarching Behaviour Support Plan.

### 3. POLICY

Behaviour support is a practical approach to address challenging behaviours by replacing them with positive social skills. It concentrates on understanding the context, triggers, and outcomes of behaviour for an individual and using this information to decrease the need for more intrusive interventions. Generally, this is achieved by reinforcing desired behaviours and modifying the environment to strengthen positive and participatory behaviour.

A **Behaviour Support Plan** must include the following:

- 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
- A lifestyle review and strategies to modify or eliminate triggers
- An outline of desirable behaviours and objectives in context of an individual's best interests
- Strategies for establishing or increasing desirable behaviours
- A process for managing emergency situations including establishing roles and detailing permitted and restricted practices
- A reference to training, feedback and ongoing communication and review
- Evaluation and a timeline for review

Service providers are responsible for implementing Behaviour Support Plans for individuals who are exhibiting challenging behaviours that interfere with their learning and daily activities when the behaviours are likely to become severe if they are not addressed. Service providers are responsible to ensure that Behaviour Support Plans are developed with the involvement of the individual, their family and/or the individual's support network, service provider staff and others as required. A person with training and expertise in completing functional behavioural assessments and demonstrated expertise in developing multi-element behaviour support plans needs to lead the development of the Behaviour Support Plan. Service providers may involve Behaviour Consultants to assist with developing Behaviour Support Plans and assist the service provider to develop the internal capacity for developing Behaviour Support Plans.

The Behaviour Support Plan is a written document that evolves over time and outlines environmental changes, antecedent changes, replacement behaviours, consequence changes, and the strategies and activities that will be used to bring that about. The primary focus of any plan should be linked to person centred planning, improving the quality of an individual's life and enhancing their capacity to engage in meaningful activities.

A Safety Plan is developed when an individual's behaviour is unsafe and of such intensity, frequency or duration that the physical safety of the person or those nearby is put at risk. Service providers work with a qualified Behaviour Consultant to develop a Safety Plan. Restricted practices may only be used as a planned response to unsafe behaviour when they are outlined in a Safety Plan and required authorizations have been provided. In an emergency, restricted practices may be used without a Safety Plan or authorizations. (A detailed description of Safety Plans, examples of behaviour that may require a Safety Plan and criteria for implementation are included in *A Guide for Service Providers*.) A Safety Plan specifically addresses how to respond to the unsafe behaviours while reducing risk of harm to the individual and those around the individual. A Safety Plan can only be put in place as an adjunct to a Behaviour Support Plan or may be temporarily in place while a functional behaviour assessment is being conducted to develop a Behaviour Support Plan. A Safety Plan has specific, limiting requirements for development, approval and review.

Safety Plans that include restricted practices as outlined in *A Guide for Service Providers* must be authorized in writing by each of the following people:

- A qualified Behavioural Consultant (a qualified Behavioural Consultant is a Behavioural Consultant as defined in this policy)
- A physician
- A CLBC Integrated Service Manager
- The service provider
- The individual and/or their parent or family member or formal representative

Individuals and families and other support network members should participate in developing the Safety Plan. They must be fully informed about the rationale for its use including any proposed restricted practices.

The Safety Plan must be reviewed every six months by the service provider and the Behavioural Consultant to evaluate the effectiveness of the plan and its implementation. Documentation of the review process must be created, maintained and submitted to CLBC every six months.

Compliance with the *Behaviour Support and Safety Planning Policy* is a contractual requirement of CLBC funded service providers. When restricted practices are employed, their use is reported as outlined in the CLBC *Critical Incidents Policy* and *Community Care Licensing Regulations*. Service providers must adhere to this policy and *A Guide for Service Providers* when developing and implementing a Behaviour Support Plan or Safety Plan.

Quality service analysts are responsible for monitoring service provider compliance with this policy and the requirements outlined in *A Guide for Service Providers*.

## **4. PROCEDURES**

**4.1 Facilitators** are expected to:

- Be familiar with this policy and *A Guide for Service Providers* in order to identify potential needed resources for individuals with behavioural support needs when planning, or when assisting with developing and reviewing individual support plans
- Be able to answer questions and to inform individuals, families, and support network members about their rights and responsibilities in the behaviour support and safety planning process
- Immediately report any alleged use of prohibited practices to a quality service analyst

#### 4.2 Quality Service Analysts are expected to:

- Be familiar with this policy and *A Guide for Service Providers* in order to assist service providers with the related contractual expectations
- Communicate with individuals, families, support network members and advocates about their rights and responsibilities in the behaviour support and safety planning process
- Ensure that all service providers are aware of their contractual responsibility to comply with this policy and *A Guide for Service Providers*
- Review and approve requests for behavioural support
- Review and approve requests for accessing Behavioural Consultants when a Safety Plan is required
- Review Safety Plan documentation to confirm that required authorizations have been provided in writing and submit to the Integrated Service Manager for their authorization
- Monitor that Safety Plan reviews occur and are documented as required
- Monitor service providers' compliance with this policy as part of ongoing monitoring activities.
- Follow-up on specific situations where there is an increase in the use of restricted practices indicated by critical incident reports
- Follow-up on any findings of internal or external reviews or investigations
- Work with service providers to develop solutions to issues related to developing service provider capacity for behavioural support and safety planning

#### 4.3 Service providers are expected to:

- Comply with this policy and *A Guide for Service Providers* and, as appropriate, have written internal policies, procedures and documentation requirements outlining their behaviour support and safety planning approach
- Forward Safety Plans to the CLBC Office
- Ensure required authorizations are in place prior to implementing a Safety Plan
- Report use of restrictive practices and prohibited practices as outlined in the *CLBC Critical Incidents Policy* and *Community Care Licensing Regulations*
- Inform CLBC of situations when they are having difficulty accessing a Behavioural Consultant and a Safety Plan is required

#### 4.4 Integrated Service Managers are expected to:

- Ensure facilitators and analysts are familiar with this policy and *A Guide for Service Providers* and comply with expectations outlined in this policy about staff roles
- Authorize Safety Plans in writing after an analyst has confirmed that all other written required authorizations have been provided

## 5. DOCUMENTATION

#### 5.1 The analyst is responsible to ensure that:

- The Safety Plan, required written authorizations (including documentation explaining exceptional circumstances where the individual and/or their family have not authorized a Safety
-

Plan) and documentation of the Safety Plan review process is scanned into the Individual's Site (Sharepoint) in PARIS.

- A copy of the written authorizations for the Safety Plan and documentation of the Safety Plan review process is placed on the service provider's CLBC record.

## **6. PRACTICE**

6.1 The individual, their family and support network members should always be involved in behaviour support and safety planning. The way that they participate will vary and will depend on many factors but their participation must always be sought. In exceptional circumstances where it is not possible or appropriate for the individual, their family, and/or support network members to participate or authorize a Safety Plan, an explanation about why they have not participated needs to be documented by the service provider and submitted with other required authorizations.

6.2 This policy and the *A Guide for Service Providers* outline an approach which promotes constructive concepts, processes, language and requirements for behaviour support and safety planning. The approach is important for both service providers and CLBC staff. CLBC staff and service providers should create opportunities to discuss and develop this approach.

6.3 When an individual is exhibiting challenging behaviour it is important to determine if there are straightforward reasons for the behaviour before a Behaviour Support Plan (and Safety Plan) is developed. Ruling out any possible medical or dental issues is an important part of the process.

6.4 A physician is required to provide written authorization for a Safety Plan to ensure that the individual has no known underlying conditions that indicate the strategies identified in the Safety Plan (i.e. the use of physical or mechanical restraints) would be unsafe for the individual.

6.5 Behaviour support is an active, long-term process. Positive change can take years, transitions can increase the challenges, new staff or people can enter a person's life, and behaviours can get worse before the interventions and strategies make a positive difference. CLBC staff and service providers must have a long-term perspective where persistence and consistency are key strategies.

6.6 CLBC staff and service providers must work together to ensure that service providers have opportunities to develop capacity for providing positive behavioural support and for gaining access to Behavioural Consultants when required for safety planning.

6.7 In some cases the first signs of behavioural challenges are overlooked and later interventions must be more intensive and time consuming. Service providers and CLBC staff should be alert for early indications of new or increasing behavioural challenges. A preventative strategy implemented in a timely, proactive manner is always good practice.

6.8 CLBC may conduct periodic internal practice reviews and external reviews to monitor the effectiveness of Behaviour Support Plans and Safety Plans. When the use of a 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.

6.9 In certain limited circumstances, a CLBC Director, Regional Operations may make an exception related to the requirement for a Behavioural Consultant to authorize a Safety Plan in order to allow a professional with training and expertise in completing functional behavioural assessments and demonstrated expertise in developing multi-element behaviour support plans to authorize a specific Safety Plan. A Director, Regional Operations may consider an exception if the CLBC analyst, Integrated Service Manager and the service provider are in agreement and present a written request for an exception to the Director, Regional Operations. The proposed professional must have extensive demonstrated competence in functional behaviour assessment and the development of Behaviour Support Plans and Safety Plans. The written request must outline the extensive experience of the proposed professional. If after one year the use of permitted restricted practices has not diminished, a Behavioural Consultant must review the situation.

## **7. REFERENCES**

Behaviour Support and Safety Planning: A Guide for Service Providers  
Critical Incidents Policy  
Community Care Licensing Regulations