

Community Connections Support Services – Policies and Procedures

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| Section | Behavioural Support Policy and Procedures |
| Subject | Behaviour Support (bp010) |
| Applies To | All Service Areas |
| Effective Date | November 1995 |
| Revised Date | March 2019 |

Policy: Community Connections Support Services will have the capacity and capability to address behaviour support planning needs of all those supported at the agency and will follow practices and procedures outlined in CLBC policy.

Procedures:

Ensuring Capacity

CCSS will ensure that there are a sufficient number of employees trained as Behavioural Leads to address behavioural support needs at the agency. Behavioural Leads training is provided to employees by Behavioural Consulting Agencies such as Laurel PosAbilities (in the Okanagan) and Pivot Point (in the West and East Kootenay). This training provides for the skills and resources needed to assess behavioural support needs, assess the type of planning required, create plans and identify support strategies and monitor/update plans.

All employees and subcontractors who support a person with challenging behaviour must also be familiar with the CLBC Behaviour Support – Safety Planning Guide (bp010.1) and the CLBC Behaviour Support and Safety Planning Policy (bp010.2).

****Note: Only CCSS Behavioral Leads and Behavioural Consultants are qualified to develop Behaviour Support Plans. Only Behavioural Consultant are qualified to develop Safety Plans.***

Identifying Need for Planning

If the person supported presents with behaviour that is challenging, it may be necessary to develop a plan to address the behaviour using appropriate support strategies.

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 replaces terms such as problem or dangerous behaviour (CLBC, 2012).

If a support worker or home share provider identifies challenging behaviour for the person they support, they will:

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1. Let the Service Coordinator or Home Share Coordinator know about the challenging behaviour.
2. The Service Coordinator or Home Share Coordinator will enlist support from a local employee with Behavioural Leads training to complete the CCSS BSSP Intake process. The Behavioural Lead (BL) will request data from and provide resources to the support team or the Home Share Provider (Functional Analysis Screening Tool, ABC Charting, Reinforcement Inventory Checklist). Support teams or Home Share Providers are to begin collecting this data for the BL when requested.
3. After review of information collected during the intake process and all relevant data, the BL will determine what planning needs are required for the person supported using the guidelines for identifying type of plan below.

Identifying Type of Plan

1. *Difficult or Unconstructive Behaviour*

- a) This is behaviour that impedes community acceptance or interferes with other behaviours, and remains unchanged over time, it impedes community inclusion.
- b) Support strategies are addressed within the person's individualized service plan (ISP).
- c) The ISP will identify support strategies to reduce or eliminate unacceptable behaviors. Efforts must be made to replace that behavior with a more positive one. In other words, what will the person do instead of what he/she is used to doing?
- d) Rights of individuals must be safeguarded at all times. These rights include regular meals, clean and adequate clothing, health care, shelter and safety, as well as the right to be treated with respect and dignity at all times.
- e) Acceptable Behaviour Support Strategies
 - 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
 - Access counselling or therapy for the person from a qualified practitioner
 - Use verbal prompts/redirection and verbal or manual guidance

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- Anticipate challenging situations or environments, and assist the individual to cope and stay calm
- Offer many positive activities such as physical exercise and relaxation

2. *Serious Behaviour*

- a) This is behaviour that 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) Support strategies continue to be addressed within the person's ISP. In addition, a CCSS employee trained in Behavioural Leads will be enlisted to complete a Behaviour Support Plan using the CCSS BSP Template (bp010.4).
- c) The Behavioural Lead can, at any time, consult with the local Behavioural Consultant (ie Laurel PosAbilities or Pivot Point) to assist in the development of the plan.
- d) All support workers and/or caregivers are expected to follow the recommendations outlined in the Behaviour Support Plan.
- e) Rights of individuals must be safeguarded at all times. These rights include regular meals, clean and adequate clothing, health care, shelter and safety, as well as the right to be treated with respect and dignity at all times.
- f) 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
 - Dates for review
 - Extraordinary circumstances

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3. *Critical Behaviour Or Unsafe Behaviour*

- a) This is behaviour that 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) Support strategies will continue to be addressed in the person's ISP and Behavioural Support Plan but the Behavioural Lead will also contact CLBC and request a referral to the local Behavioural Consultant to develop a Safety Plan. Safety Plans can only be developed by certified behaviour consultants.
- c) 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 (CLBC, 2012).
- d) ***Note: where the Safety Plan identifies a support strategy that falls within the definitions of a Restricted Practice, the BL is to notify the agency Director of Strategic Management. The Director and the Consultant and BL will work together to ensure there is a “policy exception” clause provided within the SP.***
- e) Rights of individuals must be safeguarded at all times. These rights include regular meals, clean and adequate clothing, health care, shelter and safety, as well as the right to be treated with respect and dignity at all times.
- f) Key Content For a Safety Plan developed by the Behavioural Consultant:
 - 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

BSP Development

All agency Behavioural Leads (BL) will have access to the CCSS folder – “Behaviour Support Planning”, found on the company server. All resources necessary to conduct intake, develop

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BSPs and provide resources for support strategies and monitor plans are provided in this folder. In addition, BL's can find a step-by-step instruction sheet as well as a flowchart to assist them in their duties on the company server and provided in policy at bp010.6 and bp010.7.

Identifying Support Strategies

Acceptable support strategies are provided in the previous section. BL can also provide for additional resources and suggestions on appropriate support strategies to the support team or Home Share Provider. All CCSS employees and subcontractors must be aware of what constitutes Restricted Practices and Prohibited Practices. Restricted practices can only be used when approved by a Behavioural Consultant. Prohibited practices are not to be used at any time. Use of prohibited practices may result in dismissal of an employee or notice on contract to a subcontractor.

Restricted Practices

Restriction of Rights

- Removal of access to certain activities.
- Must include a time limit and opportunities for reinstatement by the individual *(Note: reinstatement of rights must be written into the Safety Plan and all support workers / caregivers are to be aware of expectations and practice)
- 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

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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.

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
- 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.

Implementing the Plan

All BSP and SP are to be reviewed with the support team or Home Share Provider before implementation to ensure that all parties are aware of how to correctly implement support strategies. Once all parties have signed off on the plans, the support team or Home Share Provider are to follow support strategies closely and report back to the BL or Behavioural Consultant using any data recording forms that have been provided.

Monitoring the Plan

CCSS is responsible for monitoring all plans written by CCSS and local Behavioural Consultants. CCSS must ensure that plans are updated according to timelines established within the plans. The CCSS Behavioural Lead and/or the local Behavioural Consultant must be notified in advance of a plan requiring review and update. CCSS written plans will be reviewed using bp010.5 CCSS BSP Review Template.

Support teams or Home Share Providers are to notify the BL and Behavioural Consultant anytime there is an increase in severity or frequency of behaviour or if there has been a Critical Incident involving the person supported and indicative of the behaviour.

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All BSPs are to be reviewed annually, at minimum. All SPs are to be reviewed every 6 months, at minimum.

Discharge

CCSS can only discharge a person's Behaviour Support Plan when that plan is written by CCSS. Discharge from plans written by Behavioural Consultants can only be authorized by the Behavioural Consultant.

Discharge from a plan typically means that the challenging behaviour is being managed with positive and effective support strategies. When a person's BSP or BSSP is discharged, the successful support strategies must be written into the person's ISP.

References

CLBC. (2012). Behaviour Support and Safety Planning. Retrieved April 18, 2014, from [http:// www.communitylivingbc.ca/about-us/policies/behaviour-support-and-safety-planning-july-2009/](http://www.communitylivingbc.ca/about-us/policies/behaviour-support-and-safety-planning-july-2009/)

For further information on this policy or permission to reprint, please contact:

Jacqueline Burnham, BA
Director – Strategic Management
Community Connections Support Services
275 Rutland Road North
Kelowna, BC V1X 3B1
ph. (250) 491-2907 fx.(250) 491-2920
jacqueline@commconn.ca
www.commconn.ca