BEHAVIOURAL SUPPORT POLICY

Behavioural Support Position Statement:
It is the position of Community Living-Central Huron that all support strategies occur through adherence to legal, ethical and professional standards and in accordance with the Agency's Guiding Principles, Service Principles, Philosophy, Mission and Vision Statements**.**

Community Living-Central Huron recognizes the intrinsic importance of staff and volunteers providing support to the individuals who access the Agency's services. In addition, Community Living-Central Huron realizes that providing support to individuals who have behavioural difficulties may at times cause feelings of apprehension and uncertainty. In respect to this, Agency practices and procedures, such as: gathering information about the individual and their support needs from staff, family, external support providers and the individual**;** staff and volunteer orientation; staff/case meetings; use of external consultants/resources; developing individual support protocols/Behavioural Support Plan; professional development/staff and volunteer training, and supervision will be accessed to ensure the health and safety of all individuals.

It is the Agency's view that behaviour difficulties may be the result of various factors; such as a person's disability, environment, faulty learning process or form of communication. Therefore, the Agency would not condone any program or other intervention, the object or result of which is to label, stigmatize or otherwise set apart individuals served by Community Living-Central Huron.

Reflective of the Agency's philosophy, Community Living-Central Huron has developed specific protocols to follow when implementing behaviour support strategies. It is expected these protocols will provide staff and volunteers with guidance in determining acceptable, positive ways of supporting people who may present difficult or challenging behaviours. While this list is not exhaustive, each method is explained and some concrete examples and definitions are provided:

- **Challenging behaviour**: Behaviour that is aggressive or injurious to self or others or that causes property damage or both and that limits the ability of the individual to participate in daily life activities and in the community or to learn new skills or a combination**.**

- **Behaviour Support Plan:** Document that is based on written functional assessment of the person that considers historical and current, biological and medical, psychological, social and environmental factors (a bio-psycho-social model) that outlines intervention strategies designed to focus on the development of positive behaviour, communication and adaptive skills.

- **Intrusive behaviour intervention:** A procedure or action taken on a person in order to address the person's challenging behaviour, when the person is at risk of harming themself or others or causing property damage.

- **CPI Non-violent Crisis Intervention:** A safe, non-harmful behaviour management system designed to aid Staff Members in maintaining the best possible care, welfare, safety and security for agitated or out-of-control individuals.

- **Positive Systems Approach:** A psycho-social model of supporting people who present challenging behaviours utilizing a combination of positive approaches; never punitive.

- **Video monitoring and recording:** A tool used to assist in meeting the needs of a person when safety of the person and/or Staff or volunteer may be of significant concern and/or a tool used for a comprehensive evaluation of a person with challenging behaviour.

- Approved Methods: Those methods that are acceptable to use in most circumstances.

- Restricted Methods: Those methods that are acceptable only in special circumstances.

- Prohibited Methods: Unacceptable methods of dealing with behaviour.

1. **<u>Approved Methods of Behavioural Support:</u>**
   Approved methods of behavioural support are defined as any practice, intervention, or planned method of support that is positive or constructive in nature and is geared toward promoting new ways of understanding emotions, behaviours, difficulties, challenging situations, or reinforces positive behaviour. It is <u>not</u> controlling in nature, and in no way infringes on the rights and freedoms of the individual supported.

   <u>Approved and appropriate methods of support are as follows:</u>
   a) C.P.I. Nonviolent Crisis intervention;
   b) Positive Systems Approach;
   c) Listening;
   d) Compliments;
   e) Talking to the person;
   f) Teaching or learning components, including teaching proactive skills and communication strategies to maximize the individual's abilities and to minimize challenging behaviour;
   g) Review of the individual's living environment, including the physical space and support and social networks, to identify possible causes of challenging behaviour and make changes to the living environment to reduce or eliminate the causes;
   h) Facilitating informed choices; it is important to provide information and potential consequences pertaining to choices and accept the person's decision and also to provide additional opportunities where appropriate. Remember that choosing between 2 things is a dilemma, 3 is a choice;
   i) <u>Natural consequences:</u> natural consequences are those which permit the person to learn from the natural order of daily living (ie. refusing to eat is followed by hunger or spending all your taxi money is followed by walking). Logical consequences permit the person to learn from the reality of the social order (ie. you may be avoided by your friends for your body odour if you refuse to wash).
   j) Role playing;
   k) Modelling positive behaviour;
   l) Letting persons make mistakes that are not harmful;
   m) Changing the subject, creating a diversion, or redirecting the behaviour to a positive activity;
   n) Making a suggestion or respecting that the person might want to spend time alone; and
   o) Reinforcement of positive actions.

2. **Restricted Methods of Behavioural Support:**
Restricted methods are defined as any practice, crisis intervention, planned procedure or protective device or equipment that could be perceived as infringing on the right and/or freedom of movement of the individual but is not considered a prohibited practice. It is recognized that there may be an occasion whereas such intervention may be required to resolve a potentially violent situation or for a person's physical well being.

Restricted methods may in limited circumstances be appropriate, but only with the consent of the individual and/or where applicable, persons acting on behalf of the individual, and after careful planning and documentation and in consultation with the individual's support network (Agency staff and volunteers, external agencies, consultants, family), qualified medical professional(s) and with the approval of the relevant Supervisor and Coordinator. Such methods will be reviewed by the Intrusive Intervention Review Committee no less than annually.

There are two types of Restricted Methods - a) and b0, as noted below:

a) Those requiring prior approval of the relevant Supervisor and Coordinator. These are carefully planned methods of intervention and determined to be necessary when issues prevent the application of a full positive systems approach. Examples: protective restraints (ie. helmets, splints), token economy, the use of video monitoring and recording, prescribed medication to assist the individual in calming.

The incident reporting procedure is to be followed by the staff and volunteers involved and the Supervisor contacted within a twenty-four (24) hour period or the first working day.

Note:
1. The prescribed medication used to assist an individual in calming must have a clearly defined protocol approved by the prescribing medical professional as to when to administer the medication and how the medication is to be monitored and reviewed. Further, medication used for calming an individual is considered an intrusive intervention and is subject to a minimum of an annual review by Intrusive Intervention Review Committee.

2. All video monitoring must adhere to the principles as noted herein (#4 Individual Support Protocols/Behaviour Support Plans). CL-CH views video monitoring and recording as an intrusive behaviour intervention and requires an annual review by the Intrusive Intervention Review Committee.

b) Emergency/Crisis intervention strategies that are deemed necessary by the Staff to prevent serious or life threatening injury. Documentation, using the designated form, is required to be completed by the Staff within a 24 hour period or the first working day. The Supervisor or designate or Pager would be contacted immediately following the emergency/crisis intervention.

Example of b): CPI Nonviolent _physical_ intervention; used only as a last resort when a person is a danger to self or others. It involves the use of safe, non-harmful control and restraint positions to safely control an individual until he can regain control of his behaviour. The individual's family/primary support network would be notified of the use of a physical restraint, as appropriate.

3. **Prohibited Methods of Behavioural Support**:
Prohibited methods are defined as methods that are commonly referred to as being aversive. They restrict human rights and/or freedom of movement of the individual and are a direct conflict of the Agency's Guiding Principles, Service Principles, Vision and Mission Statements. Under **no circumstances** will these methods be condoned.

The use of prohibited methods will result in disciplinary action which may include termination of employment and/or legal action.

Examples of prohibited methods are:
a)   striking the person with or without a physical object;
b)   use of unnecessary force, or threats of force (physical, verbal or emotional);
c)   shaking, shoving, striking, spanking, or any other form of physical aggression;
d)   punishment of a person by another person or group of people condoned or instigated by staff (ie. removing privileges);
e)   requiring or forcing the person to assume an uncomfortable position (ie. squatting, kneeling);
f)   requiring or forcing the person to repeat physical movements;
g)   interfering with, or interrupting a person's sleep;
h)   harsh or degrading verbal remarks (ie. name calling);
i)   deprivation of basic needs (ie. withdrawal of food, shelter, warmth);
j)   confinement (ie. placing the person in an enclosed area that is barren of reinforcers and from which escape is not permitted);
k)   secure isolation - NO person is to be detained in a locked room;
l)   noxious stimuli - a punishment procedure in which a noxious stimulus is applied (ie. lemon juice in mouth, water mist spray in face, inhalation of aromatic ammonia);
m)   mechanical restraint - any restrictive device or equipment which reduces a person's freedom of movement;
n)   contingent electric shock - a punishment procedure in which an aversive electrical stimulus is briefly applied immediately following the occurrence of a pre-defined response;
o)   facial screening - the practice of putting a mask over the eyes for a specific period of time contingent upon a specified behaviour;
p)   contingent exercise - the repeated practice of physically demanding movements contingent on a specified behaviour;
q)   over-correction - requiring an individual to repair any environment damage they have caused to a state vastly improved from that which existed prior.

4. **Individual Support Protocols/Behaviour Support Plans:**
All individuals supported who display challenging behaviours are to have an Individual Support Protocol/Behaviour Support Plan. The following principles will be adhered to when developing Individual Support Protocols/Behaviour Support Plans which address challenging behaviour:

• Outline positive behaviour intervention strategies and include the least intrusive and most effective strategies possible.
• Ensure strategies in the protocol/plan are designed to focus on the development of positive behaviour, communication and adaptive skills to enable the individual to reduce, change and overcome their challenging behaviour that may limit their potential for inclusion in the community
• All strategies will ensure the dignity of the individual is maintained throughout the process.

- Within the laws of society, all people who have difficulty managing their behaviour have the right to live in the community as valued citizens and to participate fully in community life.
- All behaviour strategies developed are consistent and reflective of the Agency's Guiding Principles, Service Principles, Philosophy, Vision and Mission Statements.
- Individual Support Protocol/Behaviour Support Plan principles do not relieve the individual of ownership and responsibility for their behaviour and legal consequences.
- Participation in the development and maintenance of the Individual Support Protocol/Behaviour Support Plan will include the person and/or representative's (ie. family, support network)/informed choice/consent and inclusion and such participation will be documented in the protocol/plan.
- Individual Support Protocols/Behaviour Support Plans to address challenging behaviour, whereas the inclusion of an intrusive behaviour intervention is within the Protocol/Plan, there must be written approval by a psychologist, a psychological associate or behaviour analyst certified by the Behaviour Analyst Certification Board or physician.
- All Staff and volunteers supporting individuals who have an Individual Support Protocol/ Behaviour Support Plan are required to review such Protocol/Plan prior to supporting the individual and at least twice in each 12 month period.
- Each Individual Support Protocol/Behaviour Support Plan will specify who is to be contacted and updated regularly on the use of any intrusive behaviour intervention. Should an individual not have an Individual Support Protocol/Behaviour Support Plan and an intrusive behaviour intervention is used, pending consent of the individual, notification to the individual's family/primary support must occur as soon as possible. Further, the process for initiating the development of an Individual Support Protocol/Behaviour Support Plan must occur.
- Staff and volunteers will record, as soon as possible, all incidents where intrusive behaviour intervention has been used.
- Each Individual Support Protocol/Behaviour Support Plan will identify how the intrusive behaviour intervention will be monitored and evaluated as to its effectiveness and if cessation of the intrusive behaviour intervention is feasible.
- Individual Support Protocols/Behaviour Support Plans which provide for video monitoring will note the limitation of video monitoring to common areas.

5.	Review Committee:
Reviewing and monitoring Individual Support Protocols/Behaviour Support Plans, which include intrusive behaviour intervention, are considered important steps by Community Living-Central Huron in evaluating the suitability and effectiveness of the Protocols/Plans and ensuring consistency with the Agency's Guiding Principles, Services Principles, Vision and Mission Statements, as well as the general principles of what Protocols/Plans are to achieve.

Therefore, the Agency will ensure reviews are conducted on a regular basis, no less than annually, by an independent third party review process, referred to as the Intrusive Intervention Review Committee, to:

- Assess if the protocol/plan is ethical and appropriate to the needs of the individual, based on professional guidelines and best practices; and
- Ensure the protocol/plan is consistent with the Ministry of Community and Social Services *'Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008'* and Policy Directives for Service Agencies June 2012.

- Determine the Protocol/Plan is meeting the principles outlined in CL-CH's development of Individual Support Protocols/Behaviour Support Plans.
- Confirm the Protocol/Plan is consistent with the Agency's Guiding Principles, Service Principles, Philosophy, Vision and Mission Statements.

The Agency will determine the membership of the independent third party Intrusive Intervention Review Committee, which may include Agency representation and must include the involvement of a clinician with experience in supporting adults with a developmental disability who have challenging behaviours. The Intrusive Intervention Review Committee will be responsible for developing the Committee's Terms of Reference.

All Intrusive Intervention Review Committee findings and recommendations will be documented and forwarded to the Agency. The Agency will ensure the findings and recommendations are shared with the "professional" who approved the Protocol/Plan (ie. Psychologist, Psychological Associate, certified Behaviour Analyst or Physician).

The Agency will review the Committee's findings and recommendations and determine how the findings and recommendations may be implemented.

Related Policies:
- Philosophy Community Living-Central Huron (A-001)
- Guiding Principles (A-002)
- Confidentiality Policy (A-003)
- Privacy Policy (A-004)
- Interpretation (B-001)
- Relationship with Law Enforcement Agencies (B-003)
- Community Involvement (B-004)
- Usage of Agency Equipment/Electronic Communication Technologies Policy(B-006)
- Volunteer Policy (B-007)
- Accessibility Policy (B-009)
- Duty of Care Policy (B-010)
- Code of Conduct (B-011)
- Individual Welfare/Rights Policy (C-001)
- Abuse Policy (C-004)
- Use of Physical Restraints Policy (C-005)
- Serious Occurrence Policy (C-006)
- Communication Book (C-007)
- Finances of People Supported (C-008)
- Individual Support Policy for Persons Receiving Service (C-009)
- Pet Ownership, Visiting Pets and Service Animals (C-010)
- Orientation for People Supported (C-011)
- Medical Care for Persons Supported Policy (C-012)
- Inventory, Personal Belongings of Persons Supported Policy (C-013)
- Bathing and Showering Supervision of Persons Supported Policy (C-014)
- Persons Supported Food and Nutrition Policy (C-015)
- Missing Person/Unknown Whereabouts Policy (C-016)
- Health and Safety Policy Statement (D-001)
- Medication Policy Statement (D-002)
- Emergency Policy (D-003)
- Smoking (D-004)
- Bullying, Harassment and Workplace Violence Policy and Procedures (D-007)
- Preventative Maintenance Policy (D-009)

- Musculoskeletal Disorders Awareness Policy (D-010)
- First Aid Policy and Procedures (D-011)
- Working Alone Policy (D-012)
- Infection Control Policy and Procedures (D-013)
- Hazard/Risk Policy and Procedures (D-014)
- Health and Safety Orientation Policy (D-015)
- Location Health and Safety Representatives Policy (D-016)
- Sharps Policy and Procedures (D-018)
- Manual Handling Policy (D-019)
- Slips, Trips and Falls Prevention Policy (D-020)
- Workplace Inspection Policy (D-021)
- Work Refusal Policy (D-022)
- Lifts, Transfers and Physical Assistance Policy (D-023)
- Incident/Accident Investigation Policy (D-024)
- General Policy No. 2 (E-001)
- Hiring Policy (E-002)
- Police Record Check (E-003)
- Employee and Volunteer Orientation Policy (E-005)
- Professional Development/Training Policy (E-006)
- Individual Consultation Policy (E-007)
- Employee Performance Appraisal Policy (E-008)
- Vehicle Use (E-009)
- Personal Property Damage Reimbursement (E-010)
- Employee Performance Standards Policy (E-011)
- Disciplinary Policy (E-012)
- Sexual Harassment Policy (E-013)
- Work References (E-014)
- Early and Safe Return to Work (E-016)
- Record Retention and Archives (E-018)
- Medication Policy and Procedures Manual