COMMUNITY LIVING VICTORIA

6.09 POSITIVE BEHAVIOR SUPPORT PRACTICES

PURPOSE

To ensure that all behavior support plans developed for individuals receiving services from Community Living Victoria (CLV) contain positive practices, are functionally based, and are integrated with person centered planning. This policy and resulting plans apply to all programs and homes within CLV.

Written and approved Practices Review Committee (PRC) Behavior Plans are required when supporting individuals who exhibit behaviours of concern and where restricted practices are incorporated as part of the plan for keeping an individual safe. Some restrictive practices also require written plans from a Behaviour consultant and/or signatures from the individual or their family and medical professionals.

CLV uses *Supporting Individuals through Valued Attachments* (SIVA) and *Non-Violent Crisis Intervention* (NVCI) as our training programs to instruct and empower staff on appropriate responses to anticipated and unanticipated behaviours of concern.

DIRECTIVE

It is important that assessments and practice guidelines be detailed, accurate and up-to-date in order that the employee/contractor providing support to the individual understands the information and receives appropriate training.

DEFINITIONS:

Behaviour Support: A set of interventions developed to support individuals with challenging behaviours. These behavioural interventions are designed to improve an individual's quality of life, are functionally based and are integrated with person-centred planning (CLBC Policy SE4.251).

Behaviour of Concern: Behaviours of concern are sometimes referred to as challenging behaviours. They are behaviours that could cause harm to themselves, others or property. A behaviour of concern should be addressed when it is of such intensity, frequency and duration that it presents a risk to self, others or property. Behaviour may be classified as a concern when the consequences of the behaviour seriously impact their quality of life (CLBC Policy SE4.251).

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Reference(s): CLBC Behavioral Support and Safety Planning Policy, and The Guidebook
Authorization: Executive Director

Anticipated Behaviour of Concern: When behaviour is anticipated, a plan is generally in place to support the individual. Staff should be familiar and competent with the plan surrounding anticipated behaviours.
Unanticipated Behaviour of Concern: A behavioural response or action that is not anticipated. In this case, the staff would deal with the behaviour in the least restrictive and most positive approach possible.

Behaviour Support Plan: An individualized, written document developed to support individuals with behaviour(s) of concern. It outlines specific behaviour support interventions, strategies and implementation requirements (CLBC Policy SE4.251). Behavioural Support Plans are developed by Supervisors/Mangers and/or Program Directors with PRC Committee input and approval. They should demonstrate a practical approach to address challenging behaviours by replacing them with appropriate social skills. The Behaviour Support Plan 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 modifying the environment to strengthen positive interactions. A Behavior Support Plan must include the following where applicable:

- The desired focus/purpose of the plan
- All relevant medical/social history for the individual
- A record of antecedents (triggers) of the behaviour of concern
- Patterns of behaviour
- Signs of escalation
- A list of the behaviour(s) of concern as well as what the function of the behaviour is for the individual
- A list of possible positive, non-restrictive or intrusive replacement behaviours
- Details of possible positive support approaches
- Any restrictions that are approved by the PRC Committee, behavioural consults, and health care professionals (where applicable), including PRNs
- A list of people who are involved in the creation and approval of the plan including the individual, any professionals, or the individual's family
- Specific review dates or a monitoring procedure to determine the effectiveness of the plan
- Written authorization to use any restrictive practice

Safety Plan: An individualized, written document designed to address situations where unsafe behavior has the potential to harm the individual or those around them (*CLBC Policy SE4.252*).

The Safety Plan outlines the strategies and procedures to respond to the unsafe behaviors and reduce risk. Safety Plans can **only** be developed as an adjunct to or in conjunction with an overarching Behavior Support Plan. Any safety plan is developed with a qualified Behavior Consultant.

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.

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

- A qualified Behavioral Consultant
- A physician
- A CLBC Integrated Service Manager
- The service provider
- The individual and/or their parent or family member or formal representative

The Safety Plan must be reviewed every six months by the service provider and the behavioral consultant to evaluate the effectiveness and implementation of the plan.

Restrictive Practice: Techniques or strategies that limit an individual's behavior 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, clothing, heat, access to health care, suitable shelter or safety or reasonable access to family members.
- Exclusionary time-out
- Restraint. This can include environmental restrictions (ex: gate), chemical restraint (ex: PRNs), physical restraint (ex: an approved SIVA restraint for safety) or mechanical restraint (ex: lap belts, trays). It is imperative that staff understand and can demonstrate knowledge of planned restrictive practices.

PROCEDURE

Employees must demonstrate a willingness to understand the function or purpose of an individual's behaviour and recognize that **all** behaviour is communication. The principles of respect, dignity and empowerment will guide you in determining any approach that addresses harmful or potentially harmful behaviours displayed by an individual.

Our philosophy is to use the least intrusive or restrictive form of intervention possible. The goal is to assist individuals to develop self-control, self-confidence and ultimately, self-discipline and sensitivity in their interactions with others.

Follow *CLV's Policy 5.06 Safety, Security and Violence Prevention* to document the risk of injury to workers providing direct support. A Risk to Worker's Assessment is developed and updated annually.

Employees/contractors are expected to utilize positive strategies and approaches to facilitate a change in behaviour, prior to using a restrictive practice. For example:

- alteration of environmental conditions
- involving the individual in positive activities
- determining the cause or reason for the behaviour and supporting the individual to develop more appropriate responses

- reinforcement of the desired behaviour
- distraction and/or redirection

The use of a restrictive procedure to modify behaviour will only be approved if there is documented evidence that positive strategies have been tried and have failed. All workers must demonstrate competency and understanding of the restriction to their immediate supervisor.

If the least restrictive alternative has been unsuccessful, then the following must be adhered to:

- a written plan must be developed and approved by a behavioural consultant, and valid consent obtained, prior to implementing a restrictive practice (PRC behaviour support or safety plan)
- from the range of effective techniques, the least restrictive alternative must be chosen
- positive procedures must be used concurrently to support the development of the person's appropriate responses and to provide opportunities for the individual to be successful
- whenever a restrictive procedure is used, the behavioural support plan must have a predetermined period of time for review; at that designated time, the procedure is to be reviewed, revised or discontinued
- employees who are expected to implement a restrictive practice must be trained to implement the procedure and experience the maximum intensity of the intervention themselves to understand how it feels from the individual's perspective

The use of a restrictive practice requires the valid consent of the individual and/or their representative, and in most cases, written permission must be obtained from each of the parties.

In exceptional circumstances, for the purpose of preventing physical injury or harm to an individual or others, and where no written plan exists, employees may:

- block blows, use only SIVA/NVCI approved self-defence techniques, use non-violent crisis intervention strategies, remove others from the situation, remove an object that could potentially be used as a weapon, secure the environment, administer a pre-authorized medication, and/or call the police for assistance
- use physical restraint, not to cause physical injury or emotional discomfort, but to interrupt the threatening behaviour

Any emergency response must stop as soon as the behaviour is no longer threatening or harmful to the individual or others. Employees must report the emergency response to their Manager/Supervisor by documenting the events surrounding the use of the response on an incident report as per *CLV Policy 5.08 Critical Incident Reporting.*

The use of medications to control or manage behaviour, as a part of an emergency response, must be documented on the Medication Administration Record (MAR) sheet.

CLV has an internal committee called the **Practices Review Committee**. This committee meets to review and examine each practice that is referenced in this policy on, at least, an annual basis. The committee approves the legitimacy and necessity of the practice or suggests it should be discontinued. All results and findings of the committee may be shared with CLBC and/or the respective behaviour consultant.

To reference CLBC's policy on Behavior Support and Safety Planning please see: https://www.communitylivingbc.ca/wp-content/uploads/BEH_SUPP_SAF_PLAN_POL_-AUG_2018_FNL.pdf

See attached table *Least to Most Restrictive Practices and the Authority Needed for Approval of Use.*

Least to Most Restrictive Practices and the Authority Needed for Approval of Use

Least	More	Most	Unacceptable Technique
• verbal praise • social reinforcement • support the person • listen and negotiate • teach an alternative behaviour • teach communication skills • gentle teaching • change the environment • change the type of prompting • use of counselling techniques • interrupt and reinforce • agree and restate • logical consequences driven by the individual's personal choice • self-monitoring driven by the person's choice • spontaneous counselling	• use of primary reinforcers • establishment of a contract with a person • use of extinction (planned ignoring) • re-direction • physical prompting • restricting access • use of deception as a means to change behaviour • use of earning of privileges	• physical restraint • isolation • use of time out (exclusionary) • over-correction • removal of personal belongings • exclusion from normal activities and rights (i.e. work, leisure) • mechanical restraint (includes restraints for safety – helmets, wheelchair tray, bedrails, arm straps) • use of medication to control behaviour	• verbal abuse • environment restraint • corporal punishment • forced satiation • deprivation of food, shelter and clothing • use of non-prescription medication • any violation of a person's human right
Levels of Authority for Approval			
• Individual/Family • Supervisor/Manager	• Individual/Family • Supervisor/Manager • Program Director	• Individual/Family • Supervisor/Manager • Program Director • Behavioural Consultant • CLBC Analyst/Social Worker • Consulting Physician	• Never considered

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