

## 9.7 BEHAVIOURAL INTERVENTIONS

### **Policy Goals:**

These guidelines are intended to address both the legal and ethical aspects of the support person's role. Specifically, these guidelines will assist support persons to address the best interests and development of people they support, complying with current laws and specific government guidelines relating to the people in care; and to address the best interests and professional development of support persons by assisting all support providers in the attainment and maintenance of appropriate ethical standards. For the purpose of this policy, support persons may include, but are not limited to, staff, students and volunteers.

We are committed to ensuring the following at all times:

- The safety and well-being of the people who we support;
- Rights, dignity, and quality of life;
- The promotion of learning;
- Providing opportunities for home and community involvement and inclusion.

All procedures and techniques used by support persons in dealing with people must be implemented with empathy, respect and consideration of the person's physical and emotional needs. We believe that people communicate in the most efficient and effective manner available to them at the time; any procedures or techniques that are used will be developed from that belief. Support persons will, as their primary focus, attempt to enhance communication and teach appropriate methods of interacting.

### **Prevention Of Behaviours And Focus On Positive Change:**

All efforts will be made to prevent the occurrence of behaviours by:

- Knowing who the person is, what is important to them, and what is important for them;
- Positively reinforcing the person's strengths and abilities in daily interactions;
- Looking at medical and environmental factors (clear limits, predictable events, reasonable and meaningful expectations) and removing the possible causes prior to developing intrusive programs;
- Supporting the person to develop more appropriate methods of communication;
- Supporting the person generally in the acquisition of skills to be better able to cope with day-to-day living;
- Anticipating and intervening before behaviours occur to prevent their occurrence.

### **Guidelines For Implementation:**

There is a wide range of interventions which may be used to support people in their learning of more adaptive behaviours. They vary in how restrictive they are and in how much they focus on the maladaptive behaviour.

We have grouped the techniques into four groups based on how restrictive they are. The four groups are: Unrestrictive, Restrictive, More Restrictive, and Unacceptable.

### **1. Teaching by Modeling, Providing Direction, and Giving Praise**

There are no limitations on the use of these techniques. Techniques which are consistently applied by a support person and/or team become a “Support Plan” and should be documented.

### **2. Reinforcing Techniques, Reprimands and Time-outs**

These techniques will be used only after communication and/or consultation with the following: Individual, Family, Department Manager, Ministry Representative.

Programs using these techniques must be documented. Documentation must include time limits and follow-up actions to utilizing this type of behavioural or safety support. Over time, the goal must be to fade out such behavioral or safety supports and to move towards positive teaching strategies.

### **3. Restraints and Seclusion (including isolation and medications used for the purposes of controlling behaviour)**

These techniques will be viewed as last options for behavioural support. They are not to be seen as part of a treatment plan but rather as a safety response.

They will be and must be used only after communication and/or consultation with the following: Individual, Department Manager, Ministry Representative, Physician, Psychologist and Psychiatrist.

Programs using these techniques must be documented. Documentation must include time limits and follow-up actions to utilizing this type of behavioural or safety support. Over time, the goal must be to fade out such behavioural or safety supports and to move towards positive teaching strategies.

### **4. Unacceptable Methods**

The following procedures are never acceptable in management of maladaptive behavior:

- Physical punishment
- Electric shock
- Noxious stimuli
- Deprivation of basic Rights.

### **The Use of Restrictive Methods:**

The use of methods that are intrusive, restrictive or alter the person’s environment without their approval will be considered only after more positive methods have failed and only when conditions are serious enough to justify the method being used. Again, these methods are not to be seen as a treatment plan but rather as a safety response.

The following factors should be considered:

- Is the behaviour dangerous or life threatening to either the individual or others?
- Does the behaviour interfere with learning more appropriate behaviour?
- Does the behaviour interfere with the potential for independent living?
- Does the behaviour limit the individual's integration in the community?

## **Monitoring Behaviour Modification:**

### **1. Documentation**

Documentation shall include Written Behavioural Programs containing the following (carried out in this order):

1. A clear definition of the inappropriate behaviour.
2. A clear description of the communicative function of this behavior.
3. A clear description of appropriate behaviours that the individual can use to get their needs met.
4. Indicators of success of the Support Plan.
5. A record of the individual's behavioural baseline.
6. A description of triggers and lists of antecedents.
7. A description including contingencies.
8. A rationale for the support strategies/intervention plan/methods.
9. The monitoring method with scheduled review dates.
10. The person responsible for carrying out the intervention/support plan.
11. Time limits to using restrictive support strategies.
12. Follow-up action.
13. Fade out procedures (short term and long term).

### **2. Reviewing Formal Programs**

Managers, Coordinators and Supervisors are responsible to ensure that all new programs are reviewed (look at data and evaluate progress) within 4 months.

Managers, Coordinators and Supervisors are responsible to ensure that ongoing programs are reviewed at intervals of not longer than 6 months.

Programs/intervention plans that are intrusive or restrictive require written consent from parents or guardians, physician, social worker and, if possible, the individual.

Family members, CLBC, and/or funders must be informed in writing of the outcome of reviews at Personal Planning meetings or as required in the consent.

Managers must be informed of programs being developed and reviewed and of the outcomes.

Service Evaluations will also be utilized in the review and monitoring process.

**Linking Policies:**

- 1.8 Code of Ethics
- 3.10 Abuse & Neglect of Children Policy
- 3.11 Abuse & Neglect of Adults Policy
- 7.1 Individual Support Planning Policy
- 7.2 Personal Service Planning Policy
- 7.3 Individual Support Plans (Care Plans)
- 9.1 Rights & Responsibilities of People with Disabilities