

9.7 BEHAVIOURAL INTERVENTIONS

Policy Goals

This policy provides ethical and legal guidelines for employees and, contracted support providers.

BACI is dedicated to:

- Ensuring safety and well-being
- Upholding rights, dignity, and quality of life
- Providing opportunities for learning, inclusion, and community participation
- Prioritize Least Intrusive Interventions
- Compliance with applicable laws and government requirements, including the CLBC policy and the Behaviour Support: A Guide for Service Providers when developing, implementing, and reviewing a Behaviour Support Plan or Safety Plan.

All interventions must be delivered with empathy, respect, and consideration for the person's physical and emotional needs. BACI recognizes that behaviour is a form of communication, and the primary goal is to enhance understanding and teach positive, adaptive communication methods.

Prevention of Behaviour and Focus on Positive Change

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

- Knowing who the person is, their preferences, needs, what is important to them, and what is important for them.
- Positively reinforcing the person's strengths and abilities in daily interactions.
- Addressing medical and environmental triggers before implementing intrusive strategies (clear limits, predictable events, reasonable and meaningful expectations).
- Supporting the person to develop appropriate methods of communication.
- Supporting skill development to be better able to cope with day to day living.
- Anticipating and intervening early to avoid escalation.

The Procedure Outlined below is for Adult Services. Children's Services will follow the BC Government's 2016 Guiding Children's Behaviour Handbook found in the Children's Services Procedure manual.

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 challenging behaviour.

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 in their Individual Support Plans.

The use of methods that are intrusive, restrictive or alter the person’s environment 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.

Behaviour Support Plans

Behaviour Support Plans are created for individuals showing difficult or unsafe behaviour. Plans must be developed for those with serious or unsafe behaviour.

Behaviour Support Plans:

- Provide strategies to reduce challenging behaviour while improving quality of life.
- Are created with input from the individual, family/support network, Service Provider staff, and others as needed.
- Must include a functional behaviour assessment.
- Must not use restricted practices.
- Are developed by someone trained in functional behavioural assessments and support plans.
- Must be accessible to BACI staff.
- Copies must be available to CLBC on request.
- Must include the following: a clear definition of the behaviour, a clear description of the communicative function of the behaviour, a clear description of the appropriate behaviours that the individual can use to get their needs met, indicators of success of the support plan, a record of the individuals behavioural baseline, a description of the triggers and list of antecedents, contingencies, a rationale for the support strategies and monitoring method.

Restricted Practices

- Can be used as planned interventions only if detailed in a Safety Plan with proper authorizations.
- Must not appear in a Behaviour Support Plan.
- May be used without a Safety Plan or authorizations during emergencies when someone's safety is at imminent risk.

Restricted practices must be reported as per BACI and CLBC Critical Incidents Policy, even if included in a Safety Plan. For behavioural or medical reasons, these practices should be documented in the Safety Plan.

Safety Plans

Safety Plans must be developed and implemented when restricted practices are needed in response to critical or unsafe behaviour.

- A Behavioural Consultant must develop the plan.
- The plan can only be created as a supplement to a Behaviour Support Plan, with clear connections between the behaviours identified and the restricted practices needed.
- Plans should involve individuals, their families, and/or support networks, who must be fully informed about why any restricted practices are being considered.
- The plan needs to include all required elements from the Service Provider Guide - Appendix III: Key Elements of Behaviour Support and Safety Planning.
- It must feature a Safety Plan: Medical Considerations Form to ensure medical factors affecting behaviour are addressed.
- The plan must be reviewed every six months and submitted to CLBC.
- If restricted practices change or new ones are added, a new Safety Plan must be developed.
- The plan must be discontinued if no restricted practices have been used for 12 months, based on critical incident reports or other documented data.

Before a Safety Plan can be implemented, it must be authorized in writing by each of the following:

- The individual and/or their Committee of Person or Representative (as established under Section 9 of the Representation Agreement Act). For all licensed settings, consent requirements under the Residential Care Regulation apply.
- A qualified Behavioural Consultant
- A medical practitioner or nurse practitioner if the Safety Plan includes restraint(s), as defined in this policy, excluding environmental restraints.
- The Service Provider.
- A CLBC Service Delivery Manager.

In situations where an individual resides in an unlicensed facility and consent cannot be secured, or in instances involving abuse, neglect, or self-neglect, Community Living BC (CLBC) will assess whether it is necessary to seek an order under Section 54 of the Adult Guardianship Act to authorize the implementation of a Safety Plan.

Temporary Safety Plans

Temporary Safety Plans may be implemented in circumstances where restricted practices are necessary, and a functional behaviour assessment is underway to inform the development of a Behaviour Support Plan. Such plans are permitted for a maximum duration of 60 days.

Temporary Safety Plans require authorization from:

- The individual and/or their Committee of Person or Representative (as established under Section 9 of the Representation Agreement Act). For all licensed settings, consent requirements under the Residential Care Regulations apply.

- A medical practitioner or nurse practitioner if the Safety Plan includes restraint(s), as defined in this policy, excluding environmental restraints.

Unacceptable Methods

Any act based on fear, pain, or threats, or violating basic human rights, includes unauthorized use of restricted practices. A prohibited practice can never be used.

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

- Physical punishment
- Electric shock
- Noxious stimuli

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 no 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.
- Service Evaluations will also be utilized in the review and monitoring process.

Definitions

(source is the CLBC Policy & Behavioural Support Guide)

Behaviour Support – The strategies and interventions used to reduce challenging behaviour, increase quality of life, and minimize harm. These behavioural interventions are functionally based and are integrated with person centred planning.

Behaviour Support Plan – An individualized, written document developed to inform and enhance the support provided to individuals who have been identified as requiring behaviour support. It outlines specific behaviour support interventions, strategies, and implementation requirements.

Behavioural Consultant – A professional with graduate qualifications (that is, has completed a Bachelor's and Master's or Doctoral degree in Clinical or Educational Psychology or Special Education), or a Board-Certified Behaviour Analyst, or 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:

- In the process of completing graduate work (as above), or
- Has extensive demonstrated competence in functional behaviour assessment and the development and implementation of Behaviour Support Plans and Safety Plans.

Committee – An individual appointed by the Supreme Court of British Columbia under the Patient’s Property Act to assume responsibility for managing either or both the personal (Committee of Person) and/ or financial and legal affairs (Committee of Estate) of an adult who has been found “incapable”. Committees have the right and the duty to protect the adult or their property and assume full decision- making responsibility on behalf of the adult.

Cultural Safety – An outcome of respectful engagement based on recognition of the power imbalances inherent to service systems, and the work to address these imbalances. A culturally safe environment for Indigenous peoples is one that is physically, socially, emotionally, and spiritually safe without challenge, ignorance, or denial of an individual’s identity. Practicing cultural safety requires having knowledge of the colonial, sociopolitical, and historical events that trigger disparities encountered by Indigenous peoples and perpetuate and maintain ongoing racism and unequal treatment.

Functional Behaviour Assessment – A structured process combining direct observation, data collection, and analysis to learn more about the individual, their behaviour, and its function.

Licensed Facility – Any facility licensed under the Community Care and Assisted Living Act, and subject to oversight by the Medical Health Officer through each regional Health Authority.

Precursor Behaviour – A behaviour that predictably occurs before a more challenging behaviour and can be used to identify that the challenging behaviour is about to occur.

Prohibited Practice – An action that is reliant on fear, pain, or threats, or that constitutes an infringement on the fundamental human entitlements or rights of an individual. Includes the use of any restricted practice in a manner other than authorized. A prohibited practice can never be used.

Representative – A trusted relative, friend or advocate authorized by an adult under the provisions of a Representation Agreement (see Sections 7 or 9 of the Representation Agreement Act), to support them with decision making or to make decisions on their behalf when they are incapable of making decisions independently.

Restraint – Use of physical, mechanical, environmental or other means to temporarily subdue or limit an individual’s right to freedom of movement.

- Physical restraint – use of physical force by one or more persons to prevent, restrict, or subdue the normal movement of any part of the individual’s body
- Mechanical restraint – use of a device to control an individual’s movement

- Environmental restraint – restriction of an individual’s free access to all parts of their environment, including limiting access to places or items

Restricted Practices – Techniques or strategies that limit an individual’s rights, behaviour or freedom of movement, including:

- Restriction of rights and restraint, except
- Where it is for medical purposes as prescribed by a regulated health care professional, and is not required for behavioural purposes

Restriction of Rights – This involves limiting or removing an individual’s access to activities or actions that restrict an individual’s autonomy, choices, and any action that impacts an individual’s right to privacy.

Safety Plan – An individualized, written document designed to address situations where critical and unsafe behaviour has the potential to harm the individual or those around them and restricted practices are needed. The Safety Plan outlines the strategies and procedures to respond to the behaviours and reduce risk and is linked directly to the behaviour support strategies outlined in the Behaviour Support Plan.

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
- 9.5 Involvement in Decision Making