


## Behaviour Interventions

<p><b>SECTION:</b> Clinical</p> <p><b>DEPARTMENT:</b> Clinical</p>	<p><b>EFFECTIVE DATE:</b> September 2001</p> <p><b>DATE LAST REVISED:</b> November 2023</p>	<p><b>Approved by:</b></p>  <p>Chief Executive Officer</p>
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### POLICY STATEMENT

Kerry's Place Autism Services "Kerry's Place" is committed to working with persons supported and their families to increase their ability to make informed choices and be included in the community. We recognize that many of the people we support may exhibit some form of challenging behaviour across their lifespan and understand it is important that the support the person receives to address this behaviour is evidence-based and appropriate to the person's need so that it does not act as a barrier to community inclusion. We provide employees with the knowledge and skills to react quickly and effectively with the objective to keep everyone safe during a period of challenging behaviour. Behaviour interventions may be differentiated on the basis of whether they are designed for crisis intervention or to provide longer term support. All behaviour support plans at Kerry's Place will receive oversight by a Board Certified Behaviour Analyst.


### Purpose

To ensure employees understand the rationale for the use of behaviour intervention strategies and are trained on its implementation.

### Scope

This policy and procedure applies to all direct support employees, managers, clinical staff and students. Should a volunteer require training this will be completed under the discretion of the manager or clinical supervisor.

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### Roles and Responsibilities

#### Clinician:

- Develop, implement, oversee and train on evidence-based practices, conceptually consistent with the principles of applied behaviour analysis.


#### Employee:

- To implement evidence-based practices as outlined in support plans.
- To collect data as required by the clinician.
- To participate in training related to behaviour interventions.
- To work collaboratively with clinicians for the purposes of achieving skill building and behaviour reduction goals.

#### Manager:

- Work with the clinical supervisor to ensure that strategies identified in the Behaviour Support Plan are being carried out as outlined in the plan and data is collected.
- Provide feedback to the direct support team on a regular basis about the application of behaviour interventions for persons supported with challenging behaviour at their respective sites.
- Collaborate with the clinical team in training of staff and holding staff accountable for program adherence.
- In Supported Living: if a person supported experiences three crisis situations within a 12-month period and has not been prioritized by the Department of Clinical Services for active service, the Manager shall indicate the supported person as needing prioritization in the next Quarterly priority meeting.

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### Communication

Employees will be trained on the implementation of behaviour interventions during the on-site orientation and at team meetings as required. In supported living, employees will be required to sign off on their participation and understanding of the interventions outlined in support plans.


### Standard/Procedure

Kerry's Place principles for the use of behaviour support and crisis intervention strategies for persons with challenging behaviours, are summarized as follows:

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### Individualized Approaches to Supporting People

Supports including behaviour interventions are individualized by the needs and wants of the person supported.

### Protection of Individual's Rights

Each person's human rights must be ensured. Behaviour support strategies must be consistent with individual human rights and must not infringe on any person's human rights. Support strategies must not subject the person to actual or perceived abuse or neglect. Human Rights in Canada are guaranteed in law. People that plan and carry out support strategies must, in part, be familiar with the regulations of the *Convention on the Rights of Persons with Disabilities, Canadian Charter of Rights and Freedom, Ontario Human Rights Code and The Child, Youth and Family Services Act and Ethical Guidelines (Board Analyst Certification Board-BACB)*.

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### Positive Focus to Change


Behaviour support strategies used must focus on positive change for the person. Intervention will be provided only when it is of clear benefit to the person. Behaviour support strategies are evidence based and focus on decreasing challenging behaviour and teaching replacement behaviour to enhance quality of life. The goal must be to meet the needs of the person, not just the needs of the service provider. When support strategies are employed, there is a formal, systematic plan that specifies how the strategies used will meet the long-term interests of the person. Data collected will identify and inform next steps of either continuing with or revising the current behaviour support plan. The clinician will continue to analyze and evaluate the effectiveness of the strategies through regular monitoring of the data.

### Use of Punishment Procedures

The use of punishment procedures may only be undertaken as part of a behaviour change intervention upon recommendation by a clinical supervisor or clinical director for situations in which the person's safety is at risk due to a specific behaviour and less intrusive support strategies prove to be ineffective. The intervention would be part of an approved behaviour support plan that is monitored and reviewed on an ongoing basis.

Note: Board Certified Behaviour Analysts (BCBA's) employed at Kerry's Place are required to abide by the BACB professional and ethical compliance code when recommending treatment plans which may include punishment procedures for persons supported.

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### **Crisis Intervention**


Refers to procedures used to interrupt or control a dangerous situation and/or one that has the potential to become unmanageable. Crisis intervention plans are developed (i.e., safety plans) with the persons supported and/or their support team. The safety plan will be implemented as needed at the level necessary (based on criteria) to protect the person supported and others from harm.

In some cases, police may be called upon to respond to complex situations that may be non-criminal in nature. It is important that Kerry's Place explore efficient and effective ways of supporting persons who display challenging behaviour, including front-line incident response, to ensure that individuals who are in crisis are receiving support and assistance from the most appropriate parties and the service provider(s). Police may be called as a last resort if required as the potential impact of involving the police in a crisis situation could result in the possibility of criminalizing the behaviour of the person who is displaying challenging behaviour.

### **Assessment**

Behaviour support strategies must be based on a comprehensive assessment of the person, based on biological, medical, historical, environmental and developmental factors (i.e., bio-psycho-social model). In addition, contextual, social and cultural aspects of the behaviour must be considered. Assessment should be considered for any new or re-emerging challenging behaviours.

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### Development and Use of Behaviour Intervention Strategies

Behaviour support strategies must be evidence-based procedures based on the least intrusive and most effective practices based on Applied Behaviour Analysis (ABA).

Employees who have been trained and supervised on the specific behaviour strategies will be designated to responsibly and ethically implement the intervention. Should external supports be required (e.g., Speech and Language, Occupational therapists or psychological diagnosis and assessment) the clinical team will work with the manager to ensure these supports are provided.

- Intrusive measures include any physical, chemical, mechanical and/or environmental restrictions such as secure isolation. Intrusive interventions will only be used when other less intrusive measures have been deemed unsuccessful and the risk of harm to the person or others outweighs the risk of the intrusive intervention. The behaviour support plan is developed with involvement and consent of the person supported exhibiting the challenging behaviour or, where applicable, the decision maker for treatment acting on behalf of the person supported. The plan must document the involved parties. In supported living, the person supported, or the decision maker acting on behalf of the individual is notified of the use of intrusive measures through the notification chart located on the Behaviour Support Plan for Intrusive measures template, according to the outlined preferences.
- The clinician who approved the plan has included provision for the eventual fading or elimination of intrusive behaviour intervention strategies. The person supported or the decision maker acting on their behalf is provided regular updates on the plan to fade such intrusive measures. Kerry's Place shall have access to a third-party committee that

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includes a clinician to review the support plans of persons exhibiting challenging behaviour where intrusive measures are required.

- In the case that intrusive behaviour strategies are carried out that are not a part of the person's approved Behaviour Support Plan, Kerry's Place will notify the contact person and the clinical team of the use of intrusive measures as well as when an incident is escalated to a serious occurrence.

### Third Party Behaviour Support Plan Review

The purpose is to:

1. Ensure that the use of intrusive supports are ethical and appropriate to the person 's needs and assessment results, based upon professional guidelines and best practices.
2. To ensure the plan is in compliance with Ministry requirements.


### Composition of the Committee for Third Party Review Behaviour Support Plan

The committee shall be composed of:

1. Board Certified Behaviour Analysts with expertise in supporting persons with Autism Spectrum Disorder who exhibit a challenging behaviour. The committee can allow the clinician who has written the plan as long as the committee does not only involve the clinician (i.e., cannot have a one-person committee) as per QAM Clear guidelines (April 2019).
2. Comprised of two or more people and may be representatives from the Kerry's Place Quality Outcomes team and/or the Department of Clinical Services and Supports.



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### Third Party Review Procedure

The committee will meet, as required, to review Behaviour Support plans which include intrusive measures. Behaviour Support Plans and data will be uploaded to the electronic software prior to the review date. After the review, the committee shall provide the recommendations from the review to the clinician who has overseen the development of the Behaviour Support Plan as well as to the respective Behaviour Therapist. Should the plan require revisions to the Behaviour Support Plan these changes will be made according to the timeline prescribed in the review.


### Intrusive Behaviour Strategies

Every use of intrusive behaviour interventions require an intrusive measures form completed in full on EMHware in the persons electronic file. This is the responsibility of the staff on shift/running the session and must be completed by end of shift/session. The use of any intrusive behaviour interventions will be reviewed as part of regular clinical supervision between the Behaviour Therapist and Clinical Supervisor and documented in EMHware contact notes.

### Physical Restraint

A “physical restraint,” as an example of a type of intrusive behaviour intervention in Ontario Regulation 299/10, includes a holding technique to restrict the ability of the person to move freely, but does not include the restriction of movement, physical redirection or physical prompting if the restriction of movement, physical redirection or physical prompting is brief, gentle and part of a behaviour teaching program.

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### **Mechanical Restraint**

A “mechanical restraint,” as an example of a type of intrusive behaviour intervention in Ontario Regulation 299/10, is "a means of controlling behaviour that involves the use of devices and equipment to restrict movement", but does not include any restraint or device that is worn most of the time to prevent personal injury, such as a helmet to prevent head injury resulting from seizures/self- injurious behaviour or a device to safely transport a person in a motor vehicle (i.e., harness) or that is prescribed by a physician to aid in medical treatment.

A mechanical restraint is not a device that is worn or used at points in time for protective purposes, such as mittens.

Also not considered a mechanical restraint are straps used to prevent a person from removing an intravenous tube.


### **Protective Helmet**

Should the use of a helmet be necessary as a safety precaution, information regarding its use should be contained in a behaviour support plan and approved by the person and/or the Substitute Decision Maker.

### **Secure Isolation**

Secure Isolation is defined as the temporary removal of the person to a safe locked room where the person is on his/her own and cannot harm self or others.

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“Secure isolation or confinement time-out” as an example of a type of intrusive behaviour intervention in Ontario Regulation 299/10, is “a designated, secure space that is used to separate or isolate the person from others and which the person is not voluntarily able to leave.” If Secure Isolation is implemented, it is imperative that the person be monitored with specific intervals of monitoring, and methods of monitoring identified. There must be appropriate consents on file to use, and be part of an authorized support plan.

### **Guidelines for Incorporating Secure Isolation in the Behaviour Support Plan**

The duration of time that a person may spend in secure isolation (total/maximum amount of time) as well as an extension period must be clearly identified and based on an assessment of whether there continues to be a clear and imminent risk to that person (or others). The amount of time which a person may spend in secure isolation may change based on the assessment of the challenging behaviour and needs of the person supported.


### **Assessment of Risk**

The criteria upon which to implement or end a period of secure isolation shall be reviewed and approved by Kerry's Place Clinical Team.

### **Monitoring during Secure Isolation**

The protocol must include continuous monitoring of the person supported. Regular record keeping on the duration that the person remains in secure isolation shall be based on 15-minute intervals on the intrusive measures form. This interval may become more frequent based on assessment of challenging behaviour and needs of the person supported.

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Employees will be trained by the clinical team on how to implement and monitor secure isolation.

The plan will be reviewed based on the collected data.


### **Consent for Use of Secure Isolation**

Secure isolation, as part of the Behaviour Support Plan, must be reviewed and approved by the respective Kerry's Place clinician and Substitute Decision Maker along with a plan in place to monitor and assess the person's status. Kerry's Place shall ensure that the use of secure isolation is stopped when there may be a risk that it will endanger the health or safety of the person supported or the supporting staff person(s) have assessed the person and situation and have determined that there is no longer a clear and imminent risk that the person will injure themselves or others.

### **Restricted Access to Shared Living Space**

Restricted access to shared living space may be defined as the temporary or longer-term restriction of the person from a living space shared with others due to the person's supported challenging behaviour that presents a risk to the person supported Kerry's Place employees and/or housemates. This definition does not include restricted access to specific items or areas of the environment that may present a safety risk to the person supported or others (e.g., restricted access to cleaning supplies, sharp utensils or restricted access to specific food items).

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Should it be necessary to restrict general access of living space for some persons within Kerry's Place, the Clinical Department shall ensure that a plan is in place for the safe and gradual re-implementation of the person's access to common areas as well as access to the community based on an analysis of the data.


### **As Needed Medication (PRN) Used to Address Challenging Behaviour**

Prescribed medication (example PRN) used to support the person with challenging behaviour may only be administered if there is a clear written protocol within the Behaviour Support Plan. The protocol should outline the physician's directive regarding its use along with objective criteria under which the medication may be given and monitored to determine the effectiveness and/or continued need for the medication. Data will be collected on the efficacy of the medication in response to the decrease of the challenging behaviour. The clinical team will continue to monitor the need for the PRN based on data and will plan to fade if not used within a specified time frame.

### **Implementation of Behaviour Interventions**

All staff working with persons who exhibit challenging behaviours are responsible for properly and safely implementing both behaviour support plans and crisis intervention. The clinical department, along with the manager, will provide training to staff to safely implement strategies. It will not always be possible to anticipate for whom, and under what circumstances crisis interventions will be required. In all cases the use of the crisis intervention will be reviewed by a qualified clinician designated by Kerry's Place. The purpose of this review will be to determine the appropriateness of the intervention as well as

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how it was done. Follow up action in terms of staff training, modification to procedures, etc. will be initiated as appropriate.

### Prohibited Behaviour Change Intervention


The following practices are never to be used by Kerry's Place in addressing the challenging behaviour of a person: mistreatment of the person, administering a noxious stimulus and the deprivation of human needs as part of any behaviour strategies. As noted previously, all cases in which behavioural support/intervention could be defined as treatment under the Health Care Consent Act must be approved beforehand by the person supported and/or their Substitute Decision Maker.

Should any food/drink restrictions be implemented due to certain conditions (e.g. polydipsia, polyphagia), a physician's recommendations to implement the restrictions is required.

Noxious stimulus - people should not be subjected to harmful or offensive odours or liquids as a form of punishment or discipline, such as a spray of lemon juice, drops of Tabasco sauce, or pepper etc;

Deprivation of basic human needs - people should not be deprived of basic human needs, including food, adequate clothing, and adequate heat and cooling; access to health care, suitable shelter and safety; or reasonable access to family members (if desired by the individual), as part of a behaviour intervention strategy.

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### **Corporal Punishment**

Corporal punishment of persons supported is not an approved behaviour change intervention and is not allowed under any circumstance. Corporal punishment will be considered as abuse and will be dealt with as per Kerry's Place policies/procedures on Abuse. Corporal punishment would include striking, shaking, shoving, spanking, use of blindfolds, use of faradic stimulation (electric shocks applied to skin) or any physical contact or application of painful or noxious stimuli not specifically approved which unduly demeans, disregards, harms or infringes on personal rights or dignity of the person supported in care.


### **Lack of Authorization**

Staff use of any specific strategy requiring written approval of the Clinical Team or other authority but conducted in the absence of such approval or authority will be treated as abuse and dealt with as per Kerry's Place Policy. Staff failure to follow a support plan, as prescribed, without just cause, is considered a denial of a person supported right to treatment, and will be dealt with accordingly. Discipline will reflect the judged seriousness of the lapse in the treatment program, and the length of time taken to report or detect the error.

### **Forced Feeding**

Any procedure or technique in which food, liquid or medication is forcefully placed in the mouth of a person who refuses or is unable to eat, or any procedure or technique to prevent the person from expelling the food, liquid, or medication until it has been swallowed, or any feeding technique carried out which is contrary to authorized feeding procedures, will be considered forced feeding. Examples would include but not be limited to manually forcing the mouth open; plugging the nose and tilting the head back until food is swallowed, and

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syringe feedings. Forced feeding may well result in physical injury and or illness (due to aspiration for example) and also clearly demonstrates a disregard for the security and dignity of the person supported in care.

As such Forced feeding will be treated as abuse and dealt with as per Kerry's Place Policy.

Should any person supported experience any difficulties in eating/drinking, these difficulties should be immediately brought to the attention of the appropriate Manager who will ensure the appropriate clinical supports and/or medical oversight, are secured.


### Training

Kerry's Place will ensure that all policies and procedures regarding Behaviour Interventions and Crisis Intervention Techniques will be reviewed with each employee in all of its supported living and community programs during their initial orientation and at least annually thereafter. Kerry's Place will ensure that all persons working with people with challenging behaviours on its behalf are appropriately trained, and receive ongoing training as appropriate in the use of crisis prevention and intervention and the standards for their application. Employees who work with a person with challenging behaviour will be trained in the use of the Behaviour Support Plan and associated behavioural interventions.

Where applicable, to ensure that strategies identified in the Behaviour Support Plan are being carried out as outlined in the plan, the Kerry's Place Manager and Clinical Supervisor, assisted by the Behaviour Therapist, shall monitor the application and use of the behaviour strategies carried out by the employees as outlined in the plan. This may occur through



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direct observation of implementation of the plan or completion of a treatment integrity review.

Where applicable, Kerry's Place supported living Managers, and Behaviour Therapist, shall provide feedback to the direct support team on a regular basis about the application of behaviour interventions for persons supported with challenging behaviour at their respective sites. This is to ensure the consistent implementation of the behaviour intervention strategies outlined within the behaviour support plan. Should the Manager, Clinical Supervisor, or Behaviour Therapist observe a pattern of inconsistencies with a specific staff member the manager will provide feedback as part of their performance evaluation which may include performance management.

The Department of Clinical Services will monitor Serious Occurrence Reports on an ongoing basis to note either trends or serious events which could require follow-up, in terms of behaviour support or intervention. Incident reports will also be monitored by the Behaviour Therapist should further assessment be required for any new or historic challenging behaviour observed.

### Evaluation

This policy will be reviewed every three years.

### Related Documents, Forms and Tools

Various data collection methods as outlined by the clinical department including Intrusive Measure Forms, Incident Reports, behaviour data (either paper data, excel or Catalyst data)