

Policy & Procedure Manual

ETHICAL REVIEW OF INTRUSIVE MEASURES – AD-III-11

POLICY STATEMENT

The ethical design and delivery of services is a priority at OPTIONS northwest particularly with respect to clinical services. Supporting individuals with challenging behaviour is an especially delicate matter that can involve the use of intrusive measures when all other less restrictive attempts to protect the person supported or others have proven ineffective. Ensuring that intrusive behavioural supports are actually needed and applied in a manner that is ethical is of paramount importance.

PURPOSE:

1. To ensure requirements set out in section 18, "Behaviour Support Plan", in Ontario Regulation 299/10 are followed.
2. To ensure that Behaviour Support Plans are suitable for the individual and their changing needs.

THIRD PARTY REVIEW COMMITTEE:

OPTIONS northwest has access to a Third Party Review Committee which will review the Behaviour Support Plans (BSPs) and other relevant supporting documentation of individuals who have challenging behaviour and will provide advice as to whether the use of intrusive behavioural supports are:

- a) Ethical and appropriate to the individual's needs and assessment results, based on professional guidelines and best practices; and
- b) In compliance with the Ministry's requirements outlined in the regulation to the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and policy directives.

PROCEDURE:

1. Each Clinician who is responsible for the creation, monitoring, review and ultimate fading out of behavioural interventions to support the needs of the individual who exhibits challenging behaviour will complete the Third Party Review of Behaviour Support Plans or PRN Protocols Involving Intrusive Behavioural Interventions Questionnaire prior to implementing the BSP and annually thereafter (see Appendix A and Appendix A-1 for an example of a completed Questionnaire).



Personal Support Services

POLICY: AD-III-11

DEPARTMENT: Administration

CATEGORY: Support Principles

EFFECTIVE DATE: April 2015

SUPERSEDES REVISION DATED: N/A

Page 2 of 3

2. The Clinician will obtain written consent from the individual or the person acting on their behalf to share all relevant information with the Review Committee by completing the Client or Substitute Decision Maker Consent and Checklist form (see Appendix B and Appendix B-1 for an example of a completed Questionnaire). The Supervisor/ Person acting on behalf of the individual will be informed that the process has been initiated and the information will be documented in the individual's progress notes/clinical file.
3. The Clinician will submit the signed consent along with a referral form, any supporting documents i.e. functional analysis, proposed BSP and the completed questionnaire to the North Community Network of Specialized Care (NCNSC) Lead Agency for Reviewing BSPs.
4. Once above documentation has been received by the lead agency, the clinical videoconferencing coordinator will draw from a list of available Third Party Review Committee members (a roster) who are not associated with the submitting Clinician. Arrangements will be made for the scheduling of all resources and distribution of the relevant information to committee members two weeks in advance of the actual meeting which will be held by videoconference.
5. Each Third Party Review Committee will be comprised of three members. Information related to positions held by committee members and how they are chosen is indicated in the Third Party Review Process document on page 4 - Committee Composition (see Appendix C). This document will be updated as revisions are provided by the NCNSC.
6. Each committee member will review the responses to the questionnaire, and any supporting documentation to determine whether these measures are ethical, appropriate to the person's needs and assessment results, based on professional guidelines and best practices, and in compliance with the Ministry's requirements and provide their comments. If appropriate, committee members will complete the Third Party Review Committee Feedback form (see Appendix D) and recommendations will be offered to be considered by the Clinician implementing the BSP being reviewed.
7. Any changes the Clinician makes to the BSP will be reviewed with the individual who will be informed, involved and their consent obtained to use the strategies outlined in their plan and to notify the person acting on their behalf when intrusive measures are used. The Consent for Behaviour Support Plan and Notification of Use of Intrusive Measures form (see Appendix E) will be completed. The person acting on behalf of the individual will be consulted regarding how and when they want to be notified regarding the use of intrusive measures by completing the Notification of Use of Intrusive Measures form (see Appendix F). Both forms will be attached to their updated BSP. If the individual does not have the capacity to make informed choices concerning their behavioural supports, then a substitute decision



Personal Support Services

POLICY: AD-III-11
DEPARTMENT: Administration
CATEGORY: Support Principles
EFFECTIVE DATE: April 2015
SUPERSEDES REVISION DATED: N/A
Page 3 of 3

maker (SDM) will be identified to be involved in this process. To identify the individual's SDM see Consent and Decision Making Policy AD-I-9 as required.

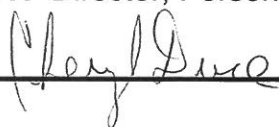
8. All staff supporting the individual will review changes made to the BSP according to Use of Intrusive Measures Policy AD-III-5.
9. If necessary, the Director of Personal Support Services, Director of Clinical Services and the Executive Director will review these findings and recommendations and determine how they will be implemented.
10. Should there be ethical concerns that remain unresolved through the above processes a referral will be submitted to the NCNSC.

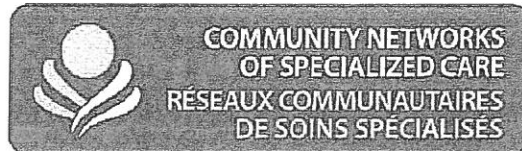
RECOMMENDED BY: Administrative Committee

APPENDICES: 6

OPERATIONAL ACCOUNTABILITY: Administration, Human Resources, Personal Support Services Administration, Personal Support Services, Community Resource Team

AUTHORIZED BY: Director, Personal Support Services

SIGNATURE: 



NORTH/NORD

Third Party Review Questionnaire

1. Describe in specific behavioural terms, the challenging behaviour(s) for which the intrusive behaviour intervention(s) is designed to change:

2. Does the challenging behaviour meet the criteria for the definition of "challenging behavior" defined in Ontario Regulation 299.10?

_____ Yes _____ No

3. Has a functional assessment of the behaviour been conducted which supports use of the intrusive behavioural interventions _____ Yes _____ No

If yes, please attach a copy of the functional behavioural assessment along with the behaviour support plan and/or any other documents outlining the use of the intrusive behaviour intervention.

4. Prior to implementing a BSP containing intrusive behaviour intervention(s), were less intrusive approaches attempted and deemed unsuccessful in reducing the frequency and/or intensity of the challenging behaviour?

_____ Yes _____ No

If Yes, briefly describe what was attempted and the outcome:

5. Does the BSP contain a positive-based skills teaching component where the person is assisted in learning some skill that would prevent the challenging behaviour that leads to the use of the intrusive behaviour intervention?

_____ Yes _____ No

If Yes, briefly describe:

Third Party Review Questionnaire

Revised April 30, 2013

6. Was the BSP created in collaboration with the individual receiving the supports and/or his or her substitute decision maker or a family member?

_____ Yes _____ No

If Yes, describe how this was done:

7. Did the individual receiving supports and/or his or her substitute decision maker provide fully informed consent for the use of the behaviour intervention (including PRN medication used for behavioural control), which included a description of alternative interventions, foreseeable risks and benefits of the using or not using the intrusive behaviour intervention?

_____ Yes _____ No

If the individual supported provided consent themselves, do you believe that they fully understood: the reason for the BSP; the details of the BSP; the likely benefits of consenting to the BSP; the likely negative experiences he/she might have as related to the intrusive behaviour intervention(s) being used; and the fact that he or she can withdraw consent at any time?

_____ Yes _____ No

8. Is the intrusive behaviour intervention being used to prevent, or in response to any other behaviour than one designated as a "challenging behaviour" based on the definition in Ontario Regulation 299.10?

_____ Yes _____ No

If Yes, please describe and provide rationale:

9. Does data exist to support that the person is learning the skill which is incompatible with or prevents the challenging behaviour?

_____ Yes _____ No

If so, please attach the summary of this skill acquisition data for the past year.

10. Does there exist data summarizing the frequency and/or intensity of the challenging behaviour on a daily, weekly, monthly, and/or yearly basis so that evaluation of the BSP may be conducted and a criteria may be set for fading the use of the intrusive behaviour intervention?

_____ Yes _____ No

If Yes, please attach the summary for the past year.

Third Party Review Questionnaire

Revised April 30, 2013

11. Has a behavioural criteria been established which would dictate when and how the intrusive behaviour intervention will be faded out or discontinued?

_____ Yes _____ No

If Yes, please describe the criteria for fading and/or discontinuation of the intrusive behaviour intervention.

12. Have efforts been made to write behaviour support plans and accompanying descriptions for the use of the intrusive behaviour intervention(s) in plain language that is easy to understand and follow?

_____ Yes _____ No

13. Do staff implementing the BSP containing intrusive behaviour intervention(s) receive at least yearly training on proper implementation of the BSP?

_____ Yes _____ No

If yes, when was the last training conducted? _____

14. Do you believe that if a member of the community or legislative body were to know the details of the intrusive behaviour intervention being employed, and how it was being implemented, you would be able to describe to their satisfaction that it helps the person receiving support and does not unfairly infringe upon their rights?

_____ Yes _____ No

15. Have ethical considerations around the use of the intrusive measure(s) been discussed by the clinical team in conjunction with the staffing team implementing the BSP (e.g. the psychological impact of the intrusive behaviour intervention, whether or not the BSP as written and how it is implemented respects the person's dignity and treats them with respect)?

_____ Yes _____ No

16. Does the use of the particular intrusive behaviour intervention (including PRN protocol) have empirical support? Would you be able to cite research attesting to the effectiveness or utility of the approach being employed?

_____ Yes _____ No

Third Party Review Questionnaire

Revised April 30, 2013

17. Does the intrusive behaviour intervention involve secure isolation, confinement/time-out, physical restraint, mechanical restraint, or PRN medication prescribed to control behaviour?

_____ Yes _____ No

If yes, are debriefings being held as outlined in the Policy Directives after every use of such intrusive behavior interventions (with the exception of PRN medications)?

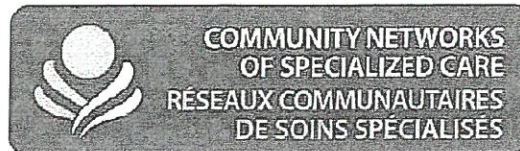
_____ Yes _____ No

Name of BSP Author

Signature of BSP Author

Name of Clinical Supervisor

Signature of Clinical Supervisor



NORTH/NORD

Sample Third Party Review

Third Party Review of Behaviour Support Plans or PRN Protocols Involving Intrusive Behavioural Interventions

Background:

This questionnaire is designed to assist clinical service providers in conducting clinical and ethical reviews of those interventions employed that involve intrusive behaviour interventions as defined in Ontario Regulation 299.10 and the subsequently published Policy Directives. It is designed to insure that the use of intrusive behavioural interventions are informed by reasonable clinical practice and counterbalanced by positive behaviour interventions that assist the individual in gaining behavioural skills so that intrusive behaviour interventions may be faded. This questionnaire is also intended to insure that consideration has been taken for the best interests and human rights of the individual subjected to the intrusive behaviour interventions.

Instructions:

The following questionnaire needs to be completed in its entirety by the clinical service provider responsible for the creation of, and regular review, of the intervention containing the intrusive behaviour intervention. It needs to be signed by the author of the behavioural support plan as well as the psychologist, psychological associate, board certified behaviour analyst or physician providing supervision of the behaviour support plan or prescribing physician (in the case of PRN protocols designed solely for the purpose of modifying behaviour) and submitted to the Third Party Review Committee on an annual basis.

Name of Supported Individual:	John Doe
Date of Birth:	February 12, 1984
Name of Supervising Clinician:	Kelly Smith, B.A
Organization Providing Clinical Supports:	Community Living Someplace
Date of last 3 rd Party Review (if applicable):	NA
Date of Questionnaire Completion:	February 20 th 2013

Third Party Review Questionnaire

1. Describe in specific behavioural terms, the challenging behaviour(s) for which the intrusive behavior intervention(s) is designed to change:

John exhibits self-injurious behavior such as biting his hands and wrist, punching and pounding his mouth and teeth, banging his head, banging his knees, open hand smacking generally his arms or stomach area and on occasion the back of his head there are various proactive support strategies identified with in the BSP to assist John when he is feeling like this however when these strategies are ineffective he is given a behavioral PRN medication in order to assist him in calming.

2. Does the challenging behaviour meet the criteria for the definition of "challenging behavior" defined in Ontario Regulation 299.10?

X Yes _____ No

3. Has a functional assessment of the behaviour been conducted which supports use of the intrusive behavioural interventions

X Yes _____ No

If yes, please attach a copy of the functional behavioural assessment along with the behaviour support plan and/or any other documents outlining the use of the intrusive behaviour intervention. *BSP and FBA Attached*

4. Prior to implementing a BSP containing intrusive behaviour intervention(s), were less intrusive approaches attempted and deemed unsuccessful in reducing the frequency and/or intensity of the challenging behaviour?

X Yes _____ No

If Yes, briefly describe what was attempted and the outcome:

There are various proactive support strategies that are tried all times prior to the PRN medication being dispensed in an attempt to use a least intrusive measure to assist John in calming. As part of John disability he does not feel pain in the same way as the rest of us there for he is not always aware of the damage he is doing to himself. He does wear protective wrist guards to help when he is injuring himself to minimize the damage to John's body. John for the most part still spends the majority of his time living with his parents the plan is utilized in our weekend respite program and with respite staff.

5. Does the BSP contain a positive-based skills teaching component where the person is assisted in learning some skill that would prevent the challenging behaviour that leads to the use of the intrusive behaviour intervention?

X Yes _____ No

If Yes, briefly describe:

The staff and family are constantly explain to John that his actions are hurting him and that they are using the wrist guards in an attempt to help him keep himself safe, the staff and family explain to John that they are giving him a PRN medication to assist him in calming down so that he is no longer frustrated. John is currently working with the speech language pathologist in order to develop working communication skills to assist john in being able to communicate his frustrations/wants / needs currently the work is still in the assessment stage

6. Was the BSP created in collaboration with the individual receiving the supports and/or his or her substitute decision maker or a family member?

X Yes _____ No

If Yes, describe how this was done:

The clinician met with the family/direct support team various time to complete a history and functional assessment of behavior the family had many suggestions and idea that were incorporated into the BSP. Clinical staff follows up with the family regularly along with the direct care program; John was present at some meetings although not able to participate in the development of the BSP.

7. Did the individual receiving supports and/or his or her substitute decision maker provide fully informed consent for the use of the behaviour intervention (including PRN medication used for behavioural control), which included a description of alternative interventions, foreseeable risks and benefits of the using or not using the intrusive behaviour intervention?

X Yes _____ No

If the individual supported provided consent themselves, do you believe that they fully understood: the reason for the BSP; the details of the BSP; the likely benefits of consenting to the BSP; the likely negative experiences he/she might have as related to the intrusive behaviour intervention(s) being used; and the fact that he or she can withdraw consent at any time?

_____ Yes _____ No

8. Is the intrusive behaviour intervention being used to prevent, or in response to any other behaviour than one designated as a "challenging behaviour" based on the definition in Ontario Regulation 299.10?

_____ Yes _____ No

If Yes, please describe and provide rationale:

9. Does data exist to support that the person is learning the skill which is incompatible with or prevents the challenging behaviour?

_____ Yes X No

If so, please attach the summary of this skill acquisition data for the past year. Not at this time. There is limited data at this time.

10. Does there exist data summarizing the frequency and/or intensity of the challenging behaviour on a daily, weekly, monthly, and/or yearly basis so that evaluation of the BSP may be conducted and a criteria may be set for fading the use of the intrusive behaviour intervention?

X Yes _____ No

If Yes, please attach the summary for the past year.

The goal is for the data to be summarized on a monthly basis. Data is collected daily.

11. Has a behavioural criteria been established which would dictate when and how the intrusive behaviour intervention will be faded out or discontinued?

_____ Yes X No

If Yes, please describe the criteria for fading and/or discontinuation of the intrusive behaviour intervention.

12. Have efforts been made to write behaviour support plans and accompanying descriptions for the use of the intrusive behaviour intervention(s) in plain language that is easy to understand and follow?

X Yes _____ No

13. Do staff implementing the BSP containing intrusive behaviour intervention(s) receive at least yearly training on proper implementation of the BSP?

X Yes _____ No

If yes, when was the last training conducted? *End of July 2012*

14. Do you believe that if a member of the community or legislative body were to know the details of the intrusive behaviour intervention being employed, and how it was being implemented, you would be able to describe to their satisfaction that it helps the person receiving support and does not unfairly infringe upon their rights?

X Yes _____ No

15. Have ethical considerations around the use of the intrusive measure(s) been discussed by the clinical team in conjunction with the staffing team implementing the BSP (e.g. the psychological impact of the intrusive behaviour intervention, whether or not the BSP as written and how it is implemented respects the person's dignity and treats them with respect)?

X Yes _____ No

16. Does the use of the particular intrusive behaviour intervention (including PRN protocol) have empirical support? Would you be able to cite research attesting to the effectiveness or utility of the approach being employed?

_____ Yes _____ No

17. Does the intrusive behaviour intervention involve secure isolation, confinement/time-out, or physical restraint?

_____ Yes _____ X No

If yes, are debriefings being held as outlined in the Policy Directives after every use of such intrusive behavior interventions?

_____ Yes _____ No

Kelly Smith, B.A.

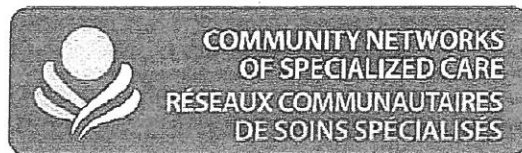
Name of BSP Author

Signature of BSP Author

Linda Jones

Name of Clinical Supervisor

Signature of Clinical Supervisor



NORTH/NORD

Third Party Review of Behaviour Support Plans or PRN Protocols Involving Intrusive Behavioural Interventions

Client or Substitute Decision Maker Consent and Checklist

Background:

The people that provide you with support and help you learn new skills so that when you are upset and might hurt yourself, other people, or destroy property when you get upset, have to make sure that they are doing this well. They need to make sure that they have your permission to follow the Behaviour Support Plan (the list of instructions prepared to help them help you learn new skills and not hurt yourself or others, or break things when you get upset). They also need to make sure that how they protect you or others is done in a caring and respectful way towards you.

So, your Behaviour Support Plan is reviewed to make sure that it makes good sense and is the best way of helping you. Also, they need to make sure it is accepted by the program that is responsible for helping people with Developmental Disabilities. We would like you to know that this is happening and make sure that it is okay with you. We also want you to let us know if you have any questions or comments you want to share with the people who will be reviewing your Behaviour Support Plan.

Instructions (clients should, if possible, have the assistance of their independent case manager or other person advocating on their behalf in completing the following):

Read each of the statements and put a check mark or an X in the Yes or No box, depending on whether you agree with the statement. If you have any questions about what the statement means or to have them read it to you, you just need to ask one of the people who supports you and they can help.

Name of Supported Individual: _____

Date of Birth: _____

Name of Supervising Clinician: _____

Organization Providing Clinical Supports: _____

Date of last 3rd Party Review (if applicable): _____

Date of Questionnaire Completion: _____

Client or Substitute Decision Maker Consent Questionnaire

The people who provide me with support have explained to me why I have a Behaviour Support Plan and what that plan involves and I have given them permission to help me by following that plan.

_____ Yes _____ No

There are skills that I am trying to learn so that I can control my behavior when I get upset so that I don't hurt myself, or other people, or break things when I get upset.

_____ Yes _____ No

I also understand and have given permission to my support workers to help me in some way when I am very upset and am having difficulty controlling myself. This may involve the following (to be completed by SSP clinician describing intrusive intervention):

_____ Yes _____ No

I know that I can disagree with how I am receiving help to learn new skills so that I can control my behavior better. If this happens, I know I can tell the people who support me and they will stop following the plan until it is reviewed again with me or changed. However, I also understand that if I disagree to take part in the behaviour support plan as it is being explained to me and I try to hurt myself or others, or start breaking things and am unable to stop myself, that they may still have to physically restrain me to protect me or others until my plan gets reviewed, or I agree to take part in the plan.

_____ Yes _____ No

I know that once I have learned new skills and can control my aggressive behavior, that I won't need this plan anymore.

_____ Yes _____ No

Some people are prescribed medications to help them control their behaviour when they are starting to get upset. If I get this kind of medication, I have had a meeting with the doctor who has prescribed this medication to me. At this meeting, he or she explained to me why it is being prescribed, how it should be used, and how it might help me or possibly not help me.

_____ Yes _____ No

I understand and agree that my Behaviour Support Plan is going to be shared with another organization who will keep that information private and organize a meeting of the people who will review it. I also understand that this information, as well as the feedback from the meeting will be stored safely and privately in a file and electronically on a computer so that a record is kept of the review.

_____ Yes _____ No

I understand that the results of the review and comments or recommendations by the people reviewing my Behaviour Support Plan will be shared with me after it is completed.

_____ Yes _____ No

I understand that I may be present when the three people review my Behaviour Support Plan and give comments or ask questions.

_____ Yes _____ No

I have been provided the chance to add my comments or questions on the last page of this form and have been given help in writing those questions or comments on that page if I have difficulty writing or printing.

_____ Yes _____ No

Name of Capable Client

Signature of Capable Client

Name of Substitute Decision Maker

Signature of SDM

Comments or Questions for the Third Party Review Committee

(To be completed by client with assistance as necessary or their Substitute Decision Maker)



NORTH/NORD

Sample Third Party Review of Behaviour Support Plans or PRN Protocols Involving Intrusive Behavioural Interventions

Client or Substitute Decision Maker Consent and Checklist

Background:

The people that provide you with support and help you learn new skills so that when you are upset and might hurt yourself, other people, or destroy property when you get upset, have to make sure that they are doing this well. They need to make sure that they have your permission to follow the Behaviour Support Plan (the list of instructions prepared to help them help you learn new skills and not hurt yourself or others, or break things when you get upset). They also need to make sure that how they protect you or others is done in a caring and respectful way towards you.

So, your Behaviour Support Plan is reviewed to make sure that it makes good sense and is the best way of helping you. Also, they need to make sure it is accepted by the program that is responsible for helping people with Developmental Disabilities. We would like you to know that this is happening and make sure that it is okay with you. We also want you to let us know if you have any questions or comments you want to share with the people who will be reviewing your Behaviour Support Plan.

Instructions (clients should, if possible, have the assistance of their independent case manager or other person advocating on their behalf in completing the following):

Read each of the statements and put a check mark or an X in the Yes or No box, depending on whether you agree with the statement. If you have any questions about what the statement means or to have them read it to you, you just need to ask one of the people who supports you and they can help.

Name of Supported Individual:	John Doe
Date of Birth:	February 12, 1984
Name of Supervising Clinician:	Kelly Smith, B.A.
Organization Providing Clinical Supports:	Community Living Someplace
Date of last 3 rd Party Review (if applicable):	N/A
Date of Questionnaire Completion:	February 20 th 2013

Client or Substitute Decision Maker Consent Questionnaire

The people who provide me with support have explained to me why I have a Behaviour Support Plan and what that plan involves and I have given them permission to help me by following that plan.

☒ Yes ☐ No

There are skills that I am trying to learn so that I can control my behavior when I get upset so that I don't hurt myself, or other people, or break things when I get upset.

☐ Yes ☒ No

I also understand and have given permission to my support workers to help me in some way when I am very upset and am having difficulty controlling myself. This may involve the following (to be completed by SSP clinician describing intrusive intervention):

Receiving PRN medication for reeducation of self-injurious behaviour

☒ Yes ☐ No

I know that I can disagree with how I am receiving help to learn new skills so that I can control my behavior better. If this happens, I know I can tell the people who support me and they will stop following the plan until it is reviewed again with me or changed.

However, I also understand that if I try to hurt myself or others, that they may still have to confine me or restrain me to protect me or others until my plan gets reviewed.

☒ Yes ☐ No

I know that once I have learned new skills and can control my aggressive behavior, that I won't need this plan anymore.

☐ Yes ☒ No

Some people are prescribed medications to help them control their behaviour when they are starting to get upset. If I get this kind of medication, I have had a meeting with the doctor who has prescribed this medication to me. At this meeting, he or she explained to me why it is being prescribed, how it should be used, and how it might help me or possibly not help me.

☒ Yes ☐ No

I understand and agree that my Behaviour Support Plan is going to be shared with another organization who will keep that information private and organize a meeting of the people who will review it. I also understand that this information, as well as the feedback from the meeting will be stored safely and privately in a file and electronically on a computer so that a record is kept of the review.

☒ Yes ☐ No

I understand that the results of the review and comments or recommendations by the people reviewing my Behaviour Support Plan will be shared with me after it is completed.

☒ Yes ☐ No

I understand that I may be present when the three people review my Behaviour Support Plan and give comments or ask questions.

☒ Yes ☐ No

I have been provided the chance to add my comments or questions on the last page of this form and have been given help in writing those questions or comments on that page if I have difficulty writing or printing.

☒ Yes ☐ No

Name of Capable Client

Signature of Capable Client

Jane Doe (mother)

Name of Substitute Decision Maker

Signature of SDS

Comments or Questions for the Third Party Review Committee

(To be completed by client with assistance as necessary or their Substitute Decision Maker)

We are pleased with the support that John is receiving and have been given lots of support by Community Living Someplace. While we expected that he would have to take medication whenever he is becoming upset, we would like it if there was some alternative.

Jane Doe (mother)

Third Party Review Process

Introduction

The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (Bill 77) and the subsequent regulations and policy directives, have codified the need to insure that clinical service providers have adopted evidence-based practices in their support of people with Developmental disabilities who have challenging behavior and/or mental health concerns. Clinical service providers are also more accountable under the new legislation. One of the ways in which the Ministry has operationalized this accountability is through the need for the development of Third Party Review processes for all Behaviour Support Plans (BSPs) that contain intrusive behavioural interventions as defined in O.Reg.299/10 (Quality Assurance Measures) and further in the recent Policy Directives For Service Agencies.

As a means of demonstrating our enthusiastic adoption of this process, members of the North Community Network of Specialized Care (NCNSC), in partnership with community and residential service agencies, have developed a process whereby external Third Party Review Committees can be enacted upon referral to the lead agency of the NCNSC, Hands TheFamilyHelpNetwork.ca, and a review process conducted. The process as designed is intended to be straightforward, transparent, and effective in supporting those clinicians who support people with some of the most severe and disabling forms of challenging behavior, while at the same time insuring that those supports meet legislative requirements, are informed by reasonable clinical practice, and have been adopted after careful consideration of the ethical issues involved - namely respect for the dignity of the person being supported.

The Process

Each Specialized Service Provider (SSP) in the NCNSC is comprised of clinicians who are responsible for the creation, monitoring, review, and ultimately fading out of all behavioural interventions employed to support the needs of the people they support who exhibit challenging behavior and/or mental health difficulties. For those individuals whose challenging behavior is so severe as to pose serious harm to themselves or others, intrusive behavioural interventions may be incorporated to existing BSPs if those BSPs have proven, or are likely to be, ineffective in protecting the individual or others in their vicinity.

The intrusive behavior intervention may be in the form of some behavioural intervention such as confinement time out or restraint, but may also be a PRN medication designed solely to address the frequency or intensity of the challenging behaviour that poses harm to the individual or others. The use of the PRN medication would be outlined in a PRN protocol designed and reviewed by a medical doctor and referenced in the BSP.

When a BSP is written that includes intrusive behaviour interventions, or if a BSP is already being implemented involving intrusive behaviour interventions, the SSP will take reasonable steps to obtain a third party review at the earliest possible date. To begin this process, it will be necessary for a designate from the SSP to conduct their own review of the BSP using the Third Party Review Questionnaire (see Appendix A.) and insure that all necessary steps have been taken to ensure that it will meet ethical, practical, and legislative requirements.

Subsequent to the internal review, the designate from the SSP will seek the feedback of the person receiving service, or their substitute decision maker (see Appendix B: Client Consent and Checklist) and obtain informed consent to share that information with the Review Committee. Once this step is completed, the SSP designate or clinical manager will submit a referral to the lead agency of the North Community Network of Specialized Care (NCNSC) - Hands TheFamilyHelpNetwork.ca, that will include both the questionnaire and client consent/checklist, along with supporting documents (documentation of the functional assessment of the challenging behaviour and the BSP).

The clinical videoconferencing coordinator from the lead agency will then draw from a list of available individuals (a roster) who are not associated with that SSP and make arrangements for the scheduling of all resources and distribution of the relevant information two weeks in advance of the actual meeting which will be held by videoconference. The client and/or his/her substitute decision maker will be invited to attend.

Each committee member (see Committee Composition in the next section) will review the responses to the questionnaire, review the supporting documentation and prepare comments, feedback and/or recommendations in advance of the actual review. The review will be limited in scope to: compliance with MCSS regulations; reasonable clinical practice; and demonstration that the BSP reflects a process that reflects care and respect for the dignity of the person receiving service.

The actual process of the review itself will involve the Chairperson sharing his or her comments with the other committee members (these comments will usually have already been recorded on the Third Party Review Committee Feedback form (see Appendix C) and then each other committee member in turn will share their comments or feedback. In this process, the Chairperson, or other committee member recording the proceedings, will record and edit the feedback received to insure that redundant comments are not included on the final documents and that unique comments are included. In the event that comments or feedback from different committee members are similar but not identical, the recorded comment or feedback will take into account both points of view. Ultimately, all comments and feedback recorded on the Third Party Review Committee Feedback form will be based on the agreement of all committee members.

Once recorded, the Chairperson will review all comments and feedback with the committee members, the SSP representative, and the client or his/her substitute decision maker (if present). Once unanimously approved, the Chairperson will sign the Third Party Review Committee Feedback form on behalf of all the committee members. The completed form will then be distributed by a lead agency representative to the SSP requesting the review and the client or their substitute decision maker.

Each reviewer will be required to keep information gained through the course of the review confidential and they will destroy any documents they obtain during the course of the review at the conclusion of the review, or return that documentation to the lead agency, where it will be stored securely in the review file.

Thus, there are five simple steps in the process



Committee Composition

Each Third Party Review Committee will be comprised of three members (subject to availability of individuals for each role):

1. A clinician familiar with BSPs, ethical decision-making, and preferably certified as capable of providing supervision for BSPs containing intrusive behavioural interventions would function as the chair of the committee. If the chair is not a board certified behavioural analyst, psychologist, psychological associate, or physician, every attempt will be made to ensure that the clinician functioning as chair has received training in professional ethics and ethical decision-making.
2. The second and third members will be two of the following: a manager or board member from an MCSS Service Agency ; a self-advocate receiving MCSS services and/or supports; the substitute decision maker of an individual receiving services from an MCSS Service Agency; or another clinician not involved in the support of the individual or associated with the service agency providing supports to the individual (e.g. a nurse, behaviour analyst, dual diagnosis case manager)

Each committee member will be chosen at random but if they have an affiliation with the SSP presenting a BSP for review by virtue of their geographical location or agency representation, they would not be included and another member will be chosen in their stead. There will be two separate rosters for each position on the committee and, once chosen, an individual would not be asked to sit on another committee until the roster for that position had been exhausted.

Information provided to the committee will be assumed to be accurate and complete. The process will also be confidential and information shared with the Lead Agency and the Review Committee will not be shared. Copies of documentation reviewed, completed questionnaires, and committee comments and recommendations will be kept in a secure file at the lead agency. Once reviewed, all documentation held by committee members will be returned to the lead agency and securely stored. The committee or lead agency cannot be held responsible for any inaccuracies contained in the submissions for review.

Voluntary Involvement

Each SSP in the NCNSC is ultimately responsible for insuring that Third Party Reviews are conducted on all BSPs containing intrusive behavioural interventions. The NCNSC Third Party Review process is entirely voluntary and SSP's are welcome to use it as a means of complementing their existing review processes. Recommendations provided by the committee are not binding, as SSP's are ultimately responsible for the designing and implementation of clinical supports to the people they support and the MCSS has processes for determining compliance.

Third Party Review Committee Feedback

For Committee Use Only

Instructions: The following section should be completed in full, along with any comments, considerations, or recommendations arising from committee members' reviews of the BSP review submission. The role of the reviewer is to attest to a review of the BSP, supporting documents, and completed submission form and then provide comments or recommendations based on that review. This review is based on basic compliance with MCSS regulations, reasonable clinical practice, and demonstration that the BSP reflects a process that reflects care and respect for the dignity of the person receiving service. You are to assume that all information provided in the submission form is accurate and complete. The 3rd Party Review Committee cannot be held responsible for any inaccuracies contained on the submission form and all comments and recommendations should be considered non-binding. Compliance with appropriate legislation is ultimately the responsibility of the agency submitting the BSP for review.

BSP Service Recipient: _____ **D.O.B.** _____

Date Received: _____ **Date Reviewed:** _____

Review Panel:

Name	Organization	Title	Contact Information

Name of Clinician Present: _____

Summary of Reviewer Comments and Recommendations

We have reviewed the documentation submitted as well as the summary questionnaire and have in good faith and to the best of our abilities provided constructive feedback concerning the information reviewed. We also agree to keep the information gained from this review private and confidential. At the conclusion of the review, any copies of the documentation will be returned to the lead agency or will be destroyed securely.

Signed on this _____ day of _____, _____ on behalf of the 3rd Party review committee.

Committee Chairperson

Signature

Sample For Committee Use Only

Instructions: The following section should be completed in full, along with any comments, considerations, or recommendations arising from committee members' reviews of the BSP review submission. The role of the reviewer is to attest to a review of the BSP, supporting documents, and completed submission form and then provide comments or recommendations based on that review. This review is based on basic compliance with MCSS regulations, reasonable clinical practice, and demonstration that the BSP reflects a process that reflects care for the dignity of the person receiving service. You are to assume that all information provided in the submission form is accurate and complete. The 3rd Party Review Committee cannot be held responsible for any inaccuracies contained on the submission form and all comments and recommendations should be considered non-binding. Compliance with appropriate legislation is ultimately the responsibility of the agency submitting the BSP for review.

BSP Service Recipient: *Anonymous Client*

Client D.O.B. *Unknown*

Date Received: February 21, 2013

Date Reviewed: February 22, 2013

Review Panel:

Name	Organization	Title	Contact Information
Stephen White, M.A. C. Psych Associate	Hands TheFamilyHelpNetwork.ca	Psychological Associate	(705) 645 3155 Ext. 3292
James Palmer	Christian Horizons	Residential Manager	(705) 494 0117
Joel McCartney, M.A., C. Psych. Associate	Cocharane Temiskaming Resource Center	Director and Psychological Associate	(705) 267 8181 Ext. 231

Name of Clinician Present: Ms. Kelly Smith, B.A

Summary of Reviewer Comments and Recommendations

- *Positive skill building component of program unclear. If the client is capable of learning a calming strategy or behaviour that is incompatible with the challenging behaviour, then attempts should be made to help him learn so that he may not receive the PRN. Further, if he is learning a new skill, it will be possible track it's frequency in addition to to having a criteria of fade out the PRN*
- *Since program is used across settings, some data needs to be collected across settings.*
- *Clear outlining of "triggers" or setting events - it would seem that controlling many of these would reduce the need for the PRN and might result in better regulated behaviour : for example the gastric reflux problem common in Cornelia de Lange and present in this individual - when was the last upper GI series done to investigate the need for more aggressive treatment of GERD?*
- *Answer to Question #16 missing - need to include some empirical support for the effectiveness of the use of the PRN medication in reducing SIB as well as data demonstrating that this is being monitored and effectiveness is being evaluated.*
- *Very complex presentation due to combination of medical, genetic, and psychosocial factors*
- *Answer to question 8 missing - the answer would seem to be "no" as PRN's are only being given to prevent SIB*
- *Committee members reinforced the need for some quantifiable data across settings*
- *Comprehensive in terms of transparency of the process, and complete in terms of checks and balances, in spite of lack of data presented.*
- *Well within bounds of reasonable clinical practice*

We have reviewed the documentation submitted as well as the summary questionnaire and have in good faith and to the best of our abilities provided constructive feedback concerning the information reviewed. We also agree to keep the information gained from this review private and confidential. At the conclusion of the review, any copies of the documentation will be returned to the lead agency or will be destroyed securely.

Signed on this 22 day of February, 2013 on behalf of the 3rd Party review committee.

Stephen White, M.A., C.Psych. Associate
Committee Chairperson

Signature

- OPTIONS northwest -

Consent for Behaviour Support Plan and Notification of Use of Intrusive Measures

I have a Behaviour Support Plan at OPTIONS northwest. My Behaviour Support Plan tells staff and others how to support me if I need help with my behaviour.

Sometimes I need intrusive measures such as _____

_____ to help me to calm down.

The Ministry of Community and Social Services (the Government) makes sure that OPTIONS northwest keeps track of my Behaviour Support Plan and my intrusive measure. With my permission, OPTIONS northwest would like to tell the person acting on my behalf _____ about my Behaviour Support Plan and intrusive measures.

I understand the purpose of this consent form. I understand that I can refuse to sign this consent form. I understand that I can change my mind and withdraw my consent at any time by notifying the supervisor of my group home, my clinician or by telling any OPTIONS northwest staff person who is supporting me.

CONSENT FOR BEHAVIOUR SUPPORT PLAN:

- ☐ I agree with my Behaviour Support Plan and expect my support team to follow the plan
- ☐ I do not agree with my Behaviour Support Plan and expect my support team to follow the plan
- ☐ I agree that OPTIONS northwest can share my Behaviour Support Plan with the person acting on my behalf
- ☐ I do NOT want OPTIONS northwest to share my Behaviour Support Plan with the person acting on my behalf

CONSENT FOR NOTIFICATION OF THE USE OF INTRUSIVE MEASURES:

- ☐ I agree to the intrusive measures outlined in my Behaviour Support Plan
- ☐ I do not agree to the intrusive measures outlined in my Behaviour Support Plan
- ☐ I agree that OPTIONS northwest can share information about the use of my intrusive measures, with the person acting on my behalf
- ☐ I do NOT want OPTIONS northwest to share information about my intrusive measures with the person acting on my behalf

Person Supported

Signature

Date

Witness Name

Witness Signature

Date

- OPTIONS northwest -
NOTIFICATION OF USE OF INTRUSIVE MEASURES

The Ministry of Community and Social Services has laid out guidelines for agencies that support people with developmental disabilities in the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*. The Act includes guidelines for supporting individuals with challenging behaviour.

Challenging behaviour is defined in the Act as “behaviour that is aggressive or injurious to self or others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities and in the community or to learn new skills or that is any combination of them”.

Any individual supported by OPTIONS northwest who exhibits such challenging behaviour must have a Behaviour Support Plan, as mandated by the Act. A Behaviour Support Plan shall outline positive behaviour intervention strategies, including the least intrusive and most effective strategies possible, for a person with a developmental disability who has challenging behaviour. The plan shall also ensure that these strategies are designed to focus on the development of positive behaviour, communication, and adaptive skills to enable the person to reduce, change, and overcome their challenging behaviour that limits the potential for their inclusion in the community.

Sometimes a Behaviour Support Plan will include intrusive measures, defined in the Act as “a procedure or action taken on a person in order to address the person with a developmental disability’s challenging behaviour, when the person is at risk of harming themselves or others or causing property damage”. The use of intrusive measures are carefully monitored and documented by OPTIONS northwest.

The Act also mandates that the person acting on behalf of an individual supported by OPTIONS northwest will receive regular updates on the use of all intrusive measures.

NOTIFICATION OF USE OF INTRUSIVE MEASURES

As the person acting on behalf of _____, you will receive updates on the use of the following intrusive measures outlined in their behavior support plan _____

Period from: _____ to _____
month, year month, year

I would like to receive updates:

- ☐ Every time an intrusive measure is used
- ☐ Once a month
- ☐ Every 6 months
- ☐ Other (see below)

I prefer the following frequency of notification: _____

This is how I would like to receive notification:

- ☐ Phone
- ☐ Mail
- ☐ Other – please list: _____

Signature: _____ Date: _____
Person Acting on Behalf of the Individual

Relationship to the Individual: _____

Signature: _____
Witness