

**Policy & Procedure Manual**

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## **BEHAVIOUR INTERVENTION AND POSITIVE SUPPORT STRATEGIES AD-III-4**

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### **POLICY:**

OPTIONS NORTHWEST advocates that all behaviour support strategies developed to meet the needs of the people we support will ensure the person's rights and dignity are respected. Mandatory requirements will be followed as outlined in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act (SIPDDA), 2008 and associated Regulations and Policy Directives.

The support a person receives to assist them to develop effective skills with the challenges they face will be safe and based on accepted practices. Positive support strategies will be developed collaboratively with the person and their supports with the ultimate goal of community participation as desired by the person and to live as independently as possible.

It is the responsibility of the support team and clinical team when involved to assist the person to develop and maintain new skills to reduce the challenges that prevent them from achieving their goals.

When it has been determined that the person's behaviour falls within the definition of "**Challenging**", as defined in this policy, a referral will be submitted to the Community Resource Team (CRT) for the initiation of a Behaviour Support Plan (BSP).

All employees, students and volunteers working with people who require support with their behaviour will review this policy during their orientation, receive adequate training related to the person's Positive Support Strategies/BSP and work in conjunction with their *Nonviolent Crisis Intervention®* (NCI) training.

### **PURPOSE:**

1. To provide guidelines for those responsible for providing direct support involving the utilization of positive support strategies and to ensure they do so in a respectful and person-centred manner.
2. To educate and assist people to develop effective communication and adaptive skills to meet their needs and to gain as much independence and inclusion as they wish to achieve.

3. To ensure that consistent standards for support strategies are understood, followed and to ensure that these standards promote a least intrusive model of support.
4. To educate and train employees in order to increase their confidence when implementing behaviour support strategies, and teaching positive skills to improve overall safety and minimize the number of physical interventions and restrictive procedures utilized.
5. To ensure that Ontario Regulations 299/10 and the Ministry of Children, Community and Social Services Policy Directives regarding the use of behaviour support intervention strategies for people with challenging behaviour are followed.
6. To protect the safety, rights, and well-being of persons who are exhibiting challenging behaviours.
7. To ensure appropriate monitoring, follow-up, debriefing, and feedback occurs when intervention strategies are utilized.
8. To ensure all employees, students and volunteers have the knowledge and skills required to respond quickly and effectively in a crisis situation.

**SECTIONS OF THIS POLICY:**

SECTION A) Education and Training

SECTION B) Guiding Principles for Positive Behaviour Supports

SECTION C) Developing Positive Support Strategy Guidelines, Interventions and Plans

SECTION D) Documentation, Reporting, Monitoring, Debriefing and Feedback

SECTION E) Challenging Behaviour

SECTION F) Using Intrusive Measures in Support Plans

SECTION G) Intervention during a Crisis Situation

**A) EDUCATION AND TRAINING:**

1. OPTIONS NORTHWEST will provide training to all employees, students and volunteers who work directly with persons who have Positive Support Strategies in place. This training will include *Nonviolent Crisis Intervention®* training (see *Nonviolent Crisis Intervention®* Training Policy AD-III-8), a refresher every three years and:
  - a) Review of the positive support strategies of the person they will be supporting.
  - b) The use of behavioral interventions that are outlined in the Positive Support Strategy Guidelines, Interventions and Plan including the skill building components.

2. If the person is supported by an employee from another agency, consent to provide this training will be obtained from the person or person's acting on their behalf.
3. OPTIONS NORTHWEST will provide additional training for employees and volunteers to assist them when working with people who require support with their behaviour; i.e. accessing the North Network of Specialized Care for VC presentation, Norwest Community Health Centres for information and presentations on FASD.

**B) GUIDING PRINCIPLES FOR POSITIVE BEHAVIOUR SUPPORTS:**

1. All intervention techniques will utilize the most positive and least intrusive measures necessary to achieve the desired outcomes.
2. Informed consent for the implementation of any positive support strategies will be required by the person or the person acting on their behalf.
3. All positive support strategy guidelines, interventions and plans will be filed in the Individual Support Plan (ISP) binder.
4. Positive support strategies will be used to create a supportive environment with a goal of reinforcing positive behaviour and teaching proactive skills and communication strategies to maximize the person's abilities and minimize challenging behaviour.
5. An assessment of a person's living environment, including the physical space, and support and social networks should be completed to identify, reduce or eliminate these possible causes of challenging behaviour.
6. It is the responsibility of those providing direct support to utilize positive support strategies to ensure a person's needs are met, to reduce the risk of injury to everyone involved and to maintain an effective and therapeutic alliance with the person supported.
7. The escalation of behaviours happens for a reason though not always apparent. Any person intervening must maintain awareness that their actions have a tremendous impact on the person they are providing support to.
8. All behaviour has meaning. To determine the best approach that will assist people to face challenges in a positive and effective manner, it is important to investigate what the behaviour means and why it happens.

9. Knowledge of the person's strengths, challenges and typical approaches to situations can assist in minimizing crisis situations through early intervention and will be identified in their ISP. If the person's typical response to situations meets criteria for "challenging behavior", a formal functional behavior assessment which considers the historical and current, biological, medical, psychological, social and environmental factors relevant to the person, will be completed by the Community Resource Team. These assessments will be used to focus on the development of a BSP incorporating positive approaches, communication, and adaptive skills.
10. It is important for those providing direct support to help the person learn and develop skills and coping techniques to avoid crisis situations. If new skills are taught, it is likely that positive approaches to situations will occur.
11. Interventions used with people exhibiting aggression, disruptive or destructive behaviours, will follow a *Nonviolent Crisis Intervention®* Model, in addition to any other strategies outlined in the person's BSP.

**C) DEVELOPING POSITIVE SUPPORT STRATEGY GUIDELINES, INTERVENTIONS AND PLANS:**

**PROCEDURE:**

1. All behaviour is a form of communication. The person supported is trying to communicate a need and it is the responsibility of the support team to determine the possible message. The behaviour may mean different things on different occasions i.e. someone may cry out because they are hungry, need to be repositioned, need to be in a quieter environment, is in pain or may have underlying mental health issues, etc.
2. The Communication Dictionary will be used to document the meaning and method of communicating used by each person, in accordance with Communication Policy R-I-8.
3. Once it has been determined how to support a person's needs, the supervisor, person, person acting on their behalf and support staff will ensure written guidelines are developed using a Positive Support Strategy Guideline form (see Appendix A) which will be placed in the ISP binder. Sections II and III of the Positive Support Strategy Resource Booklet (see Appendix B) are available as a resource when developing guidelines and approaches for frequently encountered situations.

4. If the positive support strategy guidelines currently in place are no longer effective and the person is becoming anxious, defensive and/or acting out, employees will respond in a manner consistent with the strategies taught in NCI. The supervisor and the support team with input from the person will develop Positive Support Strategy Interventions (see Appendix C) to ensure consistency in approach by all those who support the person. Section IV of The Positive Support Strategy Resource Booklet can be used as a guide when completing this form which will be placed in the individual support plan binder.
5. The intervention techniques in the Positive Support Strategy Interventions will provide a consistent approach for employees to follow while the Supervisor and support team work through the completion of a Positive Support Strategy Plan (see Appendix D). Sections V through XII of the Positive Support Strategy Resource Booklet can be used as a guide through each section of the Positive Support Strategy Plan.
6. Strategies outlined in the Positive Support Strategy Plan will be developed with the involvement and fully informed consent of the person who has the behaviour, and/or where applicable, persons acting on their behalf. This involvement will be documented in the plan.
7. When developing the Positive Support Strategy Plan, assistance can be obtained from the appropriate medical and clinical resources as required. If clinical supports are required and the person currently receives service from the Community Resource Team (CRT), the Supervisor will make a direct referral. If the person has not been involved with the CRT, a referral must be submitted to Developmental Services Ontario (DSO).
8. The Supervisor will ensure that any data required for the completion of the Positive Support Strategy Plan is accurate and collected as required in a timely manner.
9. The use or application of the following practices are not permitted by OPTIONS NORTHWEST for any purpose and should never be used under any circumstances. Their use may constitute abuse and employees must report any suspicion of abuse according to Abuse Policy AD-III-1:

**Prohibited Practices:**

- **Corporal Punishment/Mistreatment of the Person:** The application of painful stimuli to the body as a penalty for certain behaviour or for the purpose of behaviour modification. Corporal punishments includes, but is not limited to, hitting, pinching, tickling, shocking, over correction (enforced performance of repetitive behaviour), automatic shock devices, and aversive stimuli, such as ammonia spray, water in the face, pepper sauce, and damaging or painful sound.

- **Psychological/Verbal Abuse:** The use of verbal or non-verbal expressions in any form that exposes the person to ridicule, scorn, intimidation, denigration, devaluation, or de-humanization. Threatening a person with loss of his or her home is considered psychological abuse.
  - **Restriction of Contact with Family or Significant Others:** Denial of communication or visitation with family members or significant others for the purpose of punishment or behaviour modification.
  - **Deprivation of Basic Needs:** Denial of sleep, shelter, bedding, communication devices, or access to bathroom facilities that is not associated with prescribed medical treatment (e.g. withholding communication devices) or withholding food or drink which is part of a nutritionally adequate diet, when not associated with prescribed medical treatment (e.g. fasting before a medical procedure).
  - **Limiting a Person's Mobility:** Removal of crutches, glasses, hearing aids, or wheelchair to limit a person's mobility or for the purpose of behaviour modification.
  - **Withholding Funds:** Withholding money that a person has earned or is legally entitled to as a form of punishment or behavioural control. Only a legally authorized person, such as a representative payee or a guardian or an agent appointed by a power of attorney, may control a person's money.
  - **Forced Administration of Psychiatric Medications:** Administration of psychiatric medications by means of physical force to a person who is refusing these medications.
  - **Unauthorized use of Physical, Chemical, or Mechanical Restraints.**  
**Policy AD-III-5**
  - **Segregation: as defined in the MCCSS Policy Directives:** "Segregation" is the act of setting a person apart from others in the general vicinity, in the scenario considered above, for the purposes of punishing the person. It is not considered part of the definition of "secure isolation or confinement timeout". As with the definition of "secure isolation or confinement time-out, segregation does not refer to a space that a person may use to "cool down" when they feel anxious or angry, and where the person may leave freely, or an apartment where the person may live on their own.
10. All strategies outlined in Positive Support Strategy guidelines, interventions and plans must be consistently followed by all employees. These strategies will be reviewed at monthly team meetings when first implemented and, thereafter, at least twice a year during the Six Month Review and Annual Support Plan and revised as required.

11. Any concerns related to support strategies will be addressed by the Supervisor at the next team meeting. If there is a Clinician involved, the concerns will be forwarded and a meeting will be scheduled with the team to address these concerns. If this meeting does not resolve the issue, the Manager, Community Services (CRT), if the CRT is involved and, the Director of Community Services, will meet with the team and mediate. The Executive Director will be involved as required.
12. Once determined, the Supervisor will make the proposed changes on the appropriate area of the positive support strategy guidelines, intervention or plan. When a Clinician is overseeing a Positive Support Strategy Plan the required changes will be made by the Clinician. All employees supporting the person will be required to review the revisions and sign the attached Positive Support Strategy Revision Signature Page (see Appendix E) which will be attached to the back of the plan. Additional training will be provided as required. **No modifications shall be made to Positive Support Strategies without the consent of the person or the person acting on their behalf, and, as required, with the approval of the Clinician.**
13. The use of positive support strategies and skills teaching outlined in the Positive Support Strategy Plan will be documented in the person's progress notes and/or on whatever data collection forms used and/or provided by the Community Resource Team.

**D) DOCUMENTING, REPORTING, MONITORING, DEBRIEFING AND FEEDBACK:**

**PROCEDURE:**

1. In order to ensure that Positive Support Strategies are effective, it is important that direct support professionals carry them out consistently and as outlined.
2. When any Positive Support Strategies are implemented, employees will document this information on the progress notes in the person's personal binder and complete any required data sheets.
3. An incident report will be completed as required and according to Incident Report and Follow-up Policy AD-I-6.
4. A copy of the incident report will be provided to the Clinician involved. The incident report will be reviewed and discussed at the next team meeting or an immediate meeting will be called depending on the situation.
5. When appropriate, the Supervisor/Supervisor on call will contact the Director of Community Services or Manager on call and in consultation with the Executive

Director, Serious Occurrence Reporting and Follow-Up Policy AD-I-7 will be followed.

6. The Supervisor will monitor and evaluate the application and use of Positive Support Strategies to ensure they are effective and carried out as outlined in the positive support strategy guidelines, interventions and plan. The Supervisor will follow up on the incident report, provide feedback to the support employee(s) involved and revise the plan as required.
7. Any employee who implements positive support strategies will, when appropriate, debrief with the person who experienced the behaviour in order to learn from, and reflect on, the events that led up to the behaviour and to re-establish the therapeutic rapport. The employee will also debrief with all others who were in the vicinity and witnessed the situation. The content of the conversation(s) will be documented on the incident report and in the appropriate person's personal binder. When intrusive measures have been implemented, see Use of Intrusive Intervention Measures Policy AD-III-5 for the debriefing process.
8. The Supervisor will initiate the debriefing process with all employees as required.
9. The Supervisor will provide feedback to the employees on the application of behaviour intervention techniques as required, and as part of the employee's annual performance review.

#### **E) CHALLENGING BEHAVIOUR:**

##### **DEFINITION OF CHALLENGING BEHAVIOUR:**

From Ontario Regulation 299/10:

**Challenging Behaviour:** means behaviour that is aggressive or injurious to self or to others or that causes property damage or both and 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.

##### **PROCEDURE:**

1. Each person whose behaviour has reached a point where it is interfering in their ability to learn new skills or be involved in the community, and who has engaged in physically aggressive or destructive behaviour will be assessed using the Challenging Behaviour Checklist (see Appendix F) to determine if their behaviour meets the MCCSS criteria for Challenging Behaviour as indicated above. This checklist will be completed annually and as required and will assist in determining whether extra community resources ie; clinical services or referrals are needed to assist with the situation and support plan.



2. If it has been determined that the person's behaviour falls into the category of Challenging Behaviour as addressed and defined in the Ontario Regulation 299/10, a Behaviour Support Plan will be developed in collaboration with the person who has the challenging behaviour or person's acting on their behalf and Clinicians and the CRT will be accessed. If the person currently receives service from the CRT, the Supervisor will make a direct referral. If the person has not been involved with the CRT, a referral must be submitted to DSO.
3. The BSP will address the challenging behaviour(s) identified in the functional behaviour assessment of the person. The interventions chosen will be based on a careful weighing of risks and benefits, as well as based on respect for the dignity of the person. The BSP will be consistently monitored for effectiveness and changes will be based on the data collected, unless indicated by the supervising Clinician.
4. The BSP will outline positive intervention strategies that focus on the development of positive behaviour, communication and adaptive skills.

**MINISTRY'S DEFINITION OF BEHAVIOUR SUPPORT PLAN:**

From Ontario Regulation 299/10 (Part III, Section 15)

**Behaviour Support Plan (BSP)** is a document that is based on a written functional assessment of the person that considers historical and current, biological and medical, psychological, social and environmental factors (a bio-psycho-social model) of the person with a developmental disability that outlines intervention strategies designed to focus on the development of positive behaviour, communication and adaptive skills.

For the purpose of the definition of "Behaviour Support Plan", the Behaviour Support Plan (BSP) shall be in addition to the person's Individual Support Plan (ISP) and shall set out the following:

1. The BSP is developed with the involvement of the person with a developmental disability who has challenging behaviour and/or where applicable, person's acting on behalf of the person with a developmental disability and the plan documents their involvement.
2. Outline positive behaviour intervention strategies and, where applicable, intrusive behaviour intervention strategies, including the least intrusive and most effective strategies possible, for a person with a development disability who has challenging behaviour.
3. Ensure that the strategies referred to in #1 are designed to focus on the development of positive behavior, communication, and adaptive skills to enable the person to reduce, change and overcome their challenging behaviour that limits their potential for inclusion in the community.

4. Be based on a Functional Assessment which considers the historical and current, biological and medical, psychological, social and environmental factors (bio-psycho-social model) of the person with a developmental disability.

**F) USING INTRUSIVE MEASURES IN A SUPPORT PLAN:**

**DEFINITION OF INTRUSIVE MEASURES:**

From Ontario Regulation 299/10:

**Intrusive Measures:** a procedure or action taken on a person in order to address the person with a developmental disability's challenging behaviours, when the person is at risk of harming themselves or others or causing property damage.

**PROCEDURE:**

1. Whenever physical and mechanical restraint, secure isolation/confinement time-out, prescribed medication is used as an intervention in a BSP it must be in accordance with Use of Intrusive Measures Policy AD-III-5.

**G) INTERVENTION DURING A CRISIS SITUATION:**

**DEFINITION OF A CRISIS SITUATION:**

From Ontario Regulation 299/10:

**Crisis Situation:** "crisis situation" means circumstances where:

- (a) a person with a developmental disability is displaying challenging behaviour that is new or more intense than that which was displayed in the past and,
- (b) the person lacks a BSP, or the strategies outlined in the person's BSP do not effectively address the challenging behaviour,
- (c) the challenging behaviour places the person at immediate risk of harming themselves or others or causing property damage, and
- (d) attempts to de-escalate the situation have been ineffective.

**PROCEDURE:**

1. Physical restraint is the only intrusive behaviour intervention that may be used in a crisis situation and may only be used where positive behaviour interventions have proven to be ineffective in accordance with Use of Intrusive Intervention Measures Policy AD-III-5.

2. Physical restraint will be carried out using the least amount of force that is necessary to restrict the person's ability to move freely.
3. Direct Support Professionals will record all crisis situation incidents in the person's personal binder. An incident report will be completed to include the details of the incident and the Supervisor will be notified to initiate the Serious Occurrence process (see Serious Occurrence Reporting and Follow-Up AD-I-7).

**RECOMMENDED BY:** Administration

**APPENDICES:** 6

**OPERATIONAL ACCOUNTABILITY:** Administration, Community Services (all), Finance, Human Resources

**ORIGINAL POLICY DATE:** April 2006

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**

A handwritten signature in dark ink, appearing to be "Michael", is written over a horizontal line.

**- OPTIONS NORTHWEST -**  
**Positive Support Strategy Guidelines**

FOR: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

REVIEW DATE: \_\_\_\_\_

*See Positive Support Strategy Resource Booklet Section II and III for strategies  
for frequently encountered situations.*

Describe the behaviour/action of concern:

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List Positive Support Strategies to deal with the above concern (include any measures used  
to prevent the behaviour from occurring):

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# **POSITIVE SUPPORT STRATEGY (PSS) RESOURCE BOOKLET**

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## **SECTION I                    WHY THIS BOOKLET?**

This booklet has been prepared as a resource to provide consistent and proactive approaches for those who provide support to persons who require help to work through challenging situations in their lives.

The guidelines utilize best practices in the field of Developmental Disabilities and falls within the requirements as directed by Quality Assurance Measures 299/10.

Positive support strategies will encompass and respect the goals and objectives listed in a person's Person Support Plan which utilizes a person centered approach.

### **1.0     Why these Guidelines are Important:**

The guidelines and philosophy contained in this booklet are important because they are based on principals that value people who have a disability. The approaches are aimed at teaching, learning and understanding with the goal that once the strategies are established, the person gains more control over everything that is important in their life.

### **2.0     Listening to the Voice that Drives the Process:**

It is the people we support who have inspired and encouraged us to find better ways to support them through difficult times. They have told us that it is important to provide opportunities to learn and grow, without controlling what happens. They have taught us that "problem behaviour" is just another way of telling their story.....a story that says something is wrong and something needs to change.

This information is for all members of the support team to assist when someone is struggling with something in their life and the day-to-day support is not enough to help the person figure it out. The person supported is an important member of that team and must be part of figuring out what is going on in the person's life, why it is happening and what should be done about it.

## **SECTION II                    DEVELOPING POSITIVE SUPPORT STRATEGY GUIDELINES**

All behaviour is a form of communication. The person supported is trying to communicate a need and it is the responsibility of the support team to determine the possible message.

In order to provide consistency of approach with all support team members, positive support strategy guidelines will be developed describing the behaviour/action of concern, the positive and successful strategies used for supporting the person who is experiencing the behaviour and, when possible, any measures used to prevent the behaviour from occurring. Behaviour is often the only way the person is able to communicate that something is wrong. Employee is responsible to support the person to meet their needs and to help the person learn and develop skills and coping techniques.



## **SECTION III                      APPROACHES FOR FREQUENTLY ENCOUNTERED SITUATIONS**

### **1.0        Hugs and Other Affectionate Behaviours:**

People with disabilities have the same desire and right to enjoy affection as do other members of our community. The persons we support, however, may not have the same opportunities as other members of our community to express their desire and exert their rights. While you and I have friends, brothers, sisters, children, husbands or wives with whom to enjoy affection, many persons we support have very little or no contact with family members, are not married, have no boyfriend or girlfriend, and have very few close friends. The closest and most trusting person is you; the person being paid to provide support.

Because of the nature of our work, we spend a lot of time at the persons' homes which fosters close relationships and shares a lot of similarities with family life. It is almost inevitable that persons receiving support come to treat us as a family member. However, we must remember that we are employees and not a person's family member or friend. We have a different set of boundaries than those with whom we have real intimacy, and we should have only limited physical contact with the persons we support avoiding such contact as close up hugs or resting a hand on a person's thigh while talking.

Develop positive support strategy guidelines regarding affectionate behaviour and educating the persons about appropriate boundaries i.e. giving a high five. Create opportunities with the person to network and develop natural relationships that will provide the required affection for the person supported. Our decision to respond in kind to an person's affectionate behaviour could be challenged by someone misinterpreting our intentions. It is advisable to avoid situations where your intentions could be misinterpreted.

### **2.0        Difficulty Retiring and Getting up at Night:**

When a person is up to watch a late show or movie or other purposeful activity, it is their choice. If they are up for no apparent reason and do not appear in obvious distress, approach the person in a calming and reassuring manner, assess for hunger, pain and worry and try directing them back to bed. Attempt to comfort the person by leaving a light on for a few minutes. If the person insists on staying up and is disturbing others redirect them to another area. The person can be directed back to bed after 15 to 20 minutes have passed. Verbal interactions should be limited. If the person still resists or gets back up, after a half an hour of watching television, looking at a book, etc., you can again try to re-direct them back to bed. If the person continues to resist, it is their choice to remain up. Do what you can to meet their needs and ensure their comfort. If the person continues to regularly be awake during the night document and discuss this with your supervisor. It may be necessary to explore what is causing their inability to sleep.

In order to provide consistency of approach with all support team members, positive support strategy guidelines should be developed explaining the behaviour and the positive and successful strategies used for dealing with it. Employees should document

and investigate when there are on-going changes in a person's sleep patterns and causes are unknown.

### **3.0 Soiling/Smearing of Urine /Feces:**

The majority of incidents when a person has soiled will be due to incontinence which is defined as the inability of the body to control the evacuative functions of urination or defecation. Support team members must first determine if the incontinence is related to seizure activity, illness, poor muscle tone, or inability of the person to access facilities. Employees are to offer reassurance and provide the person with necessary care and assistance.

When incontinence occurs during the night, the person should not be expected to assist the support team member in cleaning up or changing the bed. In all cases of incontinence it is important to offer reassurance to the person.

When it is determined that the soiling/smearing is a reaction or response to an event (i.e. being denied a request), or triggered by agitation or emotional outburst, there should be NO LECTURES, judgmental body language, negative tone or cadence from the support employee. If the person is willing and capable, (physically, emotionally and cognitively) they could be directed, in a calm voice, to clean themselves and the soiled area. If the person resists or becomes angry or upset provide reassurance and direct them to another area or activity. The support employee should provide the least amount of attention possible and avoid power struggles. The support employee will proceed to clean the soiled area without the person's assistance.

In order to provide a consistent approach by all members of the support team, positive support strategy guidelines should be developed explaining the behaviour and the positive and successful strategies for supporting the person. Employees should document and investigate when there are on-going changes in person's incontinence and causes are unknown.

### **4.0 Stripping:**

When a person refuses to keep clothes on, the support employee should first investigate possible reasons for the removal of clothing. The clothing they are wearing may not be meeting their needs i.e. wet clothes, too tight, uncomfortable, sensory issues etc. If such is the case, provide more suitable clothes for the person and assist with dressing as necessary. Stripping can also be a means of gaining attention (i.e. the person may be bored, wants something or it may be a way to escape a situation they don't want to participate in). These possibilities should also be investigated, and strategies developed that will meet the person's needs. When the person has stripped, verbal interaction should be limited to simple, nonjudgmental, basic instructions on dressing.

If a person resists getting dressed, in a reassuring manner redirect their activity and movement to an appropriate area, until they are willing to get dressed or receive assistance. The request should be reintroduced within a reasonable period of time, depending on the person involved.

Whenever a person is unaware of the importance of their privacy, it is the responsibility of support employees to ensure they educate the person and that they ensure this need is met in a dignified manner.

In order to provide a consistent approach by all members of the support team, positive support strategy guidelines should be developed explaining the behaviour, the positive and successful strategies for supporting the person and provide the required education.

### **5.0 Self-Stimulation/Self-Injury:**

Self-stimulating behaviours or mild forms of self-injurious behaviours have a purpose for the person. Often the person is trying to communicate something, and the message should be explored. When the function of the behaviour has been determined i.e. if it has been determined that rocking is self-stimulating and soothing for the person it should be indicated as such in their guidelines.

**If self-injurious behaviour is frequent, severe and/or harmful, and falls under the Ministry definition of “Challenging Behaviour” the person requires an appropriate behaviour support plan and these guidelines would not apply see section E “Challenging Behaviour” in Behaviour Intervention and Positive Support Strategies Policy AD-III-4.**

In order to provide consistency of approach by all support team members, information related to the behaviour, positive support strategies and required education to be provided should be available as guidelines in the person’s support plan binder.

### **6.0 Taking and Destroying Objects:**

Many persons who experience developmental disability have difficulty understanding the concept of “belonging to one” versus “belonging to others”. Those who are capable of asking permission to borrow other’s belongings might still not realize that asking permission distinguishes borrowing from stealing. It is important for support employees to know whether the person took the object with the intent to borrow or to keep and to educate them to this concept.

When a person takes an object, which does not belong to them, or breaks or destroys it provide education and assist the person to come up with a solution to resolve the issue i.e. let the person know who the item belongs to, ask them if they can return it, or, ask for permission to use it. The person affected by the behaviour needs to be comforted and reassured that the issue will be resolved.

Depending on the situation and capability of the person to understand, when it is determined that the intent was to keep the object, encourage them to apologize for their action, to return it, if possible and to pay for or help fix the item if required. The person is to be educated about their behaviour.

In order to provide consistency of approach by all support team members, information related to the behaviour, positive support strategies used to assist the person and

required education to be provided should be available as guidelines in the Individual Support Plan (ISP) binder.

## **SECTION IV            DEVELOPING POSITIVE SUPPORT STRATEGY INTERVENTIONS**

### **1.0    Using NCI Techniques for Positive Support Strategy Interventions:**

The Nonviolent Crisis Intervention model identifies there are four distinct and identifiable behaviour levels. The purpose of defining each level is to attempt to meet each level with the appropriate employee response, verbal and non-verbal, and to defuse or de-escalate a situation. The following behaviour patterns can be seen in most people who are escalating.

### **2.0    Anxiety Level:**

During the anxiety level there will be a noticeable increase or change in a person's typical behaviour, i.e. pacing, fidgeting, drumming the fingers, wringing the hands, rate of speech, rocking, playing with an object i.e. paperclip or pen. All of the above signs of anxiety are an increase in behaviour which involves a non or misdirected expenditure of energy. In some cases, a noticeable change in behaviour means that a usually outgoing person becomes very quiet and withdrawn or vice versa.

#### **Employee Attitude/Response-Supportive:**

A supportive response is one that acknowledges, and takes seriously, the concerns of the anxious person. It requires the support employee to be empathic and actively listen to what is bothering the person. It might be a word of reassurance, a smile, an offer to help, or simply willingness to listen. It is easy to overlook the anxious person because they are not usually causing a disruption but when we do not pay attention to anxiety, we are missing an excellent opportunity to be proactive and prevent a potential crisis from developing. This is when employees have their first and best opportunity to intervene and most potentially de-escalate a situation. It is important to build relationships with people we support. This will be a great asset in identifying anxiety and, therefore, intervening early.

### **3.0    Defensive Level:**

This level can happen if we fail to recognize the anxiety level, we recognized it but did not intervene, the person moved past the anxiety Level before we had a chance to intervene, or our supportive response was unsuccessful. At this level the person begins to lose rational thinking and may become challenging and verbally abusive. Defensive behaviours include: questioning authority, noncompliance, yelling, name calling and making threats. Persons at this level can be successful in pushing the buttons of the support employee that employee's professionalism is challenged and they can also become defensive. This is a potentially dangerous situation because when we become defensive we allow the other person to control the interaction. The person is losing control and needs our professional assistance in regaining control.

## **Employee Attitude/Response-Directive:**

Being directive means giving the person simple, clear instructions. What do we want the person to do? What do we want the person to stop doing? We need to give this information very clearly, remembering that they are beginning to lose control and may not process the information well. This is setting limits. Limits need to be clear, simple, brief, reasonable, enforceable and non-threatening. Setting limits is not the same as issuing an ultimatum. "If you don't lower your voice, you will be confined to your room tonight." is a negative ultimatum, not a limit. When you set a limit, you provide a person with two choices and known consequences, and you do your best to help them make a positive choice. "I understand you're upset. Do you want to go out or do you need a break? We have a fun evening planned, and I'd really like you to be a part of it."

### **4.0 Acting Out Person:**

This behaviour level occurs when the person totally loses control – rationally, emotionally, and physically. Physical aggression usually occurs, and the person becomes a danger to self or to others. The acting-out person will not respond to a supportive or directive employee attitude and may not even hear the spoken word.

### **Employee Attitude/Response-Nonviolent Physical Crisis Intervention:**

At this point, non-verbal, para-verbal and verbal means of managing the situation have been exhausted. The person is no longer responding to reason, and they present a danger to themselves or other people in the area. The support employee will move others within the area to a safe location. Only as a last resort will the employee physically control the person's behaviour until they can regain control of their self. Nonviolent physical intervention consists of nonharmful restraint techniques to safely control a person until they can regain control of their own behaviour and should be used only as a last resort when all else has failed. If physical control is required, only the nonviolent physical control restraints taught and practiced in CPI Nonviolent Crisis Intervention® training should be used.

### **5.0 Emergency Services:**

If the situation continues to escalate and the person or others are at immediate or serious risk, it may be necessary to access emergency assistance outside of the agency. Emergency Services consist of police, ambulance service and hospitals.

1. The safety of all people is a primary responsibility. When a person's safety is at risk, those supporting the person have the option to request assistance from the appropriate "emergency community services" as needed. These are the situations when it is imperative that decisions are made in the best interest of all people concerned.

2. These are exceptional circumstances and must be reported to the Supervisor/Supervisor on Call and documented as soon as possible according to Incident Reporting and Follow-up Policy AD-I-6. The Supervisor or Manager will initiate the Serious Occurrence Reporting and Follow-up Policy AD-I-7 as required.

3. The Supervisor/Supervisor/Manager On Call when contacted shall provide support by recommending any further action necessary to ensure the safety of all persons involved. They will also provide emotional support by debriefing with persons and employee(s) involved in the situation including providing contact numbers for emergency services as required.

## **6.0 Tension Reduction:**

This final level is often overlooked but in many ways it is the most important. During the development of a crisis, there is a tremendous build-up and expenditure of energy. This outburst of energy cannot last forever; eventually, every person will calm down. At this level the person begins to regain rationale and control and there is a decrease in physical and emotional energy. Often the person is feeling embarrassed, scared, confused, or remorseful. On the other hand, it is also a time when people tend to be more open to the possibility of change and this can be used as a teachable moment and rebuild rapport.

### **Employee Attitude/Response-Therapeutic Rapport:**

The support employee needs to re-establish therapeutic rapport and communication. This is one of the best times to attempt to listen and talk with the person. Surprisingly enough, many times the person is actively seeking communication. It is a time for reviewing the crisis situation – why it happened, what led up to it, and, most important, how similar crises can be avoided in the future. This employee response, leads to an emphasis on prevention and a review of the person's action plan.

## **7.0 Importance of Support Employee's Non-Verbal Communication:**

At all these levels; Anxiety Level, Defensive Level, Acting Out Person and Tension Reduction, support employees must keep in mind the importance of their non-verbal communication and its impact. This includes:

**Proxemics (personal space):** Your proximity can be perceived as a threat. Give as much space as possible.

**Kinesics (body posture and motion):** use a supportive stance which is non-challenging and provides an escape route.

**Paraverbal Communication:** This involves three elements: the tone, volume and cadence (rate of speech) of voice.

For more detailed information, refer to the most recent Nonviolent Crisis Intervention Workbook.

## **SECTION V DEVELOPING A POSITIVE SUPPORT STRATEGY PLAN**

### **1.0 Creating the Plan:**

When the identified behaviour does not extinguish quickly or if it seems unresponsive to the positive support strategy guidelines and interventions, a positive support strategy

plan will be created. Positive Support Strategy Plans, when written, should have some common components each of which will be identified below and explained in more detail as we go through each step in the plan.

## **SECTION VI            UNDERSTANDING THE LIFE OF THE PERSON**

Behaviour is just one way of telling someone that something is wrong. Before we can really understand why the person is acting the way they are we must first understand the life of the person. We should consider some key factors in order to see the whole person together with their personal history, emotions, desires, and goals.

Once we have a clear picture of who the person is and what is important to them, it is easier to help them understand their behaviour and find better ways to tell us what they need. Enhancing a person's life experiences often means the challenging behaviour will decrease. Persons, who have the chance to grow and develop important and valued relationships in their lives, will have more meaningful and valued lives.

### **1.0    Background Information:**

Begin the plan with background information related to the current challenge the person is experiencing in their life that lead to the development of a positive support strategy plan. Take the perspective of the person, their family, social networks and their support teams into consideration when writing the background information related to the challenge and consider some of the questions below:

- Talk to the person to find out how they see the problem and what can be done about it.
- Talk to the family....how do they see the person and their situation?
- Talk to the support team..... how do they see the person and their situation?
- Talk to others who support this person.... how do they see the person and their situation?
- Have we asked the person to change their behaviour? They may not see it as a problem. Have we attempted to help them find another way to achieve what they want?
- Does the person have real control over the things they like and dislike?

### **2.0    Identify the Person's Positive Qualities:**

Write a paragraph describing the person's positive qualities. What is the person good at? What skills do they possess? Get the opinion of the support team and several people who know the person well.

### **3.0    Describe a Positive Day for the Person:**

Describe what the person is like and how you know they are having a positive day. Get the opinion of the support team and several people who know the person well.

#### 4.0 Creating a Positive Day for the Person:

List those things that the person or others supporting them can do to help them feel as good as possible and result in a positive day for them. Get the opinion of the support team and several people who know the person well.

### SECTION VII CONDITIONS THAT INFLUENCE BEHAVIOUR

#### 1.0 Biological, Psychological, Social Conditions that may Influence/Produce Behaviour:

A number of different conditions may influence expression of behaviours at different times, and in different situations. Complex behaviours may be influenced by multiple medical, psychiatric, psychological and environmental conditions.

The identified behaviour often is a symptom of these other conditions. In viewing behaviour as a symptom, rather than being the focus of assessment and intervention, attention is immediately shifted from the behaviour to those conditions that produce the behavioural symptom.

Use the following questions when assessing conditions that may be influencing the person's behaviour. Talk to the person, their family, the support team and others who support this person. Do we understand how the person communicates and what they are saying to us? Is their message respected? Have we attempted to help them find another way to achieve what they want? Do we understand the life experiences which make the person unique in who they are?

Write a short paragraph under each of these headings in the plan indicating conditions which may influence expression of the person's behaviours.

**BIOLOGICAL CONDITIONS**– medical, psychiatric, medication reactions, syndromes, neurological state

- is there a specific syndrome or disorder/ e.g; Fragile X, Prader-Willi, Autism, Tourette's, or Down's Syndrome
- is there a specific underlying medical condition/diagnoses that could be causing the behaviour i.e. diabetes, epilepsy, migraines, allergies
- Is there a medical concern? Have there been medical concerns in the past which have been difficult for the person?
- Has the person had recent medical attention from a doctor or dentist or other health professional to check for any problems? An unknown medical condition could cause or increase behaviour challenges.
- Has medication been closely watched by a doctor? Has medication changed? Are any side effects from current new medications known?

**PSYCHOLOGICAL CONDITIONS**-current psychological features and skill deficits

- Is there a specific diagnosed or potential Mental Health (Psychiatric) issue the person is dealing with i.e. depression, anxiety, schizophrenia



- Does the person lack the skills required eg. to maintain relationships, to perform a task
- Do we know if the person has experienced a significant trauma in their life? Have they experienced abuse or neglect?
- Do we know about significant life changes? Moves or separation?
- Does the person have real control over the things they like and dislike?
- Is the person struggling with a personal or emotional difficulty and needs support from a counselor, psychologist or social worker to assist them with this?

### **SOCIAL CONDITIONS-** environmental, interpersonal, programmatic, physical

- Are there physical or environmental conditions which are causing concerns for the person eg. size/space available, does not do well in group work activities, requires safety aids, requires structure/routine, seating arrangements are not appropriate, too much noise, insufficient staffing to meet needs
- Are there social issues which are causing concern for the person i.e. quality and quantity of interactions between students/teachers & peer interactions, having a means to communicate, attention span, outlets to get away if needed
- Are there past historical events that have an effect on how the person functions today i.e. significant life changes/ ie; loss of loved one, moving constantly, employee changes, traumatic events/ ie; sexual or physical abuse, past training programs
- Is the person comfortable with those they are spending time with? Do others understand their frustrations, anxieties, hopes and desires?
- Do we know about the person's family history? Important relationships and losses they have experienced?
- Has the person's living, work or leisure circumstances changed?
- Is someone or something causing the person to be upset?
- Does the environment meet the person's level of comfort? Is noise, lighting, a lack of personal space, or activity levels creating the person's distress? Are they happy with what they are doing in life? At home, school, work or anywhere else?
- Does the person have real choices in their life?
- Does the person have a sense of belonging, where they live work and play?
- Do we know about the person's experiences involving the Legal System?

## **SECTION VIII IDENTIFYING THE BEHAVIOUR**

### **1.0 Description Of The Behaviour:**

A well-defined behaviour is essential for ensuring that everyone involved with this person is targeting the same thing. It also ensures accurate data collection, communication with other team members and the accurate evaluation of the program by establishing a baseline. Define the behaviour in specific, observable, and measureable terms. In other words, something you can see and count:

- Describe the behaviour in clear, concise terms so that anyone unfamiliar with the person or the behaviours would be able to clearly identify them (i.e. "Ted hits his chin with closed fist" instead of "Ted hurts himself": "Sally paces back and forth in

the hallway while wringing her hands every night from 11:00 pm to 2:00 am” instead of “Sally’s anxious”)

- Use positive, non-blaming and descriptive language when describing behaviour (i.e. “Bill hit the table and pushed the chair after Ben called him stupid, instead of “Bill was rude”).)
- Get the opinion of several people who know the person well. Using observation, objectively describe what you see, not your impressions or how you feel or how you think the person feels.
- Identify the frequency and severity of the behaviour which will also help you determine whether there is a problem or not.

## **SECTION IX            DETERMING THE REASON FOR THE BEHAVIOUR**

### **1.0    Data Collection:**

Collect data until a pattern starts to emerge that shows a relationship between the person’s behaviour and their environment. Typically this requires 2 to 5 days, depending on how often the behaviour occurs and the frequency of the observation. The more data you collect, the more accurate the picture of the person’s day to day behaviour and what events may surround it.

### **Devise a Plan to Collect Data:**

There are two basic methods for collecting data- indirect and direct

- 1. Indirect-** methods often use person’s records, interviews, questionnaires, checklists to see how others perceive the situation and possible motivations for the behaviour;
  - When looking at past/present records identify any previous relevant background data from existing documents that relate to the problem behaviour
  - When conducting interviews consider asking the following questions: WHO...is present when the problem occurs? WHAT...is happening just before the problem occurs, and what happens immediately after the problem? WHEN....does the problem behaviour occur? WHERE...does the problem behaviour take place.
  - Finally, are there times or places when the problem behaviour does NOT occur? Such information is valuable when planning future intervention.
- 2. Direct-** methods used are observations; record the situational factors surrounding the problem behaviour (i.e. recording on a chart what happens before and after a person becomes anxious; recording on a chart how many times the person wakes up through the night and how many hours they are sleeping)

Use the direct method to observe and record the problem events as they happen or immediately after an event. This includes completing frequency counts, interval recording systems, scatter plots (a chart to plot the frequency of the behaviour and when it occurs) an antecedent-behaviour-consequence (ABC) charts and various other charts to record observations of the identified behaviour.

### **Collect Data Related to the Following:**

- **Frequency:** How often a behaviour occurs – or too little (i.e. John shakes hands with people too much on a daily basis (100 x a day) or John will not shake hands at all when someone greets him with a hand shake)
- **Intensity:** The level or degree of strength a behaviour has – or not enough (i.e. John squeezes very tightly when shaking hands which can hurt someone or John softly touches someone's hand to shake hands).
- **Duration:** The amount of time the behaviour lasts – or does not last long enough (i.e. John will shake hands and not want to let go or John will pull his hand back quickly when shaking hands).
- **Discrimination:** The behaviour occurs in a variety of environments and contexts – or it does not occur at all (i.e. John will shake hands with the person next to him at the men's urinal or John will not put his hand out to shake when being introduced to a new person).

### **2.0 Basic Reasons Why People Behave as they do:**

- 1) Behaviour serves a function for the person. It is a communication message that says "something is wrong". A behaviour occurs when someone needs/wants something or to escape/avoid something.
- 2) Behaviour is related to **antecedents**-what happened before the behaviour occurred which may have caused/influenced it (i.e. employee changeover, asked to complete a chore, evening plans changed at the last minute, boredom) and **consequences**-what happened as a result of the behaviour (i.e. How do others react to it?, What does the person do?), is the behaviour being maintained by consequences serving one of the following functions: attention (i.e. employee pays attention to the person), tangible (i.e. person goes to Tim Hortons for coffee), escape (i.e. person gets work to return home), sensory (i.e. the person slaps their ears)
- 3) Behaviour may be impacted by factors not related to the immediate situation or antecedents and consequences (i.e. setting events such as being ill, having an argument just before work, hunger, an untimely death, no sleep, etc.) These may increase the probability of behaviours occurring.
- 4) Behaviour may result from biological/medical factors e.g; person is in pain, tired, just changed medications, etc. These may set the stage for interventions to succeed or fail.
- 5) Behaviour may result because the person does not possess the skills required to do what they want or what is asked of them. Due to the nature of some disabilities (i.e. a developmental disorder such as FASD) persons may have many gaps in skills in areas such as social, communication, cognitive, and sensory. As an example a person with autism exhibiting increased intensity of their behaviour may indicate that they have difficulty dealing with their emotions and may need to learn coping skills. Skill deficits can be a major source of behavioural concerns and are a key area to address in all interventions.

### **3.0 Determining Setting Events/Triggers, Antecedent and Consequences:**

#### **Setting Events/Triggers:**

- In what environments or under what circumstances/events does the behaviour occur? Under what circumstances/events does this behaviour not occur? Are there events that are associated with or without the problem? (i.e. family visits, illness)
- Also important is the observation that any particular challenging behaviour such as aggression may be under the influence of more than a single triggering event. (i.e.; had a seizure the previous night and is tired and irritable the next day-a request is given to sit at the desk and they throw the contents of the desk off. The seizure the previous night renders the person vulnerable to the irritability.)

#### **Antecedents:**

- What is happening right before the behaviour occurred (i.e.; an employee's request to help clean, saying no to someone, employee changeover, evening plans changed at the last minute, boredom)
- Who was present? Where was the person? What were they doing (i.e.; employee A and B were watching tv with person in the living room)

#### **Consequences:**

- What happens right after the behaviour occurred? How do others react to it? Is the behaviour being maintained by consequences serving the following functions: sensory/physical, attention, tangible, or escape/avoidance (i.e. attention-the person acts out and the employee pays attention to the person; escape-person acts out at work because he knows he will get sent home and the rest of his house mates are going for lunch; tangible- the person acts out and gets to go to Tim Hortons for a coffee)
- Who did what after the behaviour occurred? In the correct sequence (i.e.; the person who may be off task is redirected; the person who is performing a task is given praise for following directions; the person who is getting anxious is asked to go to their bedroom to calm down)

It is important to identify an event that occurred before and after the behaviour as it helps to identify patterns and forms the intervention planning process.

Record only those things you see or hear, not your interpretation of the behaviour.

### **4.0 Determining the Reason for the Behaviour:**

Understanding the reason for the behaviour is important for designing effective interventions.

The identified behaviours may result in positive consequences (viewed as positive from the person's perspective) or may result in the removal, reduction, or avoidance of negative conditions (viewed as negative from the person's perspective)

### Common Behaviours in Life Serve a Function:

- To Get Something.....(positive reinforcement): attention, an object, "I want power and control", self-stimulation, I want something tangible "I yell because others will look at me", "I fight because others will obey me", "I wander around because people will talk to me."
- To Escape/Avoid Something....(negative reinforcement): The person usually finds this aversive i.e. tasks, embarrassing situations, fearful situations, specific people, sensory issues. Following are a few examples of negative reinforcement: "I cry when work gets hard because I know someone will help me", "I throw a book during math class because the teacher will remove me from class", "I stand out of the way during football because the game participants won't throw me the ball."

## SECTION X ESTABLISHING GOALS

### 1.0 Established Goals to Positively Influence the Person's Life:

The purpose of behaviour support strategies is to help a person learn alternative and acceptable ways to tell us what is wrong in their life. Once the team can identify the message the person is trying to convey, they can then teach the person another way to share that message. Self-control is the focus and can only happen if someone is there to encourage the person and offer to help them solve the problem. We need to teach, promote, and assist the person to figure out what they want and to make good choices.

Below are some goals of Positive Behaviour Support Planning:

- Helping people overcome the identified behaviour
- The needs and rights of the person are respected
- The function of the behaviour is acknowledged
- An increase in skills and opportunities for community inclusion
- Reduction in frequency, intensity, duration of identified behaviour
- Increased opportunities to develop adaptive skills and improved quality of life
- Enhanced relationships among persons, families, and employee

Define each goal with the person supported and/or the person acting on their behalf and write objectives to meet the goals. Determine:

- How success/progress will be measured (i.e. number of challenging situations experienced each month, frequency of attendance at social events etc.)
- What behaviour you want to increase or decrease (i.e. reduce frequency of physical aggression, increase the use of relaxation techniques). Note: you can't eliminate a behaviour without replacing it with a skill. Determine what behaviour/skill will be increased and the focus of training.
- Positive skill building and/or replacement skills to be taught and how that will be accomplished
- Measures to prevent the behaviour from occurring

## SECTION XI WRITING POSITIVE SUPPORT STRATEGIES

### 1.0 Standards for Positive Support Strategies:

OPTIONS NORTHWEST supports the use of positive behaviour approaches to ensure that any person that is experiencing challenging times in their life will be supported in a respectful and positive manner to resolve the difficulties and retain control in their life. These supports are defined as any practice or intervention that is positive in nature and promotes new ways of understanding the person's emotions and challenging behaviour. Behaviour support, when required, will form part of an Individual's Support Plan and will be developed in consultation with the person and significant others in their natural support network.

**For Behaviour that is considered "challenging" according to the Ministry of Children, Community and Social Service Definition in Regulation 299/10**, referral for clinical involvement will be made. In our organization the Community Resource team will be consulted to assist in the development of the Behaviour Support Plan. See Section E) Challenging Behaviour in Behaviour Intervention and Positive Support Strategies AD-III-4.

### 2.0 What Do We Mean By Positive Behaviour Supports:

- It must be appropriate to the age, maturity and understanding of the person involved. Give attention and recognition when the person is doing well
- Empathic listening and talking to help the person work through the challenge (remember, often all the person needs is your absolute attention and time)
- Encouraging informed choices. It is important to provide choices and accept the person's decision. Remember that choosing between two things is a dilemma, three is a choice but during time of increased anxiety two simple choices may be all they can handle.
- Logical consequences – remember they must teach something and in no way are punitive.
- Role playing
- Modeling positive behaviour
- Letting people make mistakes that are not harmful
- Create a diversion or redirect the behaviour to a positive activity. Remember, you will need to help the person deal with the challenge at some point. The redirection should allow for a calming period, after which you should address the challenge again and help them work through a solution.
- Suggest some time alone for the person to calm down and think, always making sure you check back to see if your support is needed.
- Dignity, feelings, values, personal and lifestyle choices of the person must be respected and safeguarded. This includes the person's culture, ethnic background, heritage, including Indigenous heritage, and religious and spiritual beliefs.
- Provide a positive environment which supports the growth and learning of the person and an increased quality of life and independence.

### **3.0 Consider Communication Skills when Developing Strategies:**

- Does the person have a functional communication system?
- Are their expressive and receptive communication needs being addressed?
- Increases in communication skills leads to decreases in inappropriate behaviour.
- Sometimes behaviour is a person's only method of communication
- Sometimes behaviour is a person's most effective method of communication

### **4.0 Involvement of the Person and/or Person Acting on Their Behalf:**

Before a support strategy is developed, all the information that has been gathered by the support team must be shared with the person, and any other people they want included in their support team, i.e. friends, relatives.

**"FOR A SUPPORT STRATEGY TO PROMOTE SELF-CONTROL, IT MUST BE PLANNED WITH THE PERSON. BEING AN ACTIVE PARTICIPANT IN ALL AREAS OF YOUR LIFE IS THE PATHWAY TO A QUALITY LIFE."**

Support strategies, as part of the personal planning process, are used to help guide and support the person and to ensure a quality of life. It is not something done to a person, but rather done with a person. The person must be involved in the development of all strategies. Of utmost importance is for the person to understand the challenges they are facing so they can move forward in achieving success.

### **5.0 Establishing Positive Behaviour Support Strategies:**

As part of behaviour support strategies, there may be times when a support employee elects to apply a consequence to a behaviour that is a barrier to what a person desires in their life (i.e. the person breaks a person's iPod when acting out and are required to pay for it). All such consequences should truly be opportunities for learning rather than our attempts to control the person.

Consequences must be:

- Logical – what we would expect for any one person with or without a disability
- Immediate – at the time the behaviour occurs.
- Meaningful – stronger than the effects of the behaviour or the situation.
- Impersonal – directed at the behaviour, not the person.
- Respectful - always carried out in a respectful nonthreatening and dignified way.

### **6.0 Determining a Reinforcer for Positive Behaviour:**

Reinforcement is used to help increase the probability that a specific behaviour will occur in the future by delivering a stimulus immediately after a response/behaviour is exhibited. There are two types of reinforcement: positive and negative. Natural consequences both positive and negative are the most reinforcing.

Positive reinforcement is adding something that will motivate the person to increase the likelihood they will engage in that behaviour again. Positive reinforcement works by

*presenting* a motivating/reinforcing stimulus to the person after the desired behaviour is exhibited, making the behaviour more likely to happen in the future

Negative reinforcement occurs when a certain stimulus (usually an aversive stimulus) is *removed* after a particular behaviour is exhibited. The likelihood of the particular behaviour occurring again in the future is increased because of removing/avoiding the negative consequence.

Negative reinforcement should not be thought of as a punishment procedure. With negative reinforcement, you are increasing a behaviour, whereas with punishment, you are decreasing a behaviour.

## **7.0 How to Choose a Reinforcer when Designing the Plan:**

Behaviour can be increased or decreased based on the consequences that follow behaviour. There are three types of consequences that have very different effects on behaviour. These are positive reinforcers, negative consequences and negative reinforcers.

### **Defining Positive Reinforcement:**

Positive reinforcers are consequences that follow a behaviour that make it more likely the behaviour will occur again in the future. In other words, when a person increases behaviour in order to get a specific consequence, the consequence is acting as a positive reinforcer.

### **An Example of Positive reinforcement:**

- When you see your co-worker upon arriving at work (antecedent), you say "hello" to them (behaviour). They return your greeting (consequence). Your greeting was returned and your behaviour of saying hello is reinforced and you are more likely to continue saying hello to them each morning. On the other hand, if you said hello to your co-worker each morning and they never returned your greeting, you are not as likely to continue saying hello to them because your greeting behaviour was not reinforced.

Everyone has personal positive reinforcers. No single item or event is reinforcing to everyone and it is important for employees to identify reinforcers that work for each person. Complete a reinforcement inventory which identifies what the person likes very much. Some examples of positive reinforcers may include food, beverages, toys, activities, entertainment, sports, games, arts and crafts, excursions, being praised, high fives and going to a friend's. Using the reinforcer in the support plan will help to increase the behaviour we want to see. It must be provided immediately after a behaviour. Reinforcement should never be provided following an undesirable behaviour or any behaviour we want to decrease.

The most common type of positive reinforcer used to increase behaviour is praise and positive feedback because: a) praise and feedback are always available and cost nothing to provide; b) it is typical for people with and without disabilities to receive praise



and feedback; c) we rarely get tired of being praised; d) praise and feedback can be provided without disrupting an ongoing activity

### **Defining Negative Consequences:**

Just to recap; positive reinforcement increases behaviour because the person wants to get something they like. Negative consequences have the opposite effect on behaviour. A person decreases a behaviour because the behaviour is followed by an undesirable consequence. The person does not want to experience the negative consequence so they do not do the behaviour that leads to it and the behaviour will decrease.

### **Examples of Negative Consequences:**

- If you eat too much spicy food, you may get sick. If you eat less spicy food in the future to avoid becoming sick, then **getting sick** was a negative consequence for eating too much spicy food.
- When a person arrives late to work, the only jobs left to do are the ones that are disliked. The **unpleasant work tasks** are the negative consequences for getting to work late.
- A person starts making faces at a roommate. Employee and roommate withhold attention and ignore the faces. In the future, if the person wanted attention, they may not make faces because they are not getting the attention they like.

The only way we can tell a reinforcing consequence from a negative consequence is by its effect on behaviour. For example: We might think that asking someone to go to a separate room when that person is disruptive is a negative consequence. However, being alone is desired by some people and they will act out to obtain "alone" time. If so, sending the person to a separate room is likely to reinforce the disruptive behaviour.

### **Defining Negative Reinforcement:**

Negative reinforcement involves a consequence following a behaviour that makes it more likely the behaviour will occur again in the future. When thinking about negative reinforcement, it is important to note that the process is not something that is actually negative for a person. Rather, the process makes a situation more desirable for a person by removing something that the person does not like (that is, something negative for the person is stopped or taken away). A behaviour is more likely to occur again because the behaviour allows the person to stop something that the person dislikes or finds unpleasant and the behaviour is reinforced. Just like positive reinforcement, negative reinforcement always increases how often a behaviour occurs.

### **Examples of Negative Reinforcement:**

- Think about sitting in your yard and a bug lands on your face. You then slap at the bug with your hand and the bug goes away. In this case, your slapping behaviour was most likely negatively reinforced because it caused the (unwanted) bug to go away.
- A person does not want to have their teeth brushed by a support person. The person strikes out at the support person or pushes the toothbrush away. The support person

stops brushing the person's teeth. In this manner the consequence or activity of the support person stopping the teeth brushing will negatively reinforce the person's aggressive behaviour.

- A support employee presents a person with a menu planning form and tells the person that the employee needs to plan the menu for the week in order to know what to buy for groceries. The person begins to scream and throws the menu form on the floor. The support person then picks up the form, walks away, and leaves the person alone (who then becomes quiet again). Picking up the form and walking away is likely to negatively reinforce the behaviour of screaming and throwing the form.

### **Using Positive versus Negative Reinforcement:**

Negative reinforcement occurs often in the lives of all people. It is important to note that this is a type of *reinforcement* and it will increase how often a behaviour occurs. However, because negative reinforcement involves *removing* things a person does not like. A person behaves in order to stop something that is unwanted-this is not a pleasant means of helping people change their behaviour.

Although we should use positive reinforcement as much as possible, we should be aware of when negative reinforcement happens. We should be very aware of when a person uses challenging behaviour to stop or get rid of something they do not like. In these cases we must try to change the situations so that there is no need for the challenging behaviour to happen in the first place.

Our focus is on **Positive Behaviour Support**. In our interactions with people, we should always try to use Positive Reinforcement.

### **8.0 Teaching Replacement Skills (Skill building):**

"How can I teach this person to achieve the same function in a more appropriate or socially acceptable way?"

- Use teachable moments: Seize a common occurrence as an opportunity to teach
- Prompting: Hints we give along the way in the way of verbal, gestural, or physical prompts, role playing, rehearsing, modelling etc.
- Visually cued instruction/pictures: Picture cards with printed word
- Discrete trial training: Intensive training done daily under specified criteria and specified time (done under the supervision of a behaviour specialist)
- Creativity: Turn difficult tasks into games to create fun and better learning experiences
- Task Analysis: Breaking down a task step by step in order to learn it easier
- Errorless Learning/Correction: Do not point out mistakes but always give the right answer/increase the amount of assistance needed to perform the skill correctly
- Shaping: Refers to a procedure where closer & closer approximations of the final desired behaviour is reinforced
- Backward chaining/forward chaining: Learn a skill one step at a time and then linking the skills together either starting from first step to last step or the last step to first step (i.e. making a bed – forward chaining – 1<sup>st</sup> step putting bottom sheet on with last step placing the pillow on the bed; backward chaining – opposite of above)

## **SECTION XII      TRAINING, MONITORING, AND SIGNATURES**

### **1.0      Identification of Support Team Training:**

In this section outline roles, responsibilities and training required for everyone responsible to implement this plan. Ensure all persons supporting the person have the same clear understanding of how to implement the strategies in the plan. This section should also identify who will be responsible to ensure the training is completed with all those support employee(s) new to the person, and, after each review and revision of the plan.

### **2.0      List Benefits of Following the Plan:**

Make a list of the benefits and positive things that might happen for the person if the support team follows the support strategies in the plan. (i.e. When the person becomes anxious, they will use new coping skill they have learned to deal with the situation and reduce their anxiety level).

### **3.0      List Negative Results of not Following the Plan:**

Make a list of the risks and/or negative things that might happen for the person if you do not follow the plan.

### **4.0      Measuring Success of the Plan:**

Write a clear statement of what positive outcomes will measure the success of the strategies. Are there other strategies that might increase benefits or reduce potential risks?

### **5.0      Monitoring the Plan:**

The support team is responsible to make modifications, as needed to the support strategies based on ongoing review of data, additional interviews and observations. The support team should meet regularly to review the data and document the outcomes. Describe how the team will review the strategies including how often and who will initiate the review. State how to record, monitor and evaluate the strategies, as well as how to note any other behaviour which may arise or increase as a result of the strategies.

### **6.0      Maintenance and Generalization:**

Skills that are taught in specific settings (i.e. anger management techniques practiced in a behaviour therapy session), need to be generalized/adapted to other settings (i.e. using these learned techniques when being teased at the day program). Write a statement to indicate how skills will be maintained within the person's natural day-to-day environments (i.e. in the group home, at the day program, when visiting parents).

### **7.0      Signatures:**

The person supported and/or the person acting on their behalf will sign the plan in order to indicate they were involved in the development of the plan and that they consent to the use of the strategies indicated in the plan.

Everyone implementing the plan will sign the signature sheet attached to the back of the plan confirming that they understand the strategies and can support the person in a consistent manner.

## **SECTION XIII CHALLENGING BEHAVIOUR AND PLANS THAT INCLUDE INTRUSIVE MEASURES**

### **1.0 Community Resource Team Involvement:**

If the person's behaviour falls under the Ministry definition of "Challenging Behaviour" as defined below, a behaviour support plan must be implemented and requires clinical involvement. In our organization a referral to the Community Resource Team will be made. Intrusive measures may only be used in a behaviour support plan when the person is at immediate risk of harming his/herself or others and should be the least intrusive and most effective. Behaviour support plans containing intrusive measures must be signed off by a psychologist, psychological associate, physician, psychiatrist or Board Certified Behaviour Analyst.

**Challenging Behaviour:** Means behaviour that is aggressive or injurious to self or to others or that causes property damage or both and 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.

**- OPTIONS NORTHWEST -  
POSITIVE SUPPORT STRATEGY INTERVENTIONS**

POLICY: AD-III-4  
APPENDIX C

For: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Define the behaviour/action of concern (to decrease): \_\_\_\_\_

Describe the behaviour to increase: \_\_\_\_\_

Measures used to prevent the behaviour from occurring: \_\_\_\_\_

What is Happening	Employee Response
<b>(Anxiety)</b> a noticeable increase or change in a person's typical behaviour, e.g. pacing, fidgeting, etc.	<b>(Supportive)</b> be empathic and actively listen to what is bothering the person i.e. give a word of reassurance, a smile, an offer to help
<b>(Defensive)</b> the person begins to lose rational thinking i.e. questioning authority, noncompliance, yelling, etc.	<b>(Directive)</b> give the person simple, clear instructions and limits set need to be clear, simple, brief, reasonable, enforceable and non-threatening.



**OPTIONS  
NORTHWEST**  
*live life your way*

**ANNUAL SUPPORT PLAN (A.S.P)**

**FOR:** \_\_\_\_\_

**SECTION A:**

Date of Planning Meeting: \_\_\_\_\_

Date of last Planning Meeting: \_\_\_\_\_

Date(s) I met with person below to discuss plan: \_\_\_\_\_

Completed on my behalf by: \_\_\_\_\_

I would like to be present for my planning meeting:    Yes: ☐                      No: ☐

If no why not: \_\_\_\_\_

**SECTION B: TO BE COMPLETED PRIOR TO THE A.S.P. MEETING**

1. Risk Assessment –To complete see Risk Assessment/Management Policy R-I-10
2. Rights Assessment –To complete see Rights Assessments/Management Policy R-I-11
3. Individual Support Agreement

**SECTION C: TO BE COMPLETED ONCE FINAL TYPED COPY OF A.S.P. IS RECEIVED**

Date final typed copy was reviewed with the individual: \_\_\_\_\_

Staff reviewing it: \_\_\_\_\_

Signatures: \_\_\_\_\_

Individual

Staff

**PLANNING TEAM MEMBERS:**

I authorize the following to have input on and attend my annual support plan meeting and receive a copy of my A.S.P.

Name	Relationship to Individual	Invited By	Date	Address if Requesting A.S.P

**NOTE:** *Collect, Use and Disclose Personal Information Policy AD-I-10* will be reviewed with the person supported in a language and manner and with a level of support that is appropriate to their capacity during the annual planning process.

Authorization obtained to collect and share the information contained and discussed at my planning meeting with the individuals invited above as indicated on Page 3.

YES ☐

NO ☐

Authorization obtained to photograph/videotape me throughout the year in order that such photos and video can be used by the organization for various reasons (i.e. Newsletters, Annual Report, etc.) for which I will be informed. Please see consent on Page 4.

YES ☐

NO ☐



**OPTIONS NORTHWEST**  
 95 N. Cumberland Street Thunder Bay ON P7A 4M1  
 Tel: (807) 344-4994 Fax: (807) 346-5811

## AUTHORIZATION TO COLLECT / DISCLOSE PERSONAL INFORMATION

I hereby authorize OPTIONS NORTHWEST to: ☐ Collect ☐ Disclose the personal information of:

\_\_\_\_\_ (print full name of person to whom information applies)

Specifically: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Describe the personal information to be disclosed and the purpose)

From / To: \_\_\_\_\_  
 (Print name and address of person, agency, or facility having / requiring the information)

**I understand the purpose for obtaining / disclosing this information from / to the person/agency/ facility noted above. I understand that I can refuse to sign this consent form.**

\_\_\_\_\_  
 Signature of Individual or authorized representative/  
 substitute decision-maker\*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Name (Print)

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Date

\*If signed by an authorized representative/substitute decision-maker, print name and indicate relationship: \_\_\_\_\_

This authorization will be obtained yearly for individuals who remain on the Community Resource Team's caseload and for Client Services, at the time of the annual planning meeting.

### Important Information Please read:

An individual can withdraw their authorization at any time by writing to the Privacy Officer of OPTIONS NORTHWEST, subject to legal and contractual restrictions and reasonable notice. The withdrawal of authorization, however, shall not have a retroactive effect.

OPTIONS NORTHWEST's Privacy Officer is available to provide information on our Privacy Policy and to respond to any questions you may have.





**OPTIONS NORTHWEST**  
 95 N. Cumberland Street Thunder Bay ON P7A 4M1  
 Tel: (807) 344-4994 Fax: (807) 346-5811

**AUTHORIZATION TO: PHOTOGRAPH OR USE PHOTOGRAPHS  
 VIDEOTAPE OR USE VIDEOTAPES**

I hereby authorize OPTIONS NORTHWEST to: ☐ Photograph ☐ Use Photographs  
☐ Videotape ☐ Use Videotapes

of: \_\_\_\_\_  
(print full name of person to whom information applies)

Specifically: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Describe the use of the photograph/videotape and the purpose)

**I understand the purpose for obtaining / using the photographs / videotape (as authorized)**

\_\_\_\_\_  
 Signature of Individual or authorized representative/  
 substitute decision-maker\*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Name (Print)

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Date

\*If signed by an authorized representative/substitute decision-maker, print name and indicate relationship: \_\_\_\_\_

This authorization will be valid for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Example: ongoing promotion of OPTIONS NORTHWEST at Career Fairs)

**Important Information. Please read:**

An individual can withdraw their authorization at any time by writing to the Privacy Officer of OPTIONS NORTHWEST, subject to legal and contractual restrictions and reasonable notice. The withdrawal of authorization, however, shall not have a retroactive effect.

Privacy Officer for OPTIONS NORTHWEST is available to provide information on our Privacy Policy and to respond to any questions you may have.

**DISCUSSION WITH INDIVIDUAL PRIOR TO MEETING**

1. Review my goals from last year's support plan and celebrate goals met and the successes and achievements I have accomplished over the last year as stated below:
  -
2. Are any of these goals still my current dreams and desires that I would like added to my goals this year:
  -
3. What would I change about my life:
  -
4. Dreams, goals, desires and aspirations I would like to achieve over the next year:
  -
5. What involvement did I have in organizing, developing and inviting people to my planning meeting:
  -

**DISCUSSION WITH THE PERSON ACTING ON BEHALF OF INDIVIDUAL PRIOR TO MEETING**

1. Dreams, goals, desires and aspirations the person acting on my behalf would like me to achieve over the next year:
  -

TO COMPLETE SEE A.S.P MANUAL SECTION III SUBSECTION 1.0

**HEALTH AND WELL-BEING:**

Review the following sections from my Individual Support Plan (I.S.P): Medical/Physical Well-being, Lifts/Transfers/Repositioning, Mobility, Hearing and Vision, Dietary, Sleeping Patterns, Psychological/Emotional Well-being.

Over the coming year, is there an area that you would like to see improve for your own personal health and wellness:

- 

Over the coming year you can support me to achieve health and a sense of well-being by:

- 

In the area of my health and well-being, do I want to develop a long term and/or short term goal for the coming year? If yes, add to goals on Pages 12-14

**TO COMPLETE SEE A.S.P MANUAL SECTION III SUBSECTION 2.0**

**RELATIONSHIPS:**

Review the people currently involved in my life from all 5 Support Network Sections of my I.S.P. Is there anyone I would like to add or eliminate from these support networks:

- 

Ideas to maintain and stay connected with these people:

- 

Ideas to broaden and develop new social networks:

- 

Ideas to broaden and develop my culture or religious networks:

- 

Over the coming year is there anything I would like to change about the assistance and level of support I require to manage my day-to-day finances (Review current financial Support Plan and update as required):

- 

In the area of my relationships, do I want to develop a long term and/or short term goal for the coming year? If yes, add to goals, Pages 12-14

TO COMPLETE SEE A.S.P MANUAL SECTION III SUBSECTION 3.0

**ACTIVITIES:**

Review the interests and activities in the home, community, employment, and volunteer activities section of the I.S.P.

Over the coming year, are there any interests and activities while at home that I would like to participate in and are there others that I no longer want to participate in:

- 

How can you support me to do this:

- 

Over the coming year, are there any interests and activities, in the community that I would like to participate in and others that I no longer want to participate in:

- 

How can you support me to do this:

- 
- 
- 

Over the coming year, are there any employment or volunteer activities that I would like to participate in and others that I no longer want to participate in:

- 
- 
- 

How can you support me to do this:

- 
- 
- 

Regarding activities in the home, community, employment & volunteering, do I want to develop long term and/or short term goals for the coming year? If yes, add to Pages 12-14

TO COMPLETE SEE A.S.P MANUAL SECTION III SUBSECTION 4.0

**INDEPENDENCE AND CHOICE MAKING:**

Review the Skills and Abilities and Communication sections of my I.S.P.

In what areas of my life would I like to have more control and make more choices for myself:

- 
- 
- 

Over the coming year, how can you support me to make more choices in the above areas:

- 
- 
- 

In what areas of my life would I like to be more independent:

- 
- 
- 

Over the coming year, how can you support me to be more independent in the above areas:

- 
- 
- 

In the areas of my independence and choice making, do I want to develop a long term and/or short term goal for the coming year? If yes, add to goals, Pages 12-14

TO COMPLETE SEE A.S.P MANUAL SECTION III SUBSECTION 5.0

**EDUCATION:**

**A.**

Mandatory Abuse Awareness and Prevention Training and Review of OPTIONS Mission, Philosophy, Service Principals and Recipient Bill of Rights:

Date Last Attended: \_\_\_\_\_ Next Scheduled Date: \_\_\_\_\_

Certificate in the Abuse Awareness Section of my Personal Binder: YES ☐ NO ☐

I have also had this training with \_\_\_\_\_ on the following date \_\_\_\_\_

**B.**

Review the Education and Intellectual Capabilities section of my I.S.P.

Over the coming year, what areas of my life would I like more education/information about:

- 
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- 

Over the coming year, how can you support me to receive the education/information I need:

- 
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- 

In the area of my education, do I want to develop a long term and/or short term goal? If yes, add to goals, Pages 12-14

TO COMPLETE SEE A.S.P MANUAL SECTION III SUBSECTION 6.0

**ENVIRONMENTAL:**

Review the Risk Assessment/Management, Rights Assessment/Management, and Special Considerations section of my I.S.P.:

Over the coming year, in order to ensure my safety, what needs to be in place:

- 
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How can you help me achieve this:

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- 

In the area of my environmental safety, do I want to develop a long term and/or short term goal? If yes, add to goals, Pages 12-14



**GOALS:****LONG TERM GOAL/OUTCOME:****SHORT TERM GOAL(S)/OUTCOME:**

<b>Strategies, Tasks, Steps</b>	<b>Names of People Responsible</b>	<b>Target Date</b>	<b>Review Date</b>

**LONG TERM GOAL/OUTCOME:****SHORT TERM GOAL(S)/OUTCOME:**

<b>Strategies, Tasks, Steps</b>	<b>Names of People Responsible</b>	<b>Target Date</b>	<b>Review Date</b>

**LONG TERM GOAL/OUTCOME:****SHORT TERM GOAL(S)/OUTCOME:**

<b>Strategies, Tasks, Steps</b>	<b>Names of People Responsible</b>	<b>Target Date</b>	<b>Review Date</b>

**GOALS:****LONG TERM GOAL/OUTCOME:****SHORT TERM GOAL(S)/OUTCOME:**

Strategies, Tasks, Steps	Names of People Responsible	Target Date	Review Date

**LONG TERM GOAL/OUTCOME:****SHORT TERM GOAL(S)/OUTCOME:**

Strategies, Tasks, Steps	Names of People Responsible	Target Date	Review Date

**LONG TERM GOAL/OUTCOME:****SHORT TERM GOAL(S)/OUTCOME:**

Strategies, Tasks, Steps	Names of People Responsible	Target Date	Review Date

**GOALS:****LONG TERM GOAL/OUTCOME:****SHORT TERM GOAL(S)/OUTCOME:**

Strategies, Tasks, Steps	Names of People Responsible	Target Date	Review Date

**LONG TERM GOAL/OUTCOME:****SHORT TERM GOAL(S)/OUTCOME:**

Strategies, Tasks, Steps	Names of People Responsible	Target Date	Review Date

**LONG TERM GOAL/OUTCOME:****SHORT TERM GOAL(S)/OUTCOME:**

Strategies, Tasks, Steps	Names of People Responsible	Target Date	Review Date

## ANNUAL SUPPORT PLAN ATTENDANCE SHEET

NAME (PLEASE PRINT)

**SIGNATURE**

This image shows a vertical sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook or a sheet of stationery designed for writing.[illegible]

**- OPTIONS NORTHWEST -**  
**POSITIVE SUPPORT STRATEGY REVISION SIGNATURE PAGE**

For: \_\_\_\_\_ Date: \_\_\_\_\_

Revisions Made to:

Positive Support Strategy Guidelines ☐ on Page \_\_\_\_\_  
Positive Support Strategy Interventions ☐ on Page \_\_\_\_\_  
Positive Support Strategy Plan ☐ on Page \_\_\_\_\_

Below, list all full time and part time Direct Support Professional at this location.

Read and sign by: \_\_\_\_\_

Name - printed	Signature	Date Read

Below, list all casual and part time Direct Support Professional from other locations.

Read and sign by:       **NEXT SHIFT**      

Name - printed	Signature	Date Read

## Challenging Behaviour Checklist

**Instructions:** the following checklist will allow you to determine whether or not the behaviour is challenging under the Quality Assurance Measures definition. This checklist reflects the definition of “challenging behaviour” as outlined in Bill 77 O.Reg. 299/10 (Quality Assurance Measures)<sup>1</sup>.

1. Name of person you are supporting:
2. Date of birth of person you are supporting:
3. Factual description of the behaviour of concern (if there is more than one behaviour of concern, complete a separate checklist for each behaviour):

---



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4. Does this behaviour involve physical aggression (not verbal behaviour) that is potentially or actually injurious to himself/herself or someone else OR does it result in destruction of property?

Yes                      No

If yes, describe how the behaviour is potentially or actually injurious or destructive:

---



---

5. Does the presence or potential for the aggressive or destructive behaviour limit his or her ability to either (a) participate in daily life activities in the home or community or (b) prevent him or her from learning new skills at home or in the community?

Yes                      No

If yes, describe how the behaviour poses limitations on the person:

---



---

6. If you answered YES to questions #4 AND #5, then review existing support strategies as a team and, if necessary, forward a referral to the CRT. If you answered No to those questions, please place this completed form in the person's support plan binder.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date Completed

<sup>1</sup> From Bill 77 O.Reg. 299/10: “challenging behaviour” means behaviour that is aggressive or injurious to self or to 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.