



MY LIFE --- MATTERS

POSITIVE SUPPORT GUIDELINES
A Framework for Individualized Support

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Published January 2007



Introduction

As a professional caregiver, your role at Michener is to develop a trusting relationship with the people you support and a shared understanding of their dreams, wishes and preferences. To help people act on their visions you need to learn what resources and tools they already have and what else may be needed to bridge their challenges.

The people we support have the same rights as every other citizen. Our support is not focused on power and control over others. We work WITH, rather than ON, the people we support.

Developing supports requires that we work with an individual and his or her support network (e.g., family, friends, legal guardians). One of the challenges we face is to help individuals who have difficulty expressing themselves make their dreams and preferences known. Understanding a person begins with developing a relationship and this takes time. The more significant the communication challenges, the longer it may take. Lifestyle planning provides a framework that helps us gain an understanding of what is meaningful to the individual.

Another challenge to developing relationships is the nature of the services system. Most individuals requiring supports receive them from a shifting variety of people. People do not remain constant in anyone's life. Some relationships are long-term and some are not. Staffing changes lead to new relationships and a need to re-establish understanding of the person.

It is important to preserve and share our knowledge of the person. At times additional supports beyond those outlined in the Lifestyle Plan may be necessary. A Support Plan provides a collective understanding of these additional support needs. It outlines approaches that enable individuals to bridge specific

challenges that impede their ability to act on their visions. Where behaviours of concern are evident, a Support Plan describes how to respond in a consistent manner.

POSITIVE APPROACHES & POSITIVE PROCEDURES



A Support Plan provides basic information about a person's likes and dislikes and his or her preferred routines. It outlines approaches designed to help individuals overcome challenges they may experience. The primary focus is on Positive Approaches.

The term Positive Approaches encompasses many different ways of providing support. Positive Approaches are actions or natural supports that respect the dignity and rights of individuals while enhancing their quality of life. They include how we help people find work and homes, connect with others, engage in personally meaningful activities and enhance their quality of life. Positive Approaches include the many ways we try to help a person communicate. They promote self determination and encourage people to explore possibilities and make choices.

As caregivers we employ Positive Approaches to address behavioural and emotional challenges. When individuals confront difficult situations, there will be times when it is apparent that they can handle the challenges. At other times it will be apparent that your support is needed.

Sometimes your intervention may be needed in new or unanticipated situations not addressed in a Support Plan. At other times a Support Plan is in place because staff have seen the individual experience difficulty and they developed the plan in response to it. When Positive Approaches are formalized in a written Support Plan, they are called "Positive Procedures".

Whether you are confronting an unanticipated or anticipated situation, the clear expectation is that Positive Approaches or Positive Procedures are a major part of what we do.

The guidelines in this handbook serve two purposes. First, to assist staff with understanding the process used to respond to unanticipated situations or behaviours of concern. Second, to help staff recognize when a Support Plan is necessary to address anticipated situations or behaviours of concern.

BASIC SUPPORT

The needs of every individual are different. Some people are relatively independent in everyday life and require only periodic support in more demanding situations. Many individuals require support at some level with all aspects of their lives.

Whatever the case, much of what we do to assist individuals is not spelled out in great detail. While an Individual Care Summary may tell you that someone needs help with banking or eating, the details are left to you.

Keep in mind, however, that the main principle is to provide only as much support as needed to maintain the highest level of independence possible. It is important to be flexible in your expectations as each person will have good days and bad. Support must be adjusted accordingly.

Basic support means interacting positively and building rapport with the individual. Working to develop and maintain caring and professional relationships with each person is essential. Positive relationships go a long way in helping someone maintain or regain control in difficult situations. It is unreasonable to expect a person who has no real relationship with you to act on your cues or instructions. Developing rapport is the first step in providing caring support.

Understanding Behaviour

BEHAVIOUR HAS MEANING

To design appropriate support approaches, you must understand behaviours of concern. Learned response plays a major part in the development and maintenance of these behaviours. A person's mental and physical condition interact with his or her learning history to produce patterns of response. These patterns of response, or behaviours, serve some function for the individual.

In other words, behaviour has meaning. A person's behaviour tells us something about his or her needs. Behaviour serves as communication. Behaviour has a history. As a result of behaviour, the person has received something desirable in the past or avoided something undesirable.

To provide effective and respectful support we have to listen and learn. Behaviours of concern may signal the presence of unmet needs.

Behaviour happens in context. Certain conditions or events trigger responsive behaviour and the person may achieve something as a result. Conditions or events that always happen immediately before a given behaviour are known as an antecedent to the behaviour. To support someone with a behaviour of concern it may be possible to change his or her environment to avoid triggering the behaviour. Changing the environment is a positive approach to preventing a behaviour of concern.

Sometimes occurrences earlier in the day or over several days, weeks or months contribute to behaviour. These often overlooked circumstances are 'setting events.' For example, on Monday, Susan's boyfriend broke up with her. On Tuesday, she overslept and missed her much loved social learning class at The Hub. This morning her mother called and cancelled their lunch date. Following supper, when Susan is asked if she wants to clear the table, she becomes very upset and begins throwing dishes for "no apparent reason".

For Susan, this simple request was the straw that broke the camel's back. She had an overwhelming week. Her example shows that knowing what is going on in the lives of individuals is extremely important to understanding their behaviours.



People do many things to meet their needs. Some of these things can be harmful or socially inappropriate, but they can also be effective for people with few coping skills. They learn to use behaviours of concern to satisfy needs they haven't been able to meet any other way. Teaching alternative skills in these instances is a proactive way of addressing behaviour.

Knowing what is going on in the lives of individuals is important to understanding their behaviours.

Support approaches that focus on changing environments and teaching alternative skills respect the rights and dignity of the individual. Positive Approaches/Procedures are often effective in

addressing behaviour and can reduce the need for reactive interventions. Given that people respond differently to different events on any given day, a positive approach that works one day may or may not work the next. Sometimes a different approach is necessary to elicit a desirable response. The key is to remain proactive, giving the person a chance to respond to an array of Positive Approaches/Procedures before considering reactive strategies. Restrictive Procedures are reactive interventions used primarily to address safety and crisis issues when Positive Approaches/Procedures alone have proven ineffective. Punishment does not teach people what to do to get their needs met and frequently produces undesirable side-effects.

Some people have a history that includes Restrictive Procedures. Individuals can become dependent on such approaches. Restrictive Procedures may have to remain in place while a transition is made to more proactive positive procedures. Whenever Restrictive Procedures are used with an individual, there is an expectation that staff will work toward eliminating or reducing the need for them.

CONSISTENCY IN SUPPORT APPROACHES

The importance of consistency in implementing Support Plans cannot be overstated. If we want someone to learn something it is essential that the conditions for learning be consistent. This is particularly true with strategies that use Restrictive Procedures.

The people we support live in the real world where environments and people change. Various staff and staff groupings and other people come and go. Individuals may manage some environments better than others, or at least act differently in different environments. An individual may have

challenges in his or her home that are not apparent at work or at play.

We expect some variation in the way we interact with others,



You need different plans for different folks and within each plan a delicate balance of consistency and flexibility to suit varying conditions.

thus it is inevitable that basic support will vary. A “cookie cutter” approach to interaction is not desirable or appropriate. Where behavioural support strategies are implemented, the support team must determine what responses must remain consistent and where flexibility can be allowed. Given the difficulties people sometimes have in generalizing from one situation to another, approaches may need to be adapted to fit different situations.

DECIDING WHEN TO DO SOMETHING ABOUT BEHAVIOUR OF CONCERN

Ethical issues, standards, policies and procedures guide your responses to the people you support. In the real world, you have to make decisions about how best to support people with whom you work. Lifestyle planning provides a framework to help you get to know something about how to support the person, but can’t answer every question or deal with every situation. Sometimes you have to use your best judgment.

What makes a specific behaviour a problem? Who decides what is a problem? Who says that something should be done about the problem? Each of these questions is important to consider in deciding whether it is appropriate to do something about a

behaviour of concern. The following questions may help you balance the rights of the individual, the rights of others and your responsibility to them in situations where you are not sure what to do.

Is this a matter of personal opinion or taste; in other words, is the individual doing something that you personally dislike?

Will the individual experience almost certain disappointment or embarrassment if this continues?

Is this a situation where the individual's behaviour is having a detrimental effect on people around him?

Is this a situation where the individual or someone else is at definite risk of harm if this continues?

Generally, behaviours of concern cause a problem for the individual or others. We need to think about, or help individuals think about, the risks they may be exposing themselves or others to. We don't decide all by ourselves that something should be done about a behaviour unless the risk is judged to be an immediate and serious harm.

We have an obligation to involve an individual and his or her guardian in deciding if, when and how to intervene. We work with the individual/guardian and our colleagues to decide if the impact of the behaviour of concern on the quality of life of the individual and others merits intervention. We can act without consent **ONLY** in the case of an emergency. In this case your response would be followed by a Restrictive Procedures Incident Report (RPIR MC219).

Terminology

Behavioural support has a language all its own. Some terms come from the literature and some are a product of the standards that guide the services we provide, *Creating Excellence Together* (CET).

The broad and specific meanings of “**Positive Approaches**” and “**positive behaviour support**” have been described in the Introduction. The phrase “**behaviour of concern**” means a challenging behaviour where a judgment has been made that there is a significant level of risk or adverse consequences associated with the behaviour. When it has been determined that the behaviour is of such frequency, intensity and duration that it is a problem for the individual or others, a Support Plan is developed. The Support Plan may be as simple as an increase in consistency of daily routines or preferred activities or it may involve an environmental change.

Consent is a key element of the process whether it relates to the development and implementation of positive procedures alone or in combination with Restrictive Procedures. Consent is more than just signing a piece of paper. We have a responsibility to communicate what we are trying to do to support the individual in ways the person can understand. The consent of the individual/guardian must be freely given based on an understanding of the proposed support strategies. We ask for consent to be in writing and we make sure that people giving consent know they can withdraw it at any time.

We require various levels of “**authorization**” to implement Support Plans. Support Plans that incorporate only Positive Procedures can be developed in collaboration with the support team and authorized by the Home Coordinator and R1. Staff have

a responsibility to address behaviours of concern using Positive Procedures alone whenever possible. Restrictive Procedures are only requested, approved and implemented as a **LAST RESORT** when positive procedures alone have proven ineffective.

Support Plans that include Restrictive Procedures require approval from several sources (i.e., Home Coordinator, Manager and the Personal Development Team). The Restrictive Procedures Committee then reviews applications and gives final authorization for the Restrictive Procedures included in the plan. This committee is made up of representation from across the organization. All approved Restrictive Procedures are reviewed regularly.

A Restrictive Procedure is an act that restricts the rights, freedoms, choices or self determination of individuals. It is a response to situations or behaviours of concern that:

- Restrains individuals' normal range of movement or behaviour and/or
- Limits access to events, relationships, privileges or objects that would normally be available to individuals.

A Restrictive Procedure is any of a variety of things a caregiver might do **in support** of an individual that violates the individual's legal and personal rights. Preventing a person from going places or doing things normally available to him or her is restrictive. Physically holding someone even if it is to prevent the person from harming himself is restrictive. Denying a person access to his or her belongings or any part of the person's home is restrictive.

While circumstances may require that we sometimes use Restrictive Procedures, the decision must be based on our responsibility TO the individual and the values and ethics of personal dignity and respect.

PROHIBITED PROCEDURES

Many different things have been done to people with disabilities in the name of behavioural support. Some of these things are inappropriate and abusive. The Alberta *Protection of Persons in Care Act* and our policies at Michener spell out specific actions that are considered abusive and prohibited. The following summary is not all inclusive:

- You CANNOT deprive any person of regular meals and snacks (within nutritional standards).
- You CANNOT use corporal punishment, extended isolation, or do anything that is designed to inflict pain.
- You CANNOT expose an individual to “punishment by presentation”, i.e., using any stimulus that is designed to be unpleasant to the senses.

Using Medications

Using psychotropic medications to stabilize or improve mood, mental status, or behaviour is based on the clinical judgment of the prescribing physician. When medication is used to address behaviours of concern, the informed consent of the guardian must be obtained.

Psychotropic medications can have extensive, debilitating side-effects such as Tardive Dyskinesia and the inability to swallow. These side-effects may or may not be reversible. Psychotropic medications must NEVER be prescribed lightly. “She’s breaking windows all the time” is inadequate data to justify prescribing a major tranquillizer, antidepressant, etc. According to BEST PRACTISE the inappropriate use of sedating psychotropic medications constitutes abuse.

Staff play a significant role in providing a physician with accurate and reliable documentation to make decisions when prescribing psychotropic medications. Knowledgeable staff members should accompany individuals to medical appointments and bring the following information:

- Previous diagnosis, social history
- Psychiatric history, including family history if known
- Medical/Medication history and current medication regime
- Full description of behaviour(s) of concern from the time the problem started
- Precipitating events
- Variation in timing in day, week or month
- Exceptions to the problem (when is the problem absent or minimal?)
- Resources/positive procedures already tried
- Recent changes in the individual's life
- Sleep charts
- Mood charts
- Food intake charts
- Weight charts



Staff play a significant role in providing a physician with accurate and reliable documentation.

Once a medication has been prescribed, staff must follow the guidelines for medication administration. Psychotropic medication is prescribed with the expectation that specific behaviours will stabilize or improve. It is essential, therefore that staff carefully observe and track any side-effects and displays of behaviour linked to the medication so the physician knows if it is effective.

Psychotropic medications prescribed to treat a specific psychiatric diagnosis or address a behaviour of concern believed to be a result of an identifiable mental illness are not considered restrictive. A psychotropic drug is considered restrictive when it is used without a diagnosed medical or psychiatric condition.

Whether or NOT a medication is considered restrictive, it is important, as noted, to monitor medication use and associated behaviour for optimal medication use. Staff must agree upon what information to record and how and where to record it. Behaviours must be defined, data collected, summarized and presented to the physician/guardian.

When psychotropic medication is used on a PRN (i.e., as needed) basis, the BAR (behavioural medication administration record) sheet should specify:

- instructions for administration;
 - alternative interventions to try before giving the PRN;
 - evident behavioural signs to prompt consideration of administering a PRN;
 - procedures to address refusal of the PRN (if anticipated);
 - process to follow after the PRN is given;
 - record of effectiveness of PRN;
 - exit criteria.
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Emergencies

RESPONDING TO UNANTICIPATED SITUATIONS OR BEHAVIOURS OF CONCERN

Support Plans take time to develop and cannot address every situation. There will be times when you have to use your own judgment about how to support a person in your care. Your supervisor, team members, manager or RSO are available to assist and guide you in handling these situations.

An unanticipated situation or behaviour of concern does not necessarily require the use of Restrictive Procedures. Supporting an individual through challenging situations using Positive Approaches is an expectation. Where risk to the individual, to other people or to property is not immediate, Positive Approaches should be the first response.

Positive Approaches may include withdrawing or rephrasing a request, moving to a less crowded area, or offering choices. For example, an individual may show early signs of agitation (e.g., tense facial expression, increased movement, a change in vocalization) when asked to come for a bath. One positive way to interrupt the cycle of agitation would be to use a distraction (e.g., "Do you want breakfast before your bath or after?")

Harm is imminent when it is likely to occur within moments if nothing is done. The emergency use of **physical holding** is an intervention of **last resort**, and is limited to situations where an imminent risk of harm is present. Holding someone to prevent the person from harming someone is restrictive, but it is acceptable when other less intrusive means of maintaining safety are judged to be ineffective. Where risk of harm is not imminent, physical restrictions are inappropriate. The decision to use physical methods of control must be made by considering

the risks of not intervening and the risk of escalation resulting from touching the individual.

An ongoing risk is one that may not be serious at this moment, but there is reason to believe that a change in conditions will elevate it. For example, an individual planning to go to the mall is highly agitated over something that has occurred. This person has a history of assaulting others in crowded settings. Preventing the person from going to the mall is appropriate because the purpose is to maintain safety rather than punish the individual.

The use of “response cost” (the removal of, or restricting access to, an existing object, activity or individual right) in unanticipated situations must be limited to circumstances of ongoing risk as described above or used only when there’s substantial risk of reinforcing a behaviour of concern. We cannot arbitrarily deny access to a desired object normally available to the person. We cannot, for example, prevent someone from buying a chocolate bar, but you may wish to delay the purchase until the person stops screaming. This is considered an emergency restrictive procedure if this behaviour is not addressed in the individual’s Support Plan.

The decision to use response cost in an unanticipated situation is a difficult one. The dignity of the individual in social settings may affect your decision. Consideration must be given to the impact the individual’s behaviour has on others and whether someone is likely to be harmed. You must also evaluate the risk of reinforcing the inappropriate behaviour. Giving the person access to what he wants in response to an inappropriate behaviour will usually end the immediate crisis, but may lead to repeating the behaviour. In these instances a Support Plan should be developed.

Using a **restrictive procedure** with an unanticipated situation or behaviour of concern is only authorized when:

- a risk of serious harm to self or others is believed to be imminent;
- a risk of serious harm is believed likely to be ongoing under specifiable circumstances;
- there is a substantial risk of reinforcing the behaviour of concern.

The unplanned use of a Restrictive Procedure must be documented on a **Restrictive Procedures Incident Report** (RPIR MC219). Incident reports are reviewed at many levels. A pattern of inappropriate behaviour indicates a Support Plan should be developed. Where an unanticipated behaviour of concern is successfully addressed with Positive Approaches alone it is important to share this information. Documenting these incidents can be done in daily reports. Where it is judged that the behaviour is likely to happen again, this information is invaluable in developing Positive Procedures for the Support Plan.

Planned Interventions

RESPONDING TO ANTICIPATED SITUATIONS OR BEHAVIOURS OF CONCERN

When a situation or behaviour of concern is expected to happen repeatedly, a Support Plan must be developed. The process begins with an assessment to determine conditions that influence the behaviour and the resources necessary to support the individual. The assessment must evaluate the 'function' of the behaviour and may include medical and risk assessments. Effective assessment requires collaboration with all the

significant players in a person's life. It is important to consider possible medical factors that may underlie a behaviour of concern. Aggression, agitation or self-abuse, for example, may signal the presence of a painful ear infection. Referring to a doctor for assessment and treatment is then the most appropriate and positive response.

Assessment includes collecting information associated with the behaviour. Support staff and others who know the individual and have witnessed the behaviour of concern can provide this information. Staff supporting the individual may be required to record specific information for a period of time. Baseline data or ABC recording (Antecedent, Behaviour, Consequence) is an important source of information for Support Plans.

Developing a Support Plan requires input from the individual/guardian, support staff and other qualified people as necessary. The individual must be involved to the greatest extent possible. Guardians differ in their desire to be involved; nevertheless, their consent is essential.

AUTHORIZATION AND CONSENT

Once a Support Plan is developed, the guardian's informed consent and Michener authorization must be obtained. Whether the Support Plan is new or revised, it must be reviewed by the appropriate qualified person (See Michener Policy & Procedure Manual Chapter III, S. 40 Support Plans) before going to the individual or guardian for consent.

Michener Services has policies and procedures that govern the development, authorization and review of Support Plans. These are reflected in the Policy and Procedures Manual. Assistance in developing Support Plans can be obtained from the Personal Development Team.

INTERVENTIONS USING PLANNED POSITIVE PROCEDURES ALONE

Positive Procedures are formal strategies designed to address a situation or behaviour of concern in four broad ways:

- lifestyle interventions addressing quality of life issues;
- altering environments that set the stage for the behaviour to happen;
- teaching alternative ways to achieve the needs or wants expressed through the behaviour of concern;
- using positive reinforcement.

Lifestyle interventions are used to eliminate broad factors that indirectly contribute to behaviour problems. The goal of changing the environment is to reduce the likelihood of the individual using the behaviour of concern. Environmental changes may be things put into place permanently or things we implement as necessary. For an individual who is afraid of the dark, a night light is an example of a permanent environmental intervention. Rearranging seating at the dining room table for a day or two or presenting a request in the form of a choice (e.g., "Will you put the glasses or the plates on the table first?" instead of "Please set the table.") are examples of temporary environmental interventions. Other environmental interventions include changing daily routines, increasing choice and personal control, and supporting positive relationships.

Teaching alternative skills provides new and acceptable ways to satisfy needs without resorting to inappropriate behaviour. The goal is to encourage functional and appropriate behaviours.

In many cases support approaches should include more than one of the above strategies. Focusing on a single approach (e.g., only changing the environment) may not achieve long-lasting change.

Support plans must accurately describe the behaviour of concern so that staff can recognize it. Every Support Plan must clearly describe the Positive Procedures that are most effective in averting a behaviour of concern.

In addition to defining the behaviour and describing the procedures, the Support Plan must indicate what will be recorded to evaluate the Support Plan. This documentation will be reviewed at intervals by the R1 and the Home Coordinator to determine if the Support Plan and recording methods are adequate or require revision. Any changes to a Support Plan require the consent of the individual/guardian.

Individuals/guardians have the right to change their minds about consent. If consent is withdrawn we must ensure that the consequences are made clear and alternative procedures offered. Supervisors must be informed when concerns are raised so that they can discuss them with the individual and/or guardian.

Prior to implementing a Support Plan it is essential that all staff be trained to ensure consistency. Unless otherwise indicated, the R1 and Home Coordinator are responsible to train staff.

INTERVENTIONS USING PLANNED POSITIVE PROCEDURES IN CONJUNCTION WITH RESTRICTIVE PROCEDURES

Restrictive Procedures have a limited role in supporting individuals with developmental disabilities. Where Positive Procedures have proven ineffective or where such procedures are inadvisable, Restrictive Procedures may become necessary. The primary role of a Restrictive Procedure is crisis or situation management.

Ongoing safety and security of individuals is a significant priority. Even when Positive Procedures are in place to address

the behaviour of concern, they sometimes prove ineffective or take time to produce results. To maintain safety, Restrictive Procedures may become necessary. Failure to implement restrictions may put people at risk.

Michener supports some individuals whose lives are significantly restricted due to others in their environment. These individuals may have become dependent upon restrictions and are unable to maintain their personal safety in less structured environments.

The least restrictive alternative should always be considered first. Use the smallest amount of restriction possible and only after Positive Approaches/Procedures or less restrictive supports have failed or you have prior knowledge of the ineffectiveness or inadvisability of less restrictive options.

After the decision is made to use a Restrictive Procedure and the Support Plan has been developed, authorization and consent is obtained as per Michener policy. The Support Plan will include a clear description of the behaviour of concern and process to follow for implementing the Positive Procedures and when necessary the prescribed Restrictive Procedures.

It is important to understand that Restrictive Procedures are authorized only in response to the specific behaviour of concern defined in the Support Plan. Staff are expected to understand how the Support Plan is to be implemented and their Home Coordinator and R1 will provide ongoing coaching. Using a Restrictive Procedure for any behaviour other than that for which it is authorized is inappropriate except in emergencies.

Michener Services has a Restrictive Procedures Manual that provides definitions, criteria, methods and conditions surrounding the use of restrictions. Every home has a copy of the manual and staff are expected to read and follow the policies and procedures therein.

The presence of the manual in the homes is not a license to use Restrictive Procedures indiscriminately. The information provided in the manual and training offered through Non-Violent Crisis Intervention are meant to be preceded by extensive, documented efforts to use Positive Approaches and Procedures wherever possible. In the event that a Restrictive Procedure becomes necessary, it is expected that the least restrictive alternative will be used.

Authorized Restrictive Procedures are monitored to assess their effectiveness and watch for any adverse effects. Continued authorization is based on demonstrated need and effectiveness and takes into consideration negative effects.

Supervisors/R1's monitor procedures in two ways. First, they periodically observe staff implementing the procedures. Second, they ensure that every use of Restrictive Procedure is recorded. Evaluation of the effectiveness of Support Plans is a joint responsibility of the supervisor/R1 and the consulting Personal Development Team member.

Support Plans that include restrictions are designed with the intent of having the individual eventually manage without restrictions. The Support Plan will therefore include

Termination Criteria for any Restrictive Procedures.

Whether termination is possible or practical for all procedures must be assessed regularly. The support team must determine whether the consequences of removal of a restriction represent a greater harm to the individual than leaving it in place.

There are policies/processes in place to revise Support Plans. Sometimes additional staff training may be required and renewed authorization/consent is necessary. Staff should consult with a member of the Personal Development Team when revisions are necessary.

Glossary of Terms

Antecedent: Anything that happens or is present immediately before a given behaviour, usually having a causal relationship with the behaviour.

Antecedent Modification: Changing any of a variety of environmental features to make the behaviour of concern less likely to occur.

Approved Devices: Equipment such as helmets, rear-fastening wheelchair seatbelts, lap trays, etc. used as part of a planned response to modify or control a behaviour of concern.

Assessment: Any of a variety of methods of gathering information for the purpose of developing an understanding of the frequency, duration, intensity, and function(s) of a behaviour of concern.

Authorization: Official approval granted by various designated individuals and/or appointed bodies at Michener. Authorization is a separate process from and does not remove the necessity to obtain consent.

Baseline: Information gathered about a behavior of concern before developing a Support Plan. Information gathered may include descriptions of antecedents, behaviours, and consequences. Baseline information is usually gathered for a specified period of time.

Behaviour of Concern: Behaviour of such intensity, frequency or duration that:

- the physical safety of the individual or others is likely to be placed in jeopardy; and/or
 - the consequences of the behaviour are likely to seriously impact daily activities and quality of life.
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Body Boundary: An individual's movement is blocked or directed by the use of the staff's body as a barrier; staff do not touch the individual (e.g., standing in the doorway to prevent an individual without shoes and socks on from going out in the snow).

Consequence: Something that happens in response to another event. Consequences may be reinforcing (something the individual would like to have happen again) or punishing (something the individual would rather escape or avoid).

Containment & Movement: Intensive physical holding and guidance procedures/techniques to allow staff to safely gain control of a violent individual where there is considerable resistance.

Correction: Following a behaviour of concern, requiring the individual to restore the environment to its original condition.

Denial of Access: When access to an object or area that is part of the individual's normal home, work or social environment is denied.

Differential Reinforcement: Reinforcement in the presence of one or more behaviours while withholding reinforcement for other behaviours. Generally used to reduce the occurrence of a behaviour of concern while strengthening non-problem behaviour.

Environmental Restrictions: Limiting access to specific objects or environments to manage ongoing or recurrent risk and ensure the health and safety of the individual.

Extinction: Withholding the reinforcement of a previously reinforced behaviour. For example, if an individual repeatedly asks "what's for dinner?" and you repeatedly answer the

question, that reinforces the behaviour. No longer answering the question is extinction. Or, if a staff member stops brushing an individual's hair whenever the person starts screaming, extinction in this case would be to complete the brushing without stopping.

Gestural Prompt: Adding a manual sign or gesture that increases the likelihood that the individual will perform a specific behaviour.

Informed Consent: The process by which an individual or guardian is provided necessary information and participates in decision-making about individualized support care or treatment. Consent must be given voluntarily by an individual or guardian who is able to understand the nature and consequences of a proposed action. Consent must be time limited and revocable.

Lifestyle Intervention: A variety of strategies to increase engagement in social, vocational, family, recreation and academic activities.

Modelling: Demonstrating how to do something. For example, picking up a napkin and wiping your mouth to encourage the individual to do the same.

Overcorrection: Following a behaviour of concern, requiring an individual to demonstrate acceptable performance of an associated skill (e.g., an individual who enters someone's private room/office without knocking is directed to go back to the door and knock).

Physical Intervention/Physical Control: Physical holding and guidance procedures/techniques to control, contain or direct an individual, limited to two staff members when the individual's resistance is not minimal.

Physical Intervention, Task Oriented: Physical holding and guidance techniques to assist an individual to complete specified routines or developmental activities when resistance by the individual is minimal.

Positive Approach: Any of a variety of supports that respect the dignity and rights of the individual, promote self determination and enhance quality of life.

Positive Procedure: Support strategies that address behaviour of concern through Positive Approaches including altering environments, teaching alternative skills and positively reinforcing desirable behaviour.

Prohibited Procedures: Any actions that are abusive, neglectful, exploitative, or inappropriate as per the Protection of Persons in Care Act and/or the PDD Abuse Reporting Protocol.

Psychotropic Medication: A class of drugs prescribed to stabilize or improve mood, mental status or behavior.

Punishment

By Presentation: Providing an undesirable or aversive stimulus (object or event) in response to (contingent upon) a specific behaviour to decrease the probability of that behaviour.

By Removal: Removing a desirable or pleasant stimulus in response to (or contingent upon) a specific behaviour to decrease the probability of that behaviour. Response Cost is a common form of punishment by removal.

Redirection: Providing an individual with a range of positive alternatives to use in place of a behaviour of concern. NOTE: If you present the individual with an alternative, but absence of choice is explicit or implied, the intervention is then restrictive and likely fits under **Verbal Direction**.

Reinforcement

Positive: Providing a desirable or pleasant stimulus in response to (or contingent upon) a specific behaviour, that increases the probability of that behaviour.

Negative: Removing or avoiding an unpleasant or aversive stimulus that has been shown to increase the probability of a specific behaviour of concern occurring.

Reprimand: Verbally indicating strong disapproval of a specific behaviour of concern. For example, firmly saying, "No, you don't grab other's food. Put that down. That's wrong."

Required Relaxation: Directing an individual to complete a prescribed form of relaxation for a specific time. This could be requiring an individual to lie down for 15 minutes following a specific behaviour of concern.

Response Cost: The removal of, or restricting access to, an existing object, activity or individual right, contingent upon the display of a specified behaviour.

Restrictive Procedures: Any act that restricts the rights, freedoms and choices or self-determination of an individual. It is a response to a situation or behaviour of concern that:

- restrains an individual's normal range of movement or behaviour and/or
 - limits access to events, relationships or objects that would normally be available to that individual.
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Restitution: Requiring the individual to correct the consequences of his or her behaviour by restoring the disrupted situation to a better than normal state.

Seclusion: Temporary confinement of an individual in a locked or unlocked room.

Setting Event: A variety of events or stimuli that represent the background or context of a behaviour or situation. Things that set the stage for behaviour.

Social Disapproval: A mild expression of disapproval, verbal or non-verbal, indicating inappropriate behaviour.

Support Plan: A document describing consistent responses to a behaviour or situation of concern. It includes a description of the situation or behaviour, Positive Procedures, conditions for implementing Restrictive Procedures, staff training requirements and review, evaluation and termination criteria.

Termination Criteria: A description of the conditions upon which a determination is made that a Support Plan is no longer required.

Time Out: The removal of, or limiting access to, sources of reinforcement by having the individual spend a period of time in a less reinforcing environment (room, chair, area) contingent upon a specified behaviour of concern.

Verbal Direction: A verbal prompt to perform or stop a behaviour where the absence of choice is clear.

Key points to consider

1	The people we support have the same rights as every other citizen.		
	Developing rapport with an individual is the first step in providing caring support. It is unreasonable to expect a person who has no real relationship with you to act on your cues or instructions.	2	We try to provide only as much support as an individual needs to maintain the highest level of independence possible.
3	Behaviour has meaning. A person's behaviour tells us something about his or her needs.	4	A 'behaviour of concern' is a behaviour of such intensity, frequency or duration that it threatens the safety of an individual or other people in his vicinity, and/or a behaviour that has dire consequences for the individual's quality of life.
5			
	A support plan cannot be implemented without a guardian's informed consent and authorization from the appropriate officials at Michener Services.	6	Support plans are developed when a situation or behaviour of concern happens repeatedly.
7			
	The least restrictive alternative should always be considered first, and only after positive approaches have failed.	8	Whenever restrictive procedures are used with an individual, there is an expectation that staff will work toward eliminating or reducing the need for them.
9			
	Positive approaches are actions or natural supports that respect the dignity and rights of individuals while enhancing their quality of life.	11	Psychotropic medications may have serious side-effects so they are used sparingly to stabilize or improve mood, mental status or behaviour and only as prescribed by a doctor.
10			

Acknowledgement

This booklet was adapted
with permission from
material provided by
Supported Lifestyles Ltd.

Their professional
generosity is very much
appreciated and shows their
commitment to people with
developmental disabilities.
