



Developmental
SERVICES

BEHAVIOURAL SUPPORT PLAN REFERENCE GUIDE

For ADULT DEVELOPMENTAL SERVICES

To be used in accordance with the requirements outlined in Ontario Regulation 299/10 Quality Assurance Measures (QAM) and the Policy Directives for Service Agencies made under the authority of Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA)

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Foreword

The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA), guides the transformation of developmental services with a focus on progressive, community-based living that puts inclusion at the forefront. The SIPDDA legislation sets out standards under Ontario Regulation 299/10 known as Quality Assurance Measures (QAM). QAM standards help ensure agencies and Developmental Services Ontario provide high quality services and supports to their clients. Policy directives issued by the Ministry of community and Social Services (MCSS) help interpret the QAM standards. All developmental service (DS) agencies funded by MCSS were required to comply with these as follows:

- As of January 1, 2011, all 280 quality assurance measures.
- As of June 1, 2012, all requirements outlined in the Policy Directive for Service Agencies.

Purpose of this Guide

This guide provides information to help clarify the requirements on behaviour support plans as outlined in

- QAM, Part III, Behaviour Intervention Strategies, and
- Policy Directive 2.0: Support People with Challenging Behaviour

Under these requirements, service agencies must develop an individual behaviour support plan for every client with a developmental disability who has challenging behavior.

These requirements only apply to service agencies that provide any of the following types of services and supports:

1. Supported group living residences.
2. Intensive support residences.
3. Community participation services and supports.
4. Activities of daily living services and supports.
5. Caregiver respite services and supports.

SIPDDA, QAM and the policy directives are the source documents used in writing this reference guide.

Legend

Requirements related to behaviour support plans that include intrusive measures have the word “**intrusive**” bolded and underlined.

This text is policy interpretation and/or additional information to help clarify the requirements of QAM and the Policy Directive for Service Agencies.

Definitions

Behaviour Support Plan

means 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. (QAM, s.15(2) definitions)

- **The written functional assessment refers to a detailed analysis of the behaviour relative to its contingencies and as a best practice should be based on direct observation and data.**

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. (QAM, s.15(2) definitions)

Intrusive Behaviour Intervention

means a procedure or action taken on a person in order to address the person with a developmental disability's challenging behaviour, when the person is at risk of harming themselves or others or causing property damage. (QAM, s.15(2) definitions)

For purposes of the definition of "intrusive behaviour intervention", the following are examples of **intrusive procedures or actions:**

1. Physical restraint
2. Mechanical restraint
3. Secure isolation or confinement time out in a designated, secure space.
4. Prescribed medication to assist the person in calming themselves, with a clearly defined protocol developed by a physician as to when to administer the medication and how it is to be monitored and reviewed (QAM, s.15(4))

- **The ministry established the Expert Panel on Behaviour Intervention Safeguards to give advice and make recommendations on permissive and non-permissive behavioural management standards in support of quality services and SIPDDA.**
- **Members of the Expert Panel included representatives from developmental services agencies, professionals with expertise in mental health (and dual diagnosis), psychology, behaviour therapy, a representative from a community advocacy group, and representatives from MCSS.**
- **The Expert Panel helped inform the development of the behaviour intervention requirements in QAM.**

Positive Behaviour Intervention

means the use of non-intrusive behaviour intervention strategies for the purpose of reinforcing positive behaviour and creating a supportive environment, with a goal of changing the behaviour of the person with a developmental disability. The following are examples of non-intrusive behaviour intervention strategies:

1. Teaching or learning components, including teaching proactive skills and communication strategies to maximize the person's abilities and to minimize challenging behaviour.
2. Reinforcement.
3. A review of the person's living environment, including the physical space, and support and social networks, to identify possible causes of challenging behaviour and making changes to the living environment to reduce or eliminate those causes.
(QAM, s.15 (5))

Requirements

Behaviour Support Plan

Each service agency shall develop an individual behaviour support plan for each person with a developmental disability who has challenging behaviour. (QAM, s.18(1)).

The behaviour support plan shall be in addition to the person's individual support plan (QAM, s.15(3))

- **QAM and the Policy Directives for Service Agencies do not specify who must develop a behaviour support plan.**
- **QAM does, however, require that behaviour support plans that include intrusive behaviour intervention strategies be approved by a psychologist, a psychological associate, a physician, a psychiatrist or a behaviour analyst certified by the Behaviour Analyst Certification Board. (QAM, s. 18(3)(e))**

The behaviour support plan shall:

- 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 developmental disability who has challenging behaviour. (QAM, s. 15 (3)1)
- Ensure that the behaviour intervention strategies are designed to focus on the development of positive behaviour, communication and adaptive skills to enable the person to reduce, change and overcome their challenging behaviour that limits their potential for inclusion in the community. (QAM, s. 15 (3)2)

The service agency shall ensure that the behaviour support plan:

- a) addresses the challenging behaviour identified in the behavioural assessment of the person with a developmental disability. (QAM, s.18(3)(a))
 - b) considers the risks and benefits of the various interventions that can be used to address the behaviour. (QAM, s.18(3)(b))
 - c) sets out the least intrusive and most effective strategies possible. (QAM, s.18(3)(c))
 - d) is monitored for its effectiveness. (QAM, s.18(3)(d))
 - e) is approved by a psychologist, a psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board, where the behaviour support plan includes intrusive behaviour intervention strategies. (QAM, s.18(3)(e))
 - f) is reviewed at least twice in each 12-month period. (QAM, s.18(3)(f))
- **Although QAM does not explicitly state who must be involved in the twice annual review, as a best practice, it is suggested that when a plan includes intrusive behaviour intervention strategies, the approver of the behaviour support plan be involved in the twice annual review of the plan.**

- The behaviour support plan is developed with the involvement of the person with a developmental disability who has challenging behaviour and/or, where applicable, persons acting on behalf of the person with a developmental disability, and the plan documents their involvement. (Directive, p.13)
- The person with a developmental disability who has challenging behaviour and/or, where applicable, persons acting on behalf of the person with a developmental disability, provides consent to the behaviour support plan and the strategies that it outlines. (Directive, p.13)
- The clinician(s) who approved the plan includes provision for the eventual fading or elimination of **intrusive** behaviour intervention strategies, which may be outlined in the behaviour support plan. (Directive, p.13)
- The positive behaviour interventions and **intrusive** behaviour interventions are used as outlined in the behaviour support plan of the person with a developmental disability. (QAM, s.19(2))

Intrusive Behaviour Intervention

- A service agency must ensure that **intrusive** behaviour intervention is used solely when the person with a developmental disability is at immediate risk of harming themselves or others or causing property damage. (QAM, s.20(1))
- A service agency must ensure that a physical or mechanical restraint is carried out using the least amount of force that is necessary to restrict the person's ability to move freely. (QAM, s.20(2))
- When **intrusive** behaviour intervention is used, the person with a developmental disability is monitored on a regular basis. (QAM, s.20(3)).
- All incidents are recorded in the person's file where **intrusive** behaviour intervention is used on a person with a developmental disability. (QAM, s.20(4))
- The service agency evaluates the use and effectiveness of the **intrusive** behaviour interventions used on the person. (QAM s.20(5))

Monitoring during the use of intrusive behaviour intervention

- A service agency shall ensure that there are protocols in place that must be followed in monitoring and assessing the condition of the person with a developmental disability during the use of **intrusive** behaviour intervention. These protocols may differ, depending on the type of **intrusive** intervention, and on the individual and his/her needs. (Directive, p.21)
- The service agency or the clinician who oversees the behaviour support plan must ensure that there are safeguards to prevent misuse of **intrusive** behaviour intervention. (Directive, p. 21)
- The service agency shall have a means to record and track **intrusive** behaviour intervention procedures for the purpose of review and analysis. (Directive p. 21))
- When applicable, the service agency shall file a serious occurrence report with the Ministry of Community and Social Services (e.g., in an instance where a person becomes seriously injured, or an instance where allegations of mistreatment. (Directive, p.21)

Notification of the Use of Behaviour Intervention

- A service agency shall have policies and procedures regarding the notification of persons acting on behalf of the individual with a developmental disability who has challenging behaviour (a contact person). The policies and procedures shall have consideration for an individual's ability to provide consent regarding notification, and shall address:
 - Whether and/or under what circumstances the agency would notify the contact person of the use of **intrusive** behaviour intervention with the individual, where the **intrusive** behaviour intervention is outlined in the individual's behaviour support plan;
 - Regular updates on the use of **intrusive** behaviour intervention with the individual to the contact person, when the behaviour support plan does not specify that each use of intrusive behaviour intervention be communicated to the contact person; and
 - Notifying the contact person of the use of a physical restraint with the individual, in a crisis situation. (Directive, p.21)

Use of Prescribed Medication

- A service agency shall ensure that where prescribed medication is recommended to be used to address a person's challenging behaviour, as part of their behaviour support plan, a one-time visit to a physician, or a visit to a hospital emergency room, there is a protocol for the use of prescribed medication administered on a pro re nata (PRN) (as needed) basis only, on advice of the prescribing clinician. (Directive, p.19)
- **PRNs and associated protocols that are prescribed as intrusive behaviour intervention to address challenging behaviour should be outlined in the person's behaviour support plan and be part of the twice annual review of the behaviour support plan. Subsection 7(1)(3) of QAM requires that developmental services agencies have policies, procedures, and documentation regarding administration of medication, which would include the use of a PRN.**

- **The intent is to capture when medication is prescribed for behaviour intervention. If the PRN is not used as an intrusive behavioural intervention but is used for non-behavioural issues (i.e. given prior to a doctor's appointments to relieve anxiety), the service agency could document the reason for the prescription along with what the medication is supposed to do, when it will be reviewed, etc. If the PRN is used only as an intrusive behavioural intervention then it is necessary to have a behaviour support plan.**

- All medication prescribed to the person with a developmental disability who has challenging behaviour is reviewed by the prescribing physician, and is included in the regular review of the individual's behaviour support plan. (Directive, p.20)

The following requirements apply to the use of physical restraints, mechanical restraints and secure isolation/confinement time-out only:

- A debriefing process is conducted among all staff who were involved in the restraint or secure isolation/confinement time-out. (Directive, p.13)
- Staff inquire with others who were in the vicinity and witnessed the restraint or secure isolation/confinement time-out (e.g., other persons with a developmental disability who are supported in the same area, visitors) as to their well-being from having witnessed the restraint. (Directive, p.13)
- The supervisor or manager who oversees the behaviour support plan of the person with challenging behaviour who was restrained or in secure isolation/confinement time-out is made aware of the restraint or secure isolation/confinement time-out. (Directive, p.14)
- Other staff who support the person are made aware of the restraint or secure isolation/confinement time-out (e.g., in the event of a shift change shortly after the restraint or secure isolation/confinement time-out has taken place). (Directive, p.14)



- A debriefing process is conducted with the individual who was restrained or in secure isolation/confinement time-out (including individuals involved in a crisis situation), as soon as he/she is able to participate, and to the extent that he/she is willing to participate. The debriefing must be structured to accommodate the person with a developmental disability's psychological and emotional needs and cognitive capacity. (Directive, p.14)
- Debriefings are documented. (Directive, p.14)
- The debriefing process is conducted within a reasonable time period (i.e., within two business days) after the restraint or secure isolation/confinement time-out is carried out (including crisis situations). If circumstances do not permit a debriefing process to be conducted within a reasonable time period, the debriefing process should be conducted as soon as possible after the reasonable time period, and a record must be kept of the circumstances that prevented the debriefing process from being conducted within the reasonable time period. (Directive, p.14)
- A serious occurrence report is filed with the Ministry of Community and Social Services, as may be appropriate and as per the serious occurrence reporting procedure. (Directive, p.14)
- A service agency shall ensure that the use of physical restraint, mechanical restraint, and secure isolation/confinement time-out is stopped when there may be a risk that the restraint itself will endanger the health or safety of the individual who is being restrained; or the supporting staff person(s) have assessed the individual and situation and have determined that there is no longer a clear and imminent risk that the individual will injure him/herself or others. (Directive, p.17)

The following requirements apply to secure isolation/confinement time out only:

- The service agency shall ensure that its written policies and procedures on the use of a secure isolation or time-out room address:
 - The stages of interval monitoring;
 - The duration of time that a person may spend in secure isolation/confinement time-out, any extension periods, and the total/maximum amount of time that a person may spend in secure isolation/confinement time-out;
 - Protocols regarding continuous observation and monitoring of a person who is in the secure isolation/confinement time-out room;
 - Regular record keeping (e.g., every fifteen minutes) of secure isolation/confinement time-out room use for each person with a developmental disability who has challenging behaviour, and trend analysis for each person; and
 - Notification of key agency staff that the secure isolation/confinement time-out room has been used, and regular report-backs to key clinicians overseeing the person's behaviour support plan. (Directive, p.18)
- A service agency will ensure that the physical space of the secure isolation/confinement time-out room:
 - Is not used as a bedroom for a person with a developmental disability who has challenging behaviour;
 - Is of an adequate size for the person with a developmental disability who has challenging behaviour;
 - Does not contain any objects that could be used by the person to cause injury or damage to him/herself or others (i.e., staff who may enter the room);
 - Is a safe area, with modifications (as appropriate) that would protect the person from self-injury; Has means to allow for constant observation and monitoring of the person by service agency staff (e.g., a window, a video-camera); Is adequately illuminated so that the person inside the room may be seen; and
 - Is adequately ventilated and heated/cooled. (Directive, p.18)
- A service agency shall ensure that its fire escape plan includes provisions for escape from the secure isolation/confinement time-out room, in the event of an emergency. (Directive, p.18)

- If the secure isolation/confinement time-out room has a lock on the door to prevent the person from leaving the room, the service agency will ensure that the lock can be easily released from the outside in an emergency. (Directive, p.18)

Training

The service agency shall:

- Have policies and procedures regarding training for staff and volunteers to assist them in working with persons with developmental disabilities who have challenging behaviour. (QAM, s. 17 (1))
- Train all staff members who work directly with persons with developmental disabilities on the use of physical restraint. (QAM, s. 17 (2))
- **This requirement applies to all staff members who work directly with persons with developmental disabilities and is not specific to only staff who work directly with persons with developmental disabilities who have challenging behaviour.**
- **The ministry asked Community Networks of Specialized Care – Ontario (CNSC-O) to review and identify appropriate training packages and resources because CNSC-O has expertise and experience in working with people with a developmental disability who have challenging behaviour.**

- **A copy of the list and a Summary of Findings that was prepared by CNSC-O regarding the training packages that were reviewed and identified in this exercise is available on the Quality Assurance Measures Training website at www.qamtraining.net to act as a resource for agencies.**

- **A list with key information about the identified training packages and the training providers is available on the ministry’s website at:**
 - http://www.mcass.gov.on.ca/en/mcass/programs/developmental/information/physical_restraints_training.aspx (English); and
 - http://www.mcass.gov.on.ca/fr/mcass/programs/developmental/information/physical_restraints_training.aspx (French).
- A service agency shall ensure that it selects a training package from the identified list of training packages and providers.
- Service agencies must ensure that all components of the curriculum within a selected training package (both theory and practice of all physical restraint holds outlined in the curriculum) are taught and successfully completed by all direct care staff at the agency, in addition to the service agency’s own policies and procedures regarding training and/or the use of physical restraint.

- Services agencies must also ensure that staff who work directly with persons with developmental disabilities receive and successfully complete all components of the refresher training, (both theory and practice), according to a retraining or recertification schedule developed by the training provider or as recommended by the training provider.
- Ensure that staff members (and/or volunteers, if applicable) who work directly with persons with developmental disabilities who have challenging behaviour are trained on the behaviour support plan and the behaviour interventions that are outlined in the behaviour support plan, before beginning work with the person they will supporting. (QAM, s. 17 (3) and s.17(4))
- **QAM subsection 17(3) requires training on the use of all behaviour interventions that are outlined in the behaviour support plan.**
 - Maintain training records on the use of behaviour interventions for staff members and volunteers who work directly with persons with developmental disabilities who have challenging behaviour. (QAM, s. 17 (5))
 - Ensure the training on the use of behaviour interventions for staff members and volunteers, including refresher courses required under a training program, is provided by the service agency or by a third party. (QAM, s. 17 (6))
- **Training, apart from the physical restraint training, can be provided by the service agency OR by a third party. Service agencies are able to provide their own customized training if no standardized training is available.**
 - Ensure that it selects a training package that has been identified for use by Community Networks of Specialized Care Ontario. (Directive, p.15) The list of these training packages is available on the Ministry of Community and Social Services website (see above links for additional information).
 - Ensure that staff who work directly with persons with developmental disabilities receive refresher training based on a schedule that is recommended by the training program. (Directive, p.16)
 - Ensure supervisors monitor the application and use of behaviour intervention strategies (both positive and intrusive strategies), to see that the strategies are carried out as outlined in the behaviour support plan and in accordance with best practices in the field. (Directive, p.16)
 - Ensure that supervisors provide feedback on a regular basis to their staff on the application of behaviour intervention techniques with people who have a developmental disability with challenging behaviour, and as part of the staff person's overall performance, held on an annual basis. (Directive, p.16)

Third Party Review Committee

- A service agency shall have access to a third party committee that:
 - (i) reviews the behaviour support plans of person(s) with a developmental disability who have challenging behaviour and are receiving support from the agency, and
 - (ii) provides advice as to whether the use of intrusive behavioural supports are:
 - ethical and appropriate to the person's needs and assessment results, based on professional guidelines and best practices and
 - in compliance with the ministry's requirements outlined in the regulation to the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and the policy directive. (Directive, p.11-12)
- **The requirements for a review committee focus on behaviour support plans that include intrusive measures. Agencies can, as a best practice, review all behaviour support plans regardless of the type of measures included in the plan.**
- **QAM and the policy directives do not explicitly state how often the third party review should occur. As a best practice it is suggested that the third party review should occur at a minimum of once per year. This time frame for the third party review is separate from the requirement in subsection 18(3)(f) for a general review of the behaviour support plan at least twice in each 12 month period.**
- A service agency shall have policies and procedures regarding the review committee, its membership, and its roles and responsibilities. (Directive, p.12)
- A service agency shall ensure that the review committee includes the involvement of a clinician with expertise in supporting adults with a developmental disability who have challenging behaviour. (Directive, p.12)
- **Service agencies may use discretion when selecting members for the review committee but shall ensure that the review committee includes the involvement of a clinician with expertise in supporting persons with a developmental disability who have challenging behaviour.**

- The policy directives do not indicate whether the review committee should be internal or external to the service agency. An internal committee would be acceptable so long as it is removed from the people who are designing and implementing the behaviour support plan. An external review committee would also be acceptable. Service agencies may consider collaborating and sharing review committee resources to provide independent representation to alleviate a conflict of interest.
- The policy directives do not define the term “clinician” for the purposes of the review committee. As a best practice it is recommended that the clinician involved in the review committee is a psychologist, a psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board.
- The policy directives require that the review “committee’s findings and any recommendations are documented and provided back to the clinician that oversees the support plan.” Although the directives do not specifically state that the clinician who approved the behaviour support plan should not be part of the third party review committee, it is implied in the directives, with the references to “third party” and the requirement that the findings and recommendations be provided back to the clinician that oversees the plan.
- The policy directives require that service agencies have policies and procedures regarding the review committee, membership and members’ roles and responsibilities. The intent of these requirements is that the clinician be a part of the review of behaviour support plans and provide feedback on the plan.
- The policy directives do not define “expertise” in relation to the clinician but service agencies may consider that expertise may result from different sources, including educational background, training (e.g., course work, apprenticeships/internships/practicums), research (e.g., academic research), work and/or lived experience, or a combination of these.

- **Given that a review committee member can comment on whether a behaviour support plan is “ethical and appropriate to the person’s needs, and assessment results, based on professional guidelines and best practices”, a clinician’s affiliation with a college or association may be a source of professional guidelines and/or best practices which may be of information and assistance to the clinician as he/she carries out his/her work on the review committee.**
 - A service agency shall ensure that the review committee’s findings and any recommendations are documented and provided back to the clinician that oversees the behaviour support plan. (Directive, p.12)
 - A service agency shall review the committee’s findings and recommendations and determine how the findings and recommendations may be implemented. (Directive, p.12)
- **When there is more than one agency providing support, the policy directive does not specify which agency (or party) is responsible for completing a review of a behaviour support plan. There may be many different scenarios where individuals may receive support from more than one agency and so it would be difficult to specify which agency should take the lead in a review. The “Support Provided by More than One Agency” section in the policy directive recognizes this issue and suggests that it is up to agencies to come to an agreement about which agency will take the lead.**