

Responding to Situations or Behaviours of Concern

Purpose *To outline procedures for responding to situations or behaviours of concern. To provide the information necessary to ensure employees use defined methods of intervention; clients' rights are respected; and the philosophy of ASC is upheld.*

Policy Statement *ASC recognizes that all behaviour is a form of communication and has a purpose.*

ASC will ensure clients' rights are respected and positive interventions that promote the clients' independence and responsibility to resolve the situation are used when responding to situations or behaviours of concern.

ASC will always focus on providing choice, educational opportunities, and ensuring the environments are suited to the clients' needs.

ASC recognizes that intervention may need to be restrictive in nature; however, the least restrictive intervention must be used. The primary concern is for safety.

Restrictive interventions will not be used in response to situations requiring simple correction.

Inappropriate, unnecessary and undocumented use of restrictive interventions is considered an act of mistreatment or abuse and will be reported as required by the Disability Services Abuse Prevention and Response Protocol, or the Child and Youth Family Enhancement Act.

ASC PROHIBITS *the use of the following interventions:*

- *Any actions that constitute mistreatment or abuse as defined by ASC Mistreatment and Abuse Policy and Procedure*
- *Withholding human rights (necessities of life such as food, water, clothing, shelter, privacy and respect)*
- *Using human rights as a reinforcement*
- *Corporal punishment*
- *Purposely causing physical pain or emotional trauma*
- *Dehumanizing a person*

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- *Techniques inappropriate for the person’s age*
- *Responses out of proportion to the defined behaviour*
- *Social segregation, extended isolation, or verbal abuse*
- *Punishment by presentation such as electric shock, sprays, noxious stimulation (taste, smell, noise)*
- *Group punishment for one person’s behaviour*
- *Locked confinement*
- *Physical restraint as a consequence*
- *Mechanical restraint for the purpose of controlling or modifying behaviour. (Mechanical restraints may only be used to ensure the safety of the person)*

Violation of Responding to Situations or Behaviour of Concern Policy may include but not be limited to:

- *Not documenting a situation or behaviour of concern*
- *Using an unnecessary restrictive intervention*
- *Not documenting the use of a restrictive intervention*
- *Not implementing approved Behaviour Support Plans as written*
- *Not completing appropriate follow up for a situation or behaviour of concern*

Violation of Responding to Situations or Behaviours of Concern Policies and Procedures will be dealt with as per Corrective Action and Disciplinary Procedures.

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Responding to Situations or Behaviours of Concern

It is necessary for employees to recognize, assess and respond to situations or behaviours of concern according to ASC Policy and Procedure. Employee responses may identify the situation or behaviour of concern but must not show judgement or disapproval toward the client.

Only accepted interventions, as outlined in ASC Policies and Procedures, will be used when responding to situations or behaviours of concern.

Situations or behaviours of concern that are socially inappropriate, rude, or do not meet the societal norm, only require simple correction as there is no risk to persons or property. For example: not waiting your turn in line or not holding a door open for the person behind you. Simple correction responses may include non-action, verbal instruction, or reinforcement of alternative positive behaviour.

A Situation or Behaviour of Concern is defined as a circumstance where:

- A client places themselves or others at risk of immediate physical harm
- A client engages in significantly inappropriate, socially unacceptable, illegal, or socially risky behaviours that may limit their ability to safely participate in the community
- The consequences of the situation or behaviour are likely to seriously impact activities of daily living and/or quality of life
- A situation occurs with such frequency, duration or intensity that it negatively impacts the quality of life of the client or others
- A client engages in actions that may cause significant property damage

Restrictive Intervention is an act that restricts the rights, freedoms, choices, or self-determination of a client:

- Restraining a client's normal range of movement or behaviour
- Limiting a client's access to events, relationships, privileges or objects that would normally be available to them
- Using medications to influence behaviour in the absence of a medical diagnosis (e.g. psychotropic medications)

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UNANTICIPATED SITUATIONS OR BEHAVIOURS OF CONCERN

An unanticipated situation or behaviour of concern is an unexpected, unpredictable, emergent or isolated situation, behaviour, or event. This may also include situations behaviours or events that are infrequent and do not require a planned procedure, or are currently not addressed in a planned procedure.

When intervening in unanticipated situations or behaviours of concern employees will use approved approaches as defined in the section titled Acceptable Interventions. An approach is an unplanned intervention used to address a situation. Employees may use positive or restrictive approaches and must always use the least intrusive/restrictive approach appropriate to the situation.

Employees will be trained to the use of the **RADAR** cycle in responding to unanticipated situations of concern. **Recognize, Assess, Decide, Act, Re-evaluate.**

Recognize when there is a situation of concern:

- There is potential risk to people or property
- That the potential consequences may have a serious impact on a client’s activities of daily living or quality of life

Assess the situation on the spot, very quickly in your head:

- Assess yourself
 - Am I the problem?
 - Am I the best person to deal with this?
 - Are my emotions under control?
 - Do I need help to safely manage this (other staff, police, etc.)?
- Assess the client engaging in the behaviour
 - Is this trigger internal (pain, illness, fear)?
 - What is the client trying to communicate?
 - Are the expectations of the client reasonable?
 - How does the client usually respond in similar situations?
 - Given enough time, can the client handle this situation themselves?
 - How has the client responded to interventions in the past?
 - Could this situation escalate?
- Assess the environment
 - Are there any dangers present?
 - Is the trigger external (frustration with the environment, other people, noise, temperature)?
 - Can the trigger be safely reduced or removed?

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- Can the environment be adapted?
- Assess the level of risk
 - What is the degree of risk to the client, yourself, others or property?
 - What would likely happen if I do not act?
 - Would action reinforce or cause the situation to escalate?
 - Can I safely act or respond to this situation?

Decide what the best action in this situation is:

- What is the least intrusive, most effective approach?
- Will the consequences only affect the client who is engaging in the behaviour?

Act to best manage the situation:

- Non-Action – if the degree of risk to the client, yourself, others or property is low, not responding may be the most effective action / approach
- Action – when responding to a situation it is important to:
 - Remain calm
 - Speak in a low, firm, neutral (not angry) tone of voice
 - Provide clear, simple, short direction in a positive manner
 - Direct the client to stop, and provide them an alternative positive behaviour
 - Allow the client time to respond
 - If the client appropriately responds to the direction given (stops the behaviour) then provide positive reinforcement

Re-evaluate if the chosen action / approach was successful in managing the situation:

- YES – the situation is resolved and the employee would move in to follow-up
- NO – Recognize that further Assessment, Decisions, Actions and Re-evaluation may be required

Further **Assessment**, **Decisions** and **Actions** may include:

- Assess the situation again to understand what is going on now. Assess yourself, the client engaging in the behaviour, the environment, and the level of risk
- Decide what the best action/ approach is given the current circumstances of the situation
- Further action may include:
 - Asking the client to go to another area (quiet area) to calm down
 - Asking the client to accompany you to a more appropriate area
 - Asking other people in the area to leave
 - Talking to the client about the situation, do not dispute their feelings

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- Removing the client from the situation. This may involve physical guidance/ assistance
- Contacting additional supports as required (other ASC employees, employees of the business you are in, general community members or the RCMP)

Employees will use positive approaches that promote the client’s independence and responsibility to resolve the situation. The primary concern is for safety. ASC recognizes that responses may need to be restrictive however; the least restrictive approach must be used. ASC authorizes the use of the following approaches in unanticipated situations of concern.

Positive Approaches	Restrictive Approaches
<ul style="list-style-type: none"> ● Redirection ● Offering choices ● Restate expectations ● Gentle correction/direction ● Provide alternative behaviour ● Relaxation ● Reverse time out (Positive) ● Physical guidance 	<ul style="list-style-type: none"> ● Restitution ● Removal of privileges ● Reverse time out (Restrictive) ● Time out ● Physical restraint ● Interim use of prescribed PRN psychotropic medication

See Acceptable Interventions definitions for detailed descriptions.

Follow-up

1. Once the approach has been successful in managing the situation:
 - Allow time for the client to completely calm down
 - Enter into a positive interaction with the client when they have returned to their usual disposition Following a situation of concern, problem solving with the client may take place. The discussion may include looking at how the client could have acted differently, providing other strategies or options should the situation arise again
2. Record the situation on an Incident Report for Clients Form. Following a situation of concern it may be necessary for the employee(s) involved to debrief or discuss the situation with a co-worker or supervisor. It is important that the intent of the discussion focuses on problem solving and identifying what did or did not work in the situation, and what may be done differently to effectively manage the behaviour should a similar situation occur
3. After a review by the required stakeholders, further follow up may be required. Refer to Incident Reporting and Follow Up for Clients Policy and Procedure

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ANTICIPATED SITUATIONS

Anticipated situations or behaviours of concern are situations, behaviours, or events that are predictable, expected; and likely to occur again.

When it becomes evident through incident follow-up that a situation or behaviour of concern may be anticipated, and a Planned Procedure is warranted, a Behaviour Support Plan may be developed.

ASC recognizes three types of Behaviour Support Plans:

- **Planned Positive Procedure** – formal, planned, positive interventions that alter environments, teach skills, and positively re-enforce desirable behaviour to support behaviour change
- **Planned Restrictive Procedure** – formal, planned, restrictive interventions designed to stop behaviours of concern that have potential to cause harm to people or property
- **Restrictive Practice** – formal, planned, day-to-day care-giving practices that may limit, restrict, or control aspects of behaviour. Restrictive Practices are used to address health, safety, and environmental issues; or to develop limits and boundaries for self-control

Note: Behaviour Support Plans that involve Planned Restrictive Procedures will also contain Planned Positive Procedures that must be implemented first.

When intervening in an anticipated situation or behaviour of concern employees will use the formal, planned positive and or restrictive procedures as written in a client specific Behaviour Support Plan.

Behaviour Support Plan

Prior to the implementation of a Behaviour Support Plan:

- Informed consent must be obtained
- Formal approval from the ASC Behaviour Review Committee and/or qualified person

Employees must be trained to any Behaviour Support Plan in their area of work.

Implementation

Employees working directly with a client who has a Behaviour Support Plan are responsible to:

- Review the Behaviour Support Plan on a monthly basis and document they have done so. (Employees who have not worked in a specific area for a month are required to review the Behaviour Support Plan and document they have done so prior to working a shift independently.)

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- Implement the positive and or restrictive procedures as written
- Record data as required
- Forward any questions or concerns to the Area Coordinator/designate
- Provide feedback regarding the effectiveness of intervention procedures

Monitoring and Review

- Data is to be collected and summarized to show trends in the target behaviours
- The ASC Behaviour Review Committee will ensure the Behaviour Support Plan is reviewed as scheduled
- The ASC Behaviour Review Committee is responsible to ensure the Behaviour Support Plan continues to:
 - Respect client's rights
 - Contain ethical intervention procedures that are appropriate to the client's specific needs
 - Recommend alternatives as required

ASC is committed to the use of positive interventions in the development of Behaviour Support Plans. However, ASC also recognizes that in circumstances where positive procedures are not effective, restrictive procedures may be required. ASC authorizes the use of the following procedures in a Behaviour Support Plan to address anticipated situations of concern.

Positive Procedures	Restrictive Procedures
<ul style="list-style-type: none"> • Redirection • Offering choices • Restate expectations • Gentle correction/direction • Provide alternative behaviour • Relaxation • Reverse time out (Positive) • Physical Guidance 	<ul style="list-style-type: none"> • Restitution • Removal of privileges • Reverse time out (Restrictive) • Time out • Physical restraint • Use of prescribed PRN psychotropic medications

See Acceptable Interventions definitions for detailed descriptions

**ACCEPTABLE INTERVENTIONS
(Approaches and Procedures)**

REDIRECTION (Positive) – direct the client’s attention to an alternative or preferred activity

- For example, if making the bed is frustrating, the client can be directed to dusting instead, the bed can be made at a later time

OFFER CHOICE (Positive) – offer the client relevant choice to the situation

- For example, the client appears to be concerned with the noise in the food court; they can choose to eat on a bench in the mall or in the vehicle

RESTATE EXPECTATIONS (Positive) – simply restate the expected behaviour

- For example, “remember, when we are at the library we need to talk quietly”

GENTLE CORRECTION/DIRECTION (Positive) – state the appropriate behaviour for the situation

- For example, “you need to stand in line until it is your turn”

PROVIDE ALTERNATIVE BEHAVIOUR (Positive) – provide an appropriate alternative to their current behaviour to obtain a similar positive outcome

- For example, “if you would like to stop playing the game you can put your playing piece in the box” (instead of throwing it across the table)

RELAXATION (Positive) – relaxation is used to manage the initial situation before a series of behaviours occur

- Verbally provide opportunity for the client to access an area to calm and regain self-control; provide options for relaxation techniques
- Upon the resolution of the defined behaviour the individual returns to the setting/activity

REVERSE TIME OUT (Positive) – support staff removes themselves from the client however they still have the ability to access the staff for support. This allows the client space to calm down, without an audience for reinforcement and ensures safety

- For example, staff removing themselves from the bedroom into the living room, and the client is physically able to get to the living room to access the staff for support if desired

PHYSICAL GUIDANCE (Positive) – provide physical prompting or gentle touch to assist a client to engage in a particular behaviour

- For example, placing your hand on the client’s shoulder or hip and guiding their movements in the desired direction. Note, the employee is not in control of the client’s movements

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RESTITUTION – requiring the client to restore the environment to the state it was in prior to the defined behaviour occurring, and / or paying for damages

- Positive example – picking up a toppled chair
- Restrictive example – paying for a broken window

REMOVAL OF PRIVILEGES (Restrictive) – the purpose is not to punish but to teach that appropriate behaviour is required in order to engage in a particular future activity and to not reinforce inappropriate behaviour

Removal of privileges, reinforcements, and/or activities, that are normally available to the client

- For example, if staff do not allow the client to engage in an activity because they have not completed their required hygiene

REVERSE TIME OUT (Restrictive) – staff removes themselves from the client and cannot be accessed for direct support. This allows the client space to calm down, without an audience for reinforcement and ensures safety

- For example, in response to behaviour of concern staff secures themselves in a locked room (bathroom, staff room); staff walks into another room and the client is not physically able to get to them for support if desired

TIME OUT (Restrictive) – removing the client from:

The situation in order for them to regain self-control

- For example “go to your room until you are calm”

An activity but they are still able to observe others

- For example “Come sit over here and we will watch the activity until you stop yelling”

An establishment because the client is causing a disturbance

- For example leaving a restaurant or store

PHYSICAL RESTRAINT (Restrictive) – physical contact that restricts a client from making a movement they are normally able to make

Physical restraint will **ONLY** be used to ensure the safety of the client and others

- For example, holding a client’s arm to prevent self-injury

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USE OF PSYCHOTROPIC MEDICATION TO INFLUENCE BEHAVIOUR – psychotropic medication is any drug prescribed to stabilize or improve mood, mental status, or behaviour. These medications are only to be considered when positive alternative methods have proven to be unsuccessful.

There are two basic means by which medication is prescribed by the physician:

- **Regular medication** refers to a medication that is given on a daily basis, for a diagnosed medical condition or mental illness
- **PRN medication** refers to the use of medication as needed. The use of PRN psychotropic medications is a restrictive intervention and may only be used within an approved Behaviour Support Plan or as an interim approach, as prescribed by a doctor, while a Behaviour Support Plan is being developed and approved

The prescribing physician must have a clear understanding of the client’s medical history and facts relating to the current situation.

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