



POLICY	BEHAVIOUR SUPPORT PLANS
SECTION	ORGANIZATIONAL STANDARDS
ESTABLISHED LAST REVISED	June 2006 April 2011

POLICY

A Behaviour Support Plan (BSP) will be used to describe the specific interventions and sequence of interventions required by a behavioural program. A thorough description of these interventions will ensure consistency of implementation among employees.

A BSP is required:

1. If the client's goals relate to the reduction of negative target behaviours
2. If intrusive interventions are required to manage a client's behaviour more than twice in a month or once per month for more than three consecutive months
3. If restrictions are imposed on a client in the course of his or her program
4. If there are two or more emergency interventions for which there is no Behaviour Support Plan or Health Care Support Plan in a month
5. If there are two or more PRNs administered for behavioural management in a month.

A BSP that results in the absence of the targeted behaviour/s for three consecutive months must be reviewed and determined by the clinical team whether its continuation is warranted.

To ensure that documented client information is recorded as accurately, completely and consistently as possible, employees will use a standardised BSP recording template.

All BSPs must be reviewed and approved by the Behaviour Standards Review Committee (BSRC).

The client or decision maker must provide informed consent to the procedures described in the BSP prior to implementation.

PROCEDURE

1. The need for a BSP will be identified by the service staff, the case facilitator, the supervisor, the behaviour therapist or the clinical psychologist.
2. The concepts in the BSP will be reviewed with a minimum of one rehabilitation facilitator to ensure necessity, appropriateness, and feasibility of implementation.
3. Once all agree to the general concepts and interventions in the BSP the ethical decision making framework will be used to examine the BSP to determine which, if any, ethical values are in conflict and whether the interventions proposed are necessary. The results of the ethical review will be noted in the BSP. A copy of the framework worksheet will **be retained by the program manager until** the BSP has been audited. Once the audit has verified that the BSP has undergone ethical review, the framework worksheet will be shredded.
4. Once the need is identified the supervisor will immediately complete a BAR/BSP request form and forward it to the manager of clinical programs.
5. Depending on the urgency of the BSP the manager of clinical programs will establish the timeline for the completion of the BSP and provide this information to the supervisor and the behaviour therapist. BSPs identified as an emergency will be written and implemented within 48 hours. BSPs identified as a high priority will be completed within one week, medium priority will be completed within one month and low priority will be completed within two months.
6. The case facilitator will meet with the client/decision maker to discuss the need for the BSP. The case facilitator will explain the interventions required and the possible risks and benefits. The client or decision maker must consent to the intervention before proceeding.
7. The case facilitator, with the support of the behaviour therapist, will develop the BSP using the BSP template.
8. The behaviour therapist, manager, clinical programs and/or psychologist will determine the need for medical clearance from a physician if there are questions about the advisability of the BSP because of medical concerns and/or any physical intervention.
9. The BSP must be approved by the supervisor.
10. Once approved by the supervisor the BSP must be signed by the case facilitator, supervisor, behaviour therapist, psychologist, and advanced Safe Management instructor if a modified hold is required.
11. The signed BSP is then forwarded to the chair of the BSRC for audit.

12. Approval of the BSRC, signed approval from the chair and the executive director, and signed consent from the client/decision maker is required prior to implementation of the BSP.
13. Once the BSP is approved and signed the behaviour therapist will complete a Behavioural Support Summary form. The form will be filed after the BSP in the black binder. Only a copy of the most recent summary form will be kept in the blue binder.
14. Employees must be trained prior to the implementation of the BSP. Employee training and fidelity checks will be conducted according to agency policy. The employee list will be filed in the binder immediately following the BSP indicating employees who have successfully completed the fidelity check. In Outreach Services, only one other employee will be required to participate in the fidelity check.
15. The actual test results will be provided to the supervisor and will be used in the employee's review.
16. If the client/decision maker withdraws consent to the BSP the case facilitator, in consultation with clinical services, must review the relevant treatment goals to determine the future direction of service.
17. The original signed copy of the BSP will be stored in the client's black binder in the "Internal Reports" section.
18. A copy of the BSP will be provided to the client and/or decision maker.
19. A termination report must be completed, appropriately named and attached to the BSP if it is revised or terminated completely.