 **Care, Support and Treatment of People with a Developmental Disability and**

**Challenging Behaviours: Consensus Guidelines**

**CAPACITY-BUILDING CHECKLIST**

**This checklist is a way to examine whether or not more consideration is necessary when supporting a person who is exhibiting challenging behaviour. The questions are in the same numerical order as the Consensus Guidelines. Developed by Cathy Kuehni, Resource Group 2016**

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| **Guideline** | **Question to ask** | **Incorporated into practice** | **Needs to be considered** |
| **1. Principles** | Has this person been educated regarding their rights? |  |  |
| **2. Supporting People in Exercising**  **Rights** | Are this person’s rights being supported and educated? |  |  |
| **3. Supporting Informed Consent** | Has this person been advised about informed consent? |  |  |
| **4. Holistic Perspective** | Is support focused on the ‘whole’ person? |  |  |
| **5.Using the Bio-psychosocial**  **Model** | Is the Bio-psychosocial approach being considered? |  |  |
| **6. Knowing the Person** | How well is this person known and understood? |  |  |
| **7. Involving Family Members and**  **Close Ones** | Are family members/close relationships involved in support plans? |  |  |
| **8. Supporting Caregivers and**  **Families** | Is the well-being of family and caregivers considered? |  |  |
| **9. Training and Clinical**  **Supervision** | Is training, education & clinical supervision available to those who support people with challenging behaviours? |  |  |
| **10. Seeking Cross-sector**  **Partnerships** | Have cross-sector partnerships been established? |  |  |
| **11. Holistic Assessment**  **Perspectives** | Are the physical, emotional, mental & spiritual aspects of this person considered? |  |  |
| **12. Assessing the Environment**  **Where the Person is Living** | Is this persons living environment appropriate to their needs? |  |  |
| **Guideline** | **Question to ask** | **Incorporated into practice** | **Needs to be considered** |
| **13. Primary Care Assessment** | Has this person’s physical health been assessed recently? |  |  |
| **14. Functional Assessment** | Has this person had a Functional Behavioural Assessment?  If so, when? |  |  |
| **15. Considering Trauma as Part of**  **Understanding a Person’s**  **History, Life Events and**  **Stressors** | Does this person have a history of trauma, or experiencing loss and grief? Do staff consider how this may impact the person? |  |  |
| **16. Mental Disorders/Mental**  **Health Assessment** | Has this person had a Mental Health Assessment?  If so, when? |  |  |
| **17. Psychological Assessment** | Has this person had a Psychological Assessment?  If so, when? |  |  |
| **18. Speech and Communication**  **Assessments** | Has this person had speech and communication assessments?  If so, when? |  |  |
| **19. Occupational Assessments** | Has an Occupational Therapy Assessment been considered? |  |  |
| **20. Additional Assessments** | Have other assessments been completed? Those for ASD? Dementia?, Addictions? FAS? |  |  |
| **21. Behavioural Support Plan**  **Reference Guide for Adult**  **Developmental Services** | Was the Behavioural Support Plan (BSP) Reference Guide published by MCSS used to help develop the BSP? |  |  |
| **22. Psychological Therapies** | Has this person made use of psychotherapy? If so, which approach was used & when? |  |  |
| **23. Alternative Therapies and**  **Activities** | Have alternative therapies been considered? Art therapy, Music therapy? Yoga? Mindfulness? |  |  |
| **Guideline** | **Question to ask** | **Incorporated into practice** | **Needs to be considered** |
| **24. Behaviour Support Plans are**  **intended to improve an**  **individual’s quality of life** | Does the BSP aim to improve the person’s quality of life? Is it person centered? |  |  |
| **25. Level of Service Intensity** | Does the level and intensity of support adjust to the changing needs of this individual? |  |  |
| **26. Treatment Efficacy** | Are the interventions evaluated regularly for effectiveness? |  |  |
| **27. Supporting People Showing**  **Severe Challenging Behaviour** | Is more treatment or intervention necessary when this person demonstrates extreme challenging behaviour? |  |  |
| **28. Supporting People showing**  **Sexually Inappropriate**  **Behaviour** | Has this person had adequate education regarding sexuality, sexual fulfillment, & appropriate sexual behaviour? |  |  |
| **29. Collaboration with First**  **Responders** | Does your agency have a collaborative working relationship with first responders? |  |  |
| **30. Collaboration with Hospitals** | Does your agency have a collaborative working relationship with the local hospital? |  |  |
| **31. Organizational Policies** | Are the organizational policies at your agency compatible with the individuals you serve? |  |  |