Appendix O: Example: Mutual Action Plan (MAP) Behaviour Profile

MAP Behavioural Profile

<table>
<thead>
<tr>
<th>Patient Name: __________________________</th>
<th>Date Initiated: ______________________________</th>
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<td>*Initial &amp; date each new entry (DD/MM/YY)</td>
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**How does the patient best learn?**
- Identify the patient’s learning style and adapt teaching
- Allow flexibility in decision making and power-sharing

**How does the patient best communicate?**
- Assess need for interpreter, communication tools, or signing
- Identify any connection between the patient’s thoughts, feelings, and behaviours. Connect patient’s communication style and episodes of aggressive/maladaptive behaviour.

**Patient’s aggressive, self-injurious, and/or maladaptive Behaviours**
- Precise details about these behaviours
- Determine whether the behavior is sporadic or reoccurring
- Ensure precision when documenting incidents; rarely occurring incidents should be reported as “highly infrequent”

**Antecedents and Triggers**
- Isolate any triggers leading to the aggressive, self-injurious, and/or maladaptive behaviours and recognize preventative measures.
- Consider any potential environmental triggers
- How do we prevent re-traumatization (be trauma-sensitive)

**Early Warning Signs**
- Identify early signs of aggressive, self-injurious and/or maladaptive behaviours
- Refer to the escalation continuum (subtle, escalating, imminent, or physical)
- Recognize social withdrawal, agitated movement and increase verbalization as early signs of increased aggression.

**De-escalation Preferences and Techniques**
- Personalize strategies according to the patient’s de-escalation preferences
- Identify the use of verbal, relationship, or sensory techniques and tools
- Does the patient have any known previous trauma?
- How do we prevent re-traumatization (be trauma-sensitive)

**Describe the Therapeutic Interventions**
- Maintain knowledge of appropriate and interprofessional therapeutic intervention and relationship strategies.
- Personalize interventions according to the patient’s values, strengths, history and patient story
Which behaviours can be Monitored from a Safe Distance?
- Recognize that not all behaviors require physical intervention; such as throwing soft objects, and certain environmental damage.
- Be aware that this type of behaviour may escalate.

Which behaviours require Physical Intervention?
- Behaviors which require immediate physical action as they can cause harm to others or self such as strikes and kicks.
- Identify the SMG intervention specifically.

Staff monitoring responsibilities
- Continually monitor, assess, support, and check in with the patient’s behaviour, physical and mental status to determine when to discontinue the physical intervention or seclusion.
- Recognize individual staff’s training, physical and clinical intervention skills, physical restriction and availability.

Update the patient’s MAP with pertinent information from the Behavioural Profile.

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