

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

## MAP Behavioural Profile

Patient Name: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

\*Initial & date each new entry (DD/MM/YY)

<p><b>How does the patient best learn?</b></p> <ul style="list-style-type: none"> <li>• Identify the patient’s learning style and adapt teaching</li> <li>• Allow flexibility in decision making and power-sharing</li> </ul>	
<p><b>How does the patient best communicate?</b></p> <ul style="list-style-type: none"> <li>• Assess need for interpreter, communication tools, or signing</li> <li>• Identify any connection between the patient’s thoughts, feelings, and behaviours. Connect patient’s communication style and episodes of aggressive/maladaptive behaviour.</li> </ul>	
<p><b>Patient’s aggressive, self-injurious, and/or maladaptive Behaviours</b></p> <ul style="list-style-type: none"> <li>• Precise details about these behaviours</li> <li>• Determine whether the behavior is sporadic or reoccurring</li> <li>• Ensure precision when documenting incidents; rarely occurring incidents should be reported as “highly infrequent”</li> </ul>	
<p><b>Antecedents and Triggers</b></p> <ul style="list-style-type: none"> <li>• Isolate any triggers leading to the aggressive, self-injurious, and/or maladaptive behaviours and recognize preventative measures.</li> <li>• Consider any potential environmental triggers</li> <li>• How do we prevent re-traumatization (be trauma-sensitive)</li> </ul>	
<p><b>Early Warning Signs</b></p> <ul style="list-style-type: none"> <li>• Identify early signs of aggressive, self-injurious and/or maladaptive behaviours</li> <li>• Refer to the escalation continuum (subtle, escalating, imminent, or physical)</li> <li>• Recognize social withdrawal, agitated movement and increase verbalization as early signs of increased aggression.</li> </ul>	
<p><b>De-escalation Preferences and Techniques</b></p> <ul style="list-style-type: none"> <li>• Personalize strategies according to the patient’s de-escalation preferences</li> <li>• Identify the use of verbal, relationship, or sensory techniques and tools</li> <li>• Does the patient have any known previous trauma?</li> <li>• How do we prevent re-traumatization (be trauma-sensitive)</li> </ul>	
<p><b>Describe the Therapeutic Interventions</b></p> <ul style="list-style-type: none"> <li>• Maintain knowledge of appropriate and interprofessional therapeutic intervention and relationship strategies.</li> <li>• Personalize interventions according to the patient’s values, strengths, history and patient story</li> </ul>	

<p><b>Which behaviours can be Monitored from a Safe Distance?</b></p> <ul style="list-style-type: none"> <li>• Recognize that not all behaviors require physical intervention; such as throwing soft objects, and certain environmental damage.</li> <li>• Be aware that this type of behaviour may escalate</li> </ul>	
<p><b>Which behaviours require Physical Intervention?</b></p> <ul style="list-style-type: none"> <li>• Behaviors which require immediate physical action as they can cause harm to others or self such as strikes and kicks.</li> <li>• Identify the SMG intervention specifically</li> </ul>	
<p><b>Staff monitoring responsibilities</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Recognize individual staff’s training, physical and clinical intervention skills, physical restriction and availability.</li> </ul>	

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

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