Functional Assessment / Positive Behavior Support Plan Form

User Manual

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Quick Start Guide

Form Design

The form is color coordinated.

Blue shades indicate information and mark section changes

Yellow defines behaviors to be changed

Greens define

- behaviors to replace behaviors defined in yellow,
- describe the person at baseline functioning (left-hand column) where training has optimal conditions for learning (right-hand column),
- describes initial transition out of baseline and transitioning to pre-crisis or initial crisis (left-hand column) and what staff are to do to respond (right-hand column)

Tan indicates (pre-crisis or initial crisis stage)

- behaviors that will be seen when the person is out of baseline but in transition (left-hand column) and
- requires assistance to return to baseline
- defines actions support staff may use to assist the individual based on the defined target and replacement behaviors (right-hand column)

Red outlines (mild to moderate crisis stage)

- behaviors seen when the person is in crisis
- techniques, procedures, verbal scripts to be used to assist in (right-hand column)
    - de-escalation
    - redirecting
    - intervention strategies
    - verbal scripts

Dark Red indicates (sever crisis stage)

- behaviors seen when the person is in significant crisis or present as a significant impact on health and safety of the person, others or property (left-hand column)
- techniques, procedures, verbal scripts to be used to assist in (right-hand column)
    - de-escalation
    - redirecting
    - intervention strategies
    - verbal scripts

The FA / PBSP Form Organization

Summary of the Person:

Functional Assessment and Positive Behavior Support Plan

Client Name	Age	Date of Birth	DDA ID Number	Report Date
Facility Name	House, Cottage		IHP/IPOC Date	
Author of Report	Title		Telephone	

Description of the Person:			
	Strengths	**Functional Limitations**	**Needs**
Cognitive Skills	•	•	•
Communication	•	•	•
Coping Skills	•	•	•
Social Skills	•	•	•

Likes:	**Dislikes:**
•	•
•	•

Baseline Strategies Known to Work:
•
•

- The first section summarized the person for the reader.
  - Who is this person,
  - What are his / her capabilities and limits,
  - How to work with him / her when at baseline and calm
- It focuses on strengths and capabilities.
- It outlines the edges of the person's ability to cope with change and self-regulate
- The intent is to give the reader the best information to establish a good working relationship with the person

Historical Information:

History Pertinent to the Formation / Maintenance of Target Behavior(s):	
Current Medical Conditions *Diagnoses Taken from*	
Medical Condition	*Behavioral Implications*
▪	▪
▪	▪
▪	▪
▪	▪
▪	▪
Current Psychiatric Conditions *Diagnoses Taken from*	
Psychiatric Condition	*Behavioral Implications*
▪	▪
▪	▪
▪	▪
▪	▪
Significant Life Events Affecting Development of Target Behaviors	
Life Event	*Behavioral Impact*
▪	▪
▪	▪
▪	▪
▪	▪
▪	▪

- The left-hand column provides diagnoses and life events that affect the person's behavior
- Right-hand column outlines observable behavior the diagnosis or life event causes

- The diagnosis and behavioral symptoms are intended to give the reader the ability to:
  - Understand the person's symptoms,
  - Document symptoms, and
  - Report changes in symptoms to the appropriate professional

Defined Target and Replacement Behaviors:

Target Behavior:			
Antecedents:	**Behavior:** *(Observable & Measurable)*	**Maintaining Consequence:** *(Response to Behavior)*	**Why this behavior works:** *(Function of Behavior)*
Setting Events & Conditions: Immediate Triggers:			
Summary Statement:			
Reduction Goal:			

Replacement Behavior:			
Antecedents:	**Behavior:** *(Observable & Measurable)*	**Maintaining Consequence:** *(Response to Behavior)*	**Why this behavior will replace Target Behavior:** ***(Function of Behavior)***
Setting Events & Conditions: Immediate Triggers:			
Replacement Behavior Goal:			
See goal and objectives below for progressive objectives and graduated guidance for achieving the Long-term Goal.			

- Target and replacement behavior tables are written in pairs
- Target behavior is the behavior to be changed
- Replacement behavior is the behavior to be taught
- Select the replacement behavior to match the function of the target behavior

Teaching Strategies:

Teaching Strategies:	
Skill – Teaching Step	Staff Actions – How to Communicate to person
▪	▪
▪	▪

• These are instructions and teaching steps (left-hand column)	• The how to teach is contained in the right-hand column

Prevention Strategies:

- Outlines the escalation sequence from calm (baseline) to endangering health and safety.

Prevention Strategies:	
Baseline:	
Issue – Condition	Action – Accommodation – Prompt
▪	▪
▪	▪
Training Session *(Triggering Replacement Behavior Training)*	
Who:	•
What:	•
When / how often:	•
How to Trigger:	•
What to count / document:	•
Where to document	•

Baseline:

- The person is calm in baseline
    - This optimizes opportunity to learn skills
- Right-hand column gives staff instructions how to teach the skill in the replacement behavior
- The Who, What, When / How, What to count, and Where to document tells staff how to take credit for training and collect data on the person's training

Escalation Sequence:

Early Stage:	
Issue – Condition	Action – Accommodation – Prompt
▪	▪
▪	▪
Skill Application Session *(Triggering Replacement Behavior Use)*	
Who:	•
What:	•
When / how often:	•
How to Trigger:	•
What to count / document:	•
Where to document	•

Early Stage:

- The person is transitioning out of calm (baseline) but is still in control
- This stage is perfect for using a new skill for its effect – that is learning to use the skill

Mid Stage:	
Issue – Condition	Action – Accommodation – Prompt
▪	▪
▪	▪
Documentation	
What to count / document:	•
Where to document	•

Mid Stage:

- The person is no longer in baseline and can transition to the a more critical stage
- Left-hand column describes behaviors or conditions that are typical of this stage
- Right-hand column outline techniques and language staff can use to help return to baseline
    - de-escalation
    - redirecting
    - intervention strategies
    - verbal scripts

Late Stage:	
Issue – Condition	Action – Accommodation – Prompt
▪	▪
▪	▪
Documentation	
What to count / document:	•
Where to document	•

Late Stage:

- The person is in now in crisis
- Left-hand column describes behaviors that indicate crisis
- Right-hand column outlines staff actions in response:
    - How to modify the environment
    - How to de-escalate if possible
    - How to keep the person safe
    - How to keep others safe
    - Who needs to be notified
    - Any precautions these behaviors require

Strategies for Responding to Target Behaviors:	
Behavioral Indicator	Staff Scripts – Instructions – Interventions
▪	▪
▪	▪
Documentation	
What to count / document:	•
Where to document	•

Extreme Crisis:

- Person is now at risk of harming self, harming others, or harming property
- Health and safety may be in jeopardy
- Behavior may be beyond the ability of current staff or facility's level to provide care
- Left-hand column describes behaviors that indicate crisis
- Right-hand column outlines staff actions in response:
    - How to modify the environment
    - How to de-escalate if possible
    - How to keep the person safe
    - How to keep others safe
    - Who needs to be notified
    - Any precautions these behaviors require
    - Notifications: who to call
    - Progression of physical interventions
    - Use of physical or mechanical restraints
    - Use of restricted procedures
- What to document and where

Restrictive Procedures:

Restrictive Procedures:	
Restrictive Procedure:	Justification for use of Restrictive Procedure:
	▪ Quality of Life: ▪ Risks of using procedure: ▪ Benefits: ▪ Risks of not using procedure to control behavior:
Criteria for Reduction, Elimination for the use of Restrictive Procedures:	
Psychoactive Medications: •	
Restrictive Interventions:	
Restrictive Intervention	Justification for use of Restrictive Procedure:
▪	▪ Quality of Life: ▪ Risks of using procedure: ▪ Benefits: ▪ Risks of not using procedure to control behavior:
Criteria for Reduction, Elimination for the use of Restrictive Interventions:	
Restrictive Interventions: •	

Risk Analysis and Justification:

- Evaluates the effects of medications and restrictions on the person's quality of life
- Examines the risks of
    - The drug or procedure when it is used
    - Benefits to the person if used
    - Risks of not using the drug or procedure
- Outlines the behavioral indicators the drug or restrictive procedure and be reduced in some way

Data Gathering and Analysis:
Data used to develop the Positive Behavior Support Plan:
Data to be used to evaluate effectiveness of the Positive Behavior Support Plan:

Data Documentation:

- Outlines how the function of behaviors was determined (the data sources used)
- Outlines how the Positive Behavior Support Plan's effectiveness will be evaluated (what data sources will be collected to show decrease in target behaviors and increase in replacement behaviors)

Goal:
Short-Term Objectives:
1. 2.

Goals and Objectives:

- Goal or Long-term goal is the behavior the person is learning
    - Behavior or skill
    - Setting in which it will be learned
    - Rate of accurate use
    - Accomplishment date
- Short-term Objectives are the progressive steps or milestone in achieving the goal

Philosophy

Department of Social and Health Services transforms lives by partnering and empowering people to live the lives they desire. This means the Department's services and efforts focus on encouraging people to live in, contribute to, and participate in the life of their communities whether they be children or adults.

The Developmental Disabilities Administration values individuals and further defines the vision for services it offers. The Developmental Disabilities Administration values engaging the individual in their service planning. Plans emphasize respect and acknowledge the person's strengths as well as needs. Services integrate the individual within the larger community life. Planning and implementation partners with the individual as well as family, decision makers, and providers in sustaining the individual as a contributing member integrated in their community.

Positive Behavior Support Principles outlined in DDA Policy 5.14 are consistent with the Department and Administration's Mission, Vision, and Values. Key to the individual's quality of life is Positive Behavior Support. Promoting existing strengths to increase or acquire functional communication, adaptive, and life skills enables each person to meet their needs without trespassing on the rights of others.

Positive Behavior Support drives how we engage the person as they experience difficulty meeting their needs. Positive Behavior Support is the first line of support for individuals diagnosed with conditions that affect their ability to interact with others socially. Positive Behavior Support is a respectful addition to medical and behavioral health treatment for those affected by serious physical and behavioral health conditions when those symptoms or the individual's reaction to symptoms generate target behaviors.

Functional Assessment / Positive Behavior Support Plan Form

The Functional Assessment / Positive Behavior Support Plan form is intended to be an reader friendly; however, its usability depends on the author. As an author or developer of a Positive Behavior Support Plan, you must consider your audience. What are reader's needs? Your reader is expected to accomplish the tasks you outline, help the individual develop the skills described, and construct an environment promoting growth while avoiding those immediate triggers that lead to the use of a target behavior.

As the author or developer, it is your job to make the reader care. Your writing must motivate the reader to read what you have written. The language needs to be understandable. Select words and phrases readers will understand. Choose language that give the reader essential information.

Essential information in the Functional Assessment and Positive Behavior Support Plan focuses on the development of behaviors others find difficult to accept. The Functional Assessment of a behavior outlines the factors generating the current behavior, how this behavior

is set up, triggered, and maintained in the various setting the individual interacts with other people. The Functional Assessment answers the question, "Why does this behavior work for the individual?" The reactions others demonstrate after the individual uses a behavior others find difficult to accept will give you a clue in answering why this behavior works. However, the reason may be subtle. The individual may use the behavior because he or she does not know a different response (missing skill), may mistakenly apply a skill or strategy (misapplying a skill, using it in the wrong context, making a mistake, etc.), have no motivation to change (this behavior works for him or her – very reinforcing), or it is reinforced by a process within the individual (this feels good, it reduces anxiety or other uncomfortable feeling). As the developer of the Functional Assessment, you have to generate your best guess (hypothesis) why the individual uses this behavior while keeping in mind the environmental ecology that has shaped the difficult to accept behavior. Now to the challenge, your task is to communicate how to address the individual's use of a target behavior by constructing a Positive Behavior Support Plan that chooses a replacement behavior that serves the exact same function in the same behavioral ecosystem (places, people, expectations, setting conditions and events, immediate triggers, and available reinforcements).

The current Functional Assessment / Positive Behavior Support Plan form asks you to write differently. It emphasizes phrases in bullet points to give the reader essential facts in understanding the reasons a specific behavior developed, how it was shaped over time, and the current ecosystem reinforces and sustains the target behavior.

Few sections of the form ask you to write paragraphs. Two paragraph sections are intended for you to describe the person and draw conclusions for the reader that are not obvious in the bullet points or point out important themes across items within a section. Use this space well. It is intended for you have some space to introduce the individual in the most favorable light, highlight important issues, and help the reader understand complexities in supporting proactive, adaptive behaviors. Your reader will respond most favorably to these few paragraphs when they are to the point and provide the reader with insights he or she would not normally make.

Because this is technical writing, use active language, be economical with space and describe observable behaviors. Describe what the reader will see when supporting the individual in his or her home, community or work settings. Be specific. When you list diagnoses, describe observable behaviors indicating the individual's experience of his or her condition. If medication is prescribed, describe the desired observable affects. Outline skills, verbal and behavioral scripts, or replacement behaviors in words that anyone would recognize if he or she saw it.

The form is designed to assist you and your reader. It can be uses in naïve or sophisticated ways. It challenges the developer / author to be clear, concise, and specific. Do not be surprised when you find out there are things you need to discover. You will need to gather more information to cover these gap to complete the Functional Assessment / Positive Behavior Support Plan. To write clear, concise bullet points, you must have deep knowledge of who the person, the ecology that developed the behavior as well as the current environment, and events that shape and maintain the behavior you wish to change. The challenge is to remain focused on

finding a replacement behavior that builds on the strengths the individual possesses and enables him or her to be more successful in fulfilling his or her needs while interacting with others.

Tips for Beginners

- Consider how to engage the person in the process of writing his / her Functional Assessment / Positive Behavior Support Plan
    - Consider using the "My Page" to gain insight into the person's desires, perceptions, and priorities
- Use the form's flow to paint the picture for the reader
    - It has been designed to provide a lot of complicated information in simple "Bite-sized" packets
    - Allow the form to focus the phases of your work and writing
        - The bullet points can act as a prompt for interviewing people who know the individual, provide direct assistance or interact with him or her
        - The first column and first line at the top of the tables can be used as question prompts. (e.g., "Cognitive Skills" + "Strengths" = "What are _____'s strengths in problem solving?)
- Be selective about the information
    - Ask, "How does this information help the reader?"
    - Ask, "How would I feel if this were written about me?"
    - Is this information old and no longer true for the person now?
    - Does this information give the reader insight into the current behavior?
- If you had to read and do what was in this document, what would you need to know?
    - What will I see? – describe behavior
    - What must I do? –
        - What can I do to avoid the target behavior
        - What can I do to distract or redirect the individual
        - What can I say or do to start the replacement behavior
    - Describe the mannerisms, approaches, and verbal cues the reader is to use
    - Outline what I am supposed to teach and when
    - When all else fails, what am I supposed to do, who do I call, etc.
    - What am I to document and where?
- Keep things simple
    - It is he author's job to make the reader care
    - The person is separate from his or her behavior, history, and triggers
        - The plan must be respected as a person
        - Emphasize strengths that can be used to coax more adaptive behavior
        - Convey confidence in the person's ability to adapt existing skills, learn new skills, and replace the target behavior with more adaptive behaviors

Person is not his / her behavior

- Describe observable behaviors or events, describe what someone will see without relying on imprecise words (e.g., assault used to mean "Hit with an open hand")

Functional Assessment / Positive Behavior Support Plan Form Use:

- Follow the form
  - The form has a flow
    - Description of the Person:
      - General introduction (description) of the person to the reader
        - The individual is not his or her behavior
        - Take this opportunity to describe the individual's humanity
        - Use your introductory paragraph to describe the individual in his / her best light
        - Create the reader's motivation to care about the individual as a person of worth, status, and ability

This section introduces the individual to the reader. Do the reader a favor. Introduce the individual to the reader in the individual's most favorable light by outlining who the individual is most of the time (baseline best).

Equip the reader with tools to establish a positive relationship

- Developmental Strengths, Functional Limitation, and Needs table
  - Outline the individual's strengths, functional limitations and needs in each of the broad developmental domains of Cognitive Skills, Communication, Coping Skills, and Social Skills
  - Emphasize skills (behaviors) others will see under strengths
  - Describe skills (behaviors) others will notice the individual having difficulty doing or completing
  - Describe changes or accommodations in the environment the individual needs to function more successfully,
  - Describe the skills he or she needs to learn, or
  - List the supports the person requires to adapt or function at his or her best
- Likes – Dislikes matrix
  - Document items, activities, people, processes, etc. the person likes and dislikes
  - Organize your lists around themes (e.g., foods, activities, places, etc.)
- Baseline Strategies Known to Work:
  - This is your chance to help the reader know the keys to making a good first impression and establishing a good working relationship with the individual

- Describe caregiver mannerisms, approaches, attitudes that help the caregiver develop and maintain an optimal working relationship with the individual
- Behaviorally describe the actions support staff do to assist the individual at baseline
- Describe interactions that typically help the individual remain at baseline
  - Favorite conversation topics
  - Approach techniques
  - Humor style
  - Daily habits or routines the person follows
- Make words, phrases, procedures, choice making, and other techniques that help the individual function at his or her best first priority in this section

Give information needed to immediately work with person

The intent is to help the reader gain the information he or she needs to immediately start working with the individual based on the individuals strengths and baseline functioning.

Equip the reader with the individual's strengths and strategies known to work. Emphasize techniques that will help the reader establish a positive working relationship with the individual.

- History Pertinent to the Formation / Maintenance of Target behavior(s):
  - Be selective about the information you include
    - Is this information old and out dated?
    - How does this information help the reader understand, develop empathy, or gain insight into the target behavior?
    - How would you feel if others talked about this piece of information in front of you?
    - Will I prejudice the reader, If I put this information in this document?

How would you feel if this were said about you?

Be sensitive.

Information in this section should provide the reader with information that directly affects the development of the target behavior.

For example, it would be good for the reader to know the target behavior happens at higher rates when staff change shifts or someone calls-in sick. It is important for staff to understand individual's trauma history. Changes in staff cause anxiety because the individual's trauma involved being abandoned by his / her parents with strangers. Staff working with this person needs to understand this and directly relates to the use of target behaviors.

The Functional Assessment focuses on information that provides insight into how a target behavior fits into an ecology – history, experience, that primes the behavior, triggers the behavior, and causes the behavior to repeat. Remember, you have to answer why this behavior works and the individual continues to use it.

- Current Medical Conditions
  - List the conditions that are the primary focus of medical intervention or treatment in the left-hand column
  - If an acronym is used, spell out the diagnosis and place the acronym in parentheses following the full text
  - List the behavioral implications in the right-hand column.
    - List the behaviors reader will see while working with the individual
    - What effects does the diagnosis create?
    - Will this condition cause:
      - Pain
      - Constipation
      - Lack of energy
      - Irritable mood
      - Anxiety
      - Sleepiness
      - Difficulty standing or walking
      - Etc.
    - What complaints will the individual make because of this medical condition ?
  - Do this for each diagnosis
- Current Psychiatric Conditions
  - List the operating diagnoses in order of treatment priority in the left-hand column
  - Outline the behaviors the diagnosis will produce
    - Examine diagnostic characteristics of each disorder and outline the observable behaviors the individual uses that are caused by this diagnosis
    - Use examples specific to the individual
    - Personalize the information
      - If mood swings are common, which moods are involved in the individual's mood swings?
      - Describe behaviors indicative of his / her mood swings
    - Give priority listing to behaviors that

Describe behaviors the caregiver will see indicating changes from baseline

- Frequently lead to a target behavior
- Signal change from baseline and deepening of psychiatric symptoms
- Require consultation from medical or psychological professionals

- Significant Life Events Affecting Development of Target behaviors
  - Chronicle life events that directly affected
    - Development of target behaviors
    - Genesis of mental illness or conditions that directly affect the defined target behavior or interfere with the individual's ability to live independently
    - Development of functional life, personal care, adaptive, vocational, social, and coping skills
- Text Block
  - This is one area in which you may summarize trends in the bullet points across the section of the individual's history
  - Be economical
  - If connections between the bullet points are not obvious, make connections for the reader
  - If there are specialized directions for caregivers, use *Italicized* font to call it out.

- Target Behavior:
  - Describe, describe, describe behavior
    - Behaviors must be observable
    - Keep the description in its simplest terms
    - The reader should know what to count and what not to count based on this description
  - A-B-C matrix
    - Setting events & conditions
      - List anything that sets up and primes the person to use the target behavior
      - Consider conditions that exist inside the person
      - Which environmental events influence the person
    - Immediate Triggers
      - May be something that happens inside the individual
        - Voice tells the individual to hurt him or her self
        - Boredom

Describe what will be seen

Describe what will be counted

Describe with details a stranger would recognize and know what to count and what not to count

- Lack of stimulation
- Anxiety
- Sadness
- Fear

- Are behaviors others do
  - Tone of voice
  - Physical approach
  - Vocabulary used
  - Directions, corrections, requests, etc.
  - Others' emotional expression
  - Doing or failing to do specific behaviors
- Are changes in the environment
  - Expected or unexpected changes from the routine
  - Transitions
  - Changes that cause confusion, anxiety, uncertainty, etc.
  - Introduction of perpetrators or qualities of the perpetrator seen in others introduced to the person's proximity

- Behavior
  - What will the reader see
  - Make the description observable with enough description the reader would know exactly what you want counted
- Maintaining consequence
  - Describe what happens after the target behavior
    - What do people do?
    - What changes in the interaction?
    - What changes in the environment?
      - Does someone leave?
      - Does someone come in?
      - Is something brought to him or her?
      - Is something taken away?
      - Are requests stopped?
      - How does the energy change?
      - Describe anything that encourages the behavior to continue in the future

- Why this behavior works
  - Analyze the sequence outlined in the A-B-C matrix:

        - What is there about the behavior, maintaining consequence and trigger that causes all these things to happen together?
        - Given what your description, why this behavior?
        - What changes encouraging him / her to use this behavior?
        - If you have multiple reasons (hypotheses), prioritize the most frequent reason for the behavior first
    - Reduction Goal:
        - Document the long-term goal for reducing the target behavior
        - Objectively describe the criteria indicating the goal has been achieved as evidenced by:
            - Observable behavior documented by data collection
            - Target behavior's rate, duration, intensity level reductions to be achieved
            - Duration the reduction level must be maintained
            - Accomplishment date

Choose reasonable rates in a behavior's reduction

When determining the lower frequency, intensity, and duration required to achieve the reduction goal, shorter time lines are preferred, avoid rates that require perfection or near perfection.

Goals that are too big or require extended time frames kill motivation. When formulating the reduction goal, consider how often general population complies with a request, protests, tell others "no," or "leave me alone," or simply refuse to cooperate. Choose a reduction goal that is reasonable and attainable.

"Ethylburt will reduce hitting, spitting, or biting others to get things he wants to twice per month by January 30, 2020," is preferable to reduction goals that use phrases like "25% of baseline," or "reduce by 40% of current rates." Often the writer does not report the baseline or current rates. Additionally, the reader has to do the math to know the target frequency.

- Replacement Behavior
    - Employ the same questions and processes used in defining the target behavior when you define the replacement behavior
    - Prioritize replacement behaviors that helps the individual look like everyone else in the community
    - Replacement behaviors:
        - Must serve the same function identified in the target behavior analysis (A-B-C analysis) and summary statement – see "*Why This Behavior Works"* below

  - Emphasize developing skills enabling the individual to successfully integrate in community settings like work, social interactions, and independent living
  - The ideal replacement behavior is a behavior that:
    - Does not allow the target behavior to be done at the same time the replacement behavior happens (behaviors are non-compatible) ?
    - Serves the same reason why he / she uses the target behavior
    - Receives the same or more social reinforcement
    - Reliably causes others to reinforce him / her for doing the replacement behavior
    - Makes him / her look like everyone else in the community

- Antecedent
  - Setting Events and Conditions will remain the same in the replacement behavior in aspects that predispose the person to use the target behavior
  - You add the setting events and condition you need to set up the immediate trigger for the replacement behavior
  - The immediate trigger must change – communicate how direct support staff are to "cause" the replacement behavior to start
    (You will document who, when, how, how often, what to count, and were to document triggering training sessions in the 'Training Session Matrix' below the 'Summary Statement.')
  - Behavior
    - What is reader responsible to teach?
    - What is the behavior the reader must see to know the plan is working?
    - Make the description of the replacement behavior
      - Observable with
      - Detailed enough the reader
        - Easily recognizes the behavior
        - Knows exactly what you want counted
        - Knows exactly what is not counted
  - Maintaining consequence
    - Describe what happens after the target behavior
      - What is the reader responsible for doing?
      - How is the reader to respond after seeing the replacement behavior?

- What changes in the environment?
  - Who leaves?
  - Who comes in?
  - Is something brought to him or her?
  - Is something taken away?
  - Are requests stopped?
  - How does the energy change?
  - Describe anything that encourages the behavior to continue in the future
- Why the Replacement Behavior works
  - Taking the sequence outlined in the Replacement Behavior A-B-C matrix:
    - What is there about the replacement behavior, maintaining consequence and trigger that replaces the need fulfilled by the target behavior?
    - Given your description of the person, why is this replacement behavior more efficient in meeting his or her needs?
    - The replacement behavior must work in the environments and with the people in those environments where the individual works, play, and lives
- There must be a replacement behavior for each defined target behavior, defined escalation sequence, and for each function if a single behavior serves multiple functions

Teaching Strategies

- Teaching is interaction between a coach and a student assisting in acquiring skill or knowledge
- Outline skill steps based upon the defined replacement behavior
- There must be strategies outlined for each replacement behavior
- Outline staff actions to engage the individual in learning / using the replacement behavior

After reading this section, staff should know exactly what to do to start (trigger) and teach the replacement behavior.

Note: Just changing environmental triggers of the target behavior does not meet active treatment requirements

Avoiding triggers is not Active Treatment

Prevention Strategies

- Left-hand Column: Describe behaviors the individual uses to communicate he or she needs
  - More direct assistance

    - Something the immediate area to change
    - Needs help understanding something
- Right-hand Column: Describe how staff may support the individual:
    - Outline changes to the environment that support adaptive responses or calm the situation
    - Script language that help the individual
    - List options the reader can offer during the current stage
    - Describe how to use space and approach effectively
- Right and left hand columns are customized for each of the stages in the escalation sequence from Baseline to Responding to Target Behaviors

Note: This section only documents teaching activities in the baseline and early stage sections. The remaining stages emphasize how to respond with the goal to deescalate or avoid a crisis in the mid stage. While the late stage attempts to avoid escalation to the responding to target behavior stage, additional notifications and actions to prepare for an escalation are outlined for the reader.

As the author, your task is to customized these stages so they reflect the individual's responses to his or her environment.

- Baseline –
    - Everything begins with baseline
    - Baseline describes the individual in his or her calm state, able to meet his or her needs, able to interact with others at his or her optimal developmental and skill levels
    - Left-hand column
        - Describe behaviors indicating the individual are at baseline
        - Be specific, describe what the reader will see
    - Right-hand column
        - What dispositions, approaches, scripts, procedures should direct support staff use in support the individual at baseline?
        - Provide the reader with as many tips to help the individual use baseline behaviors as long as possible
- Early Stage –
    - Still within baseline but not comfortable

- The individual may experience some difficulty adapting, knowing what to do, communicating effectively, or feeling satisfied with the results of an interaction
- The individual continues to be in control and makes choices
- Left-hand column
  - Describe the behaviors readers will see
    - At the first signs of losing ability to
      - cope,
      - know what to do,
      - use skills accurately,
      - choose a skill appropriate for the situation, or
      - achieve the individual's desired outcome
    - Signaling onset of first detectable behavioral health symptom
    - Indicating the individual has reached the limits of his or her effective range of skills
    - Communicate the individual's initial
      - frustration,
      - confusion,
      - bewilderment, or
      - annoyance
- Right-hand column
  - Outline the things that readers can do that
    - Suggests something the individual can do
    - Reminds the individual of a skill he or she
      - Knows how to do that can help
      - Is learning that might help
    - Offers a choice
    - Clarifies a misunderstanding
    - Opens, maintains, or increases communication
    - Helps the individual calm, take control, or otherwise modify what he or she is feeling

- Mid Stage –
  - No longer in baseline
  - Represents
    - difficulty adjusting to current circumstances,
    - failing coping strategies,

        - mounting frustration,
        - building anger, or
        - communication breakdown
    - Last chance to turn things around
    - Left-hand column
        - Document observable behaviors indicating
            - Failing ability to
                - Use current skills
                - Change strategies to be effective
                - Cope
                - Accept current circumstances
                - Communicate
                - Disengage
                - Distract
                - Redirect
            - Deeping confusion
            - Increasing frustration
            - Mounting anger
    - Right-hand column
        - Things to do for the individual
            - Describe supportive approaches
            - Give scripted language
            - Outline the options staff are to use
                - Objects that produce relaxation
                - How to demonstrate nurturance
                - Places to calm
                - Activities to distract
                - How to disengage
                - How to monitor / supervise
                - How to set limits without escalation
                - How to avoid power struggles
        - Things to do in the environment
            - How to calm the environment – reduce stimulation
            - How to decide if others need to be moved or if the individual needs to be moved
            - Removing things that can used to harm others or will be destroyed
            - How to use the environment strategically to prevent harm to the individual, others and property

- How to use routine to bring a state of "normalcy"
- How to offer choices
- How to use environmental cues to help the individual know what he or she can do to take care of him or herself

▪ Things to do for others in the environment
- When to have others move
- How to engage others in cooperating in reducing the conflict

▪ Notifications that need to be made
- Behavioral criteria for offering interventions involving
  - Access to specialized equipment
  - Medications for calming
  - Staff not normally available to the individual
  - Summoning additional help
    - Reader to take over lead
    - Guardian or other person with personal relationship power
    - Program or house manager
    - Professional staff
      - Nurse
      - Therapist
      - Doctor
    - Behavioral response team
    - Police

- Late Stage –
  - Beginning to mid-stage crisis which means this is first stage in crisis intervention
  - The individual is much less able to
    - Filter out, ignore irritating internal and external stimuli
    - Cope with the environment
    - Cooperate
    - Hear and process language
    - Reason
    - Make choices
  - He or she experiences mounting pressure from
    - Over stimulation

        - Confusion
        - Frustration
        - Anger
        - Being thwarted in meeting needs or obtaining what he or she wants / needs
        - Internal experiences, perceptions
    - Left-hand column
        - Document the observable behaviors indicating the individual is in the early to mid-stage crisis
    - Right-hand column
        - Things to do for the individual
            - How the reader
                - Approaches the individual
                - Speaks
                - Displays emotions
                - Engages and disengages
            - Provide scripted language around
                - Accessing places to calm
                - Using objects to calm
                - How to communicate expectations
        - Things to do in the environment
            - How to calm the environment – reduce stimulation
            - How to decide if others need to be moved or if the individual needs to be moved
            - Removing things that can used to harm others
            - How to use the environment strategically to prevent harm to the individual, others and property
            - How to use environmental cues to help the individual know what he or she can do to take care of him or herself
        - Notifications that need to be made
            - Behavioral criteria for offering interventions involving
                - Access to specialized equipment
                - Medications for calming
                - Staff not normally available to the individual
                - Summoning additional help
                    - Reader to take over lead
                    - Program or house manager

- Professional staff
- Behavioral response team
- Police

- Responding to Target behavior –
  - Crisis Response
  - Left-hand column
    - Document the observable behaviors indicating the individual is in crisis
  - Right-hand column
    - Things to do for the individual
      - How the reader
        - Approaches the individual
        - Speaks
        - Displays emotions in response to the individual
        - Uses physical space
        - Moves
        - Uses physical interventions
      - Provide scripted language around
        - Communicate expectations
        - Give directions
        - Offer alternatives
    - Things to do in the environment
      - How to secure the environment
        - Removing things that can used to harm self or others
        - Remove things that will be destroyed
      - How to protect others in the environment
        - How staff position themselves
        - When to move others
        - Where to relocate others
        - Help others disengage from the immediate situation and reduce stimulation / reinforcement for the targeted behavior
    - Notifications that need to be made
      - Behavioral criteria for offering interventions involving
        - Access to specialized equipment
        - Medications for calming
        - Summoning additional help (appropriate for your setitngs)

        - Reader to take over lead
        - Program or house manager
        - Professional staff
        - Behavioral response team
        - Police
    - Progressive use of restrictive interventions
        - Behavioral criteria justifying use of successively more restrictive interventions
        - Procedure to be used at each level of intervention
        - Criteria for release from each level of intervention
        - How to release from each level of intervention
        - Monitoring procedures at each level of intervention and release
        - Monitoring the person's response at each level of intervention

- Restrictive Procedures:
    - Document each specific restrictive procedure in the left-hand column
        - Medication treating
            - Behavior
            - Psychiatric symptoms
        - Limiting, controlling access to
            - Food
            - Money
            - Media
            - Means of communicating
            - Groups or identifiable sections of the population
            - Areas or venues in the community or individual's home

        Note: Limiting the individual's ability to communicate or associate freely with people of the individual's choosing is protected right. If the guardian wishes to limit association or communication, the guardian must petition the guardianship court for the authority to limit the individual's ability to communicate or associate

freely with people of the individual's choosing (see RCW 11.92.195).

- Outline in the right-hand column
  - Quality of life impacts on the individual
  - Risk of the intervention
  - Benefits of the intervention
  - Risk of not using the intervention
- Criteria for Reduction, Elimination for the use of Restrictive Procedures:
  - Identify each Restrictive Procedure
  - Describe the observable behavior, rate, intensity, and duration the treatment team uses to determine reduction or elimination of the restrictive procedure

- Restrictive Interventions:
  - Document each specific restrictive intervention in the left-hand column
    - Physical Interventions
    - Physical Restraints
    - Mechanical Restraints
  - Outline in the right-hand column
    - Quality of life impacts on the individual
    - Risk of the intervention
    - Benefits of the intervention
    - Risk of not using the intervention
  - Criteria for Reduction, Elimination for the use of Restrictive Interventions:
    - Identify each Restrictive Procedure
    - Describe the observable behavior, rate, intensity, and duration the treatment team uses to determine reduction or elimination of the restrictive procedure
- Goals:
  - Document the long-term goal for each replacement behavior
    - Objectively describe the last shaping step in the replacement behavior chain
      - Observable behavior
      - Accuracy / use rate, duration, intensity
      - Accomplishment target date

Goals have to be achievable in reasonable time frame

When determining the frequency, accuracy, and duration required to achieve the replacement behavior goal, shorter time lines are preferred, avoid rates that require perfection or near perfection.

Goals have to be attainable. Goals that are too big or require extended time frame need to be reconsidered. Adopt a goal that is in the development path and achievable within a reasonable time frame.

- Short-Term Objectives:
  - Document the shaping process leading to the long-term goal for replacement behavior
    - Objectively describe each step in behavior shaping chain
      - Describe a single behavioral step
      - Outline instruction / guided instruction level
        - Outline support staff actions (the who is responsible)
        - Conditions of instruction*
          - When and how often to run program
          - Where sessions take place
          - Support level (full physical, setup, etc.)
          - Prompt (what to do or say to start the task – trigger)
        - Number of repetitions
        - Number of training sessions
        - Duration of training sessions
      - Document the instruction for the step
      - Describe what to count and how to document the training session and data collected
      - Describe the successful behavior
        - Objectively observable
        - Accuracy / use rate, duration, intensity
        - Accomplishment date
  - Goals and short-term objective shaping chains must be documented for each defined replacement behavior

Who

What

When

How often

How to trigger

What to count

Where to document

Completion criteria

Encourage positive, forward momentum by designing small Individual steps leading to the long-term goal. Short time lines and reasonable rates of accurate completion maintain motivation and build self-confidence (efficacy).

Avoid rehearsing errors

Time lines and accuracy rates can be shorter if the step has to be used in the next behavior in the chain because it will be rehearsed while learning the next step. However, care has to be taken not to rehearse errors.

* Note: *This information may be on a Program Plan or similar document. If this information is documented on a Program Plan,*

reference to the program plan; but document the shaping sequence here.

- Selected Medications with Behavioral / Cognitive Functioning Effects:
  - Document the source and date of information placed in this section
  - List medications in left-hand column that affect mental health symptoms, mental states, or behaviors
  - Report the condition or symptoms the prescriber intends to treat with each medication
    - If a medication has does not have condition or symptom listed, contact the author of document or the prescriber for the missing information
  - Reduction Plan:
    - Document the frequency of reviews
    - Outline the prescribers objective behavioral criteria he or she will use in considering a reducing or eliminating medications

The reduction plan needs to come from the interdisciplinary team or the prescriber if the person lives in the community.

The plan needs to describe behavioral indications that symptoms are controlled, the person is considered medically stabile, and when a reduction plan is feasible.

Tips for Sophisticated Users

- The Functional Assessment / Positive Behavior Support Plan is a self-contained document providing necessary and sufficient information enabling the reader assist the individual in maintaining baseline behaviors while learning or increasing replacement behaviors
- Avoid repeating information
  - Refer the reader to sections where expanded information is located in this document
    - For example the "*Restrictive Procedures*" section refers to the "*Selected Medications with Behavioral / Cognitive Functioning Effects*" section for the medication reduction plan
    - Define the replacement behavior as the last shaping step in the "*Replacement Behavior*" A-B-C matrix and refer to the "*Long-Term Goal and Sort-Term Objective*" section for the individual sequence of skills

- Use the developmental strengths, functional limitations, and needs matrix in the "*Description of the Person*" section to inform the reader of the strengths he or she can use in the teaching sequence, set up more cooperative responses, and build relationships.
- Use the "*Baseline Strategies Known to Work*" section as the focal point for supporting the individual
    - Provide the reader with techniques that help the reader
        - Build a personal relationship with the individual
        - Experience quick success in interacting with the individual
        - Motivate the individual to function at his or her highest level
        - Develop and maintain motivation through success
        - Support the individual's self-determination, power, and managing his or her affairs by providing meaningful choices
        - Emphasize strategies that assist the support staff avoid power struggles
- Specifically describe the observable behavioral effects each diagnosis (Medical and Psychiatric) adds to the behavioral profile
    - Give preference to condition's symptoms that become "*Setting Conditions or Events*" in the definitions of target behaviors
    - Highlight physical or medical states first
        - Constipation,
        - Pain,
        - Fatigue,
        - Heartburn,
        - Cough,
        - Stiffness,
        - Tenderness,
        - Etc.
    - Translate states to observable behaviors specific to the individual
        - Tiredness – Isolating in his room, yawning, napping during mid-day
        - Itchy throat – coughing, clearing throat with loud grunt repeatedly
        - Mood Swings – range from soft sighs and sniffles (feeling down) to saying she wants to kill herself and grabs for sharp items (suicidal statement and attempt)
        - Hallucinations – speaks to people who are not in the room
        - Etc.
- Remain focused on the current set of target behaviors when selecting historical data
    - Include events that constitute a setting event or condition and explain triggers
    - Describe the implications on current target behaviors (left-hand column)

Standards:

Plain Language

Executive Order 05-03 requires state employees to follow the *Plain Talk* guidelines when writing for individuals who receive services or act on that individual's behalf. Those guidelines include:

- Understand the individual's and reader's needs
  - Interview people who work with the individual
  - Speak with the individual
  - Ask about
    - needs,
    - problems,
    - things that have worked in the past,
    - things that have failed in the past,
    - when thing typically happen,
    - when things do not occur, and
    - what have you forgotten to ask about
- Include only relevant information
  - What does the reader need to know to be effective?
  - In the case of the Functional Assessment and Positive Behavior Support Plan
    - What information is needed to do the job?
    - What information is protected health information?
    - What information is not necessary for people to do their work?
- Use words your readers use
  - Using a direct, active voice in your writing as much as possible
  - Select active, descriptive words
  - Avoid jargon, acronyms, or "terms of craft" (specialized professional definitions for words not generally used by the public)
  - Define technical terms if you have to
  - Tell the reader what he or she needs to know or do using words he /she will understand easily
- "Active voice"
  - Is direct, simple language. It states what happened.
  - Uses "active" verbs – verbs that state the action directly without modifying words
  - Avoids "passive" verb forms involving "am, is, are, was, were, be, and been"
  - The verb speaks for its self – e.g., "he walked" instead of "he did walk"
- clearly identify antecedents before using pronouns
  - Write clearly
  - For example, Mr. X hits when he hears… Staff redirect Mr. X with…
    - Before substituting a pronoun for a person's name, use language telling the reader who hits and who redirects
    - Use the person's name when in doubt

- Keep sentences and paragraphs short
  - The Governor's Plain Language guidelines states:
    - Keep sentences short, i.e., "Try limiting them to fewer than 20 words…"
    - Keep paragraphs short, i.e., "…and paragraphs to fewer than 6 sentences."
  - Use tight paragraph construction to keep your reader interested and help your reader understand your message
    - Use a topic sentence to organize the information in the paragraph
    - Only place information in the paragraph that relates directly to the topic sentence
    - Use your last sentence to summarize and transition to the next paragraph
- Design clear pages
  - Use section and subsection headings to help the reader transition from one set of topics to the next
  - Condense related information in lists
    - Use bulleted lists when order is not important
    - Use numbered lists when order is important such as directions or outlining steps

Enhancing Readability

- All information must be about the individual for whom the document is written
  - Document reflects the values of "People First" language and "Person Centered" planning
  - All information must be accurate – factual
  - All information must reflect the individuals:
    - History
    - Current condition
    - Individually designed programs
  - Any discrepancies must be resolved with verified facts before documents are reviewed by external departments or committees

  Avoid "copying and pasting" content from other documents. This habit causes serious breaches of confidence in the information contained in the document and unauthorized release of confidential information requiring a report of breach of confidentiality. It is your responsibility to maintain the integrity of confidential information and the public trust as an author of a Functional Assessment / Positive Behavior Support Plan.

- A reader with a fifth (5^{th}) grade reading level can understand your document
  - Choose vocabulary that can be understood
  - If you use a technical term – explain it at a fifth (5^{th}) grade level
  - Spell out acronyms and explain if necessary

  - Keep sentence construction active and simple
  - Construct paragraphs and larger sections pointing to one central theme
  - Design the document with headings announcing the theme of the information in the following paragraphs and sentences

Avoid

All of the items listed below need to be avoided.

- Opinion, prejudice, and conjecture
  - Report facts and patterns of behavior
  - Report responses by others in the individual's history and immediate environments
  - Balance the document in favor of the person's capabilities and best baseline functioning
- Presenting the individual as "the problem," "un-trainable," as his or her "behaviors" or as his or her "diagnoses" (use People First Language)
- Perpetuating outdated
  - History
  - Diagnoses
  - Practices
  - Old impressions, opinions, prejudices, and conjectures about the individual
- Writing the plan in isolation
  - Observe the individual with his or her direct care staff
  - Observe during different
    - Times of the day
    - In different settings
      - Home
      - Work
      - Community
      - Recreational settings
    - In environments that have different expectations
  - Interview
    - The individual
    - Direct care staff
    - Vocational provider
    - Collateral contacts
- Deficit / failure focus
  - Outline the person's strengths
    - Optimize the use of strengths to overcome deficits
    - Build on capabilities
  - Document when target behaviors are absent

        - Who never sees these target behaviors?
        - Which settings seldom see target behaviors?
        - Discover the connecting themes and characteristics of the people and settings in which target behaviors are absent
- Compliance focus
    - Functional Assessment / Positive Behavior Support Plan is a "Person Centered" process by definition
    - Functional Assessment / Positive Behavior Support Plan focuses on improving the individual's skills to manage his or her life and meet his or her needs
    - Functional Assessment / Positive Behavior Support Plan teaches functional skills enabling the person to achieve greater integration in his / her community, success in relationships, achievement at work, and satisfaction in recreation

Evaluation

- You are accountable to the reader
    - For preparing a document that is easily read and understood
    - For outlining the treatment plan with only the specific information he or she requires to run the programs and support the individual in the home, work, and community settings
    - For specifying the behaviors to be counted, how they are counted, when they are counted, and where they are documented
    - For training the reader in the Functional Assessment / Positive Behavior Support Plan
        - Teaching involved in each shaping step leading to the successful completion of the Long-term Goal
        - Collecting data on the data collection forms you provide
        - Monitoring procedures for
            - Consistent, accurate application of programs (program fidelity)
            - Consistent, accurate data collection (data fidelity)
            - Individual's response to instruction (goal attainment)
    - Communicating the effects of reader efforts on the rates of
        - Target behavior
        - Replacement Behaviors
- You are accountable to the facility / agency
    - Your Functional Assessment / Positive Behavior Support Plan meets or exceeds requirements contained within
        - Codified Federal Register (CFR, W or F Tags)
        - Revised Code of Washington (RCW)
        - Washington Administrative Code (WAC)

        - Developmental Disabilities Administration Policy
        - Institution Standard Operating Procedures (SOP)
        - Agency policies / standards / expectations
    - Your documents pass evaluation by licensors or incident investigators
    - Protects the individual and his or her rights
    - Follows all due process requirements before infringing on an individual's rights

Appendix

[My Page](#) Profile:

My Page
One-Page Profile

Please complete this one-page profile prior to meeting with your case manager for your assessment. This enables them to know you better and understand what is important to you. Your case manager will review your profile with you before completing your assessment and person-centered service plan.

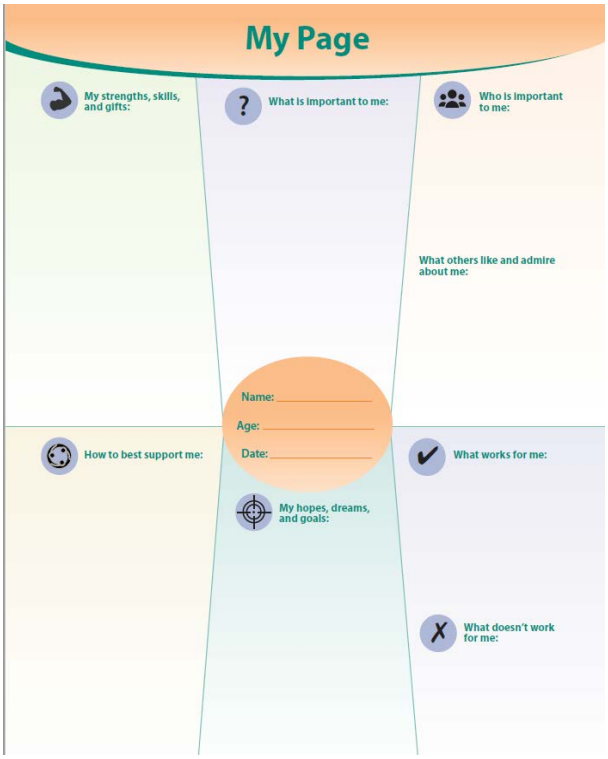
By understanding you and your goals, your case manager can better help determine how DDA paid services can assist you in living the life you want to live.

You can complete the one-page profile on your own, or with the assistance. Complete as much or as little of the profile as you wish. If you need extra space, you can use another sheet of paper. Feel free to include a picture of yourself with your profile.

You are not required to complete a one-page profile. Not completing the profile will not affect your eligibility to receive a DDA assessment or paid services.

Instructions:

- **In circle:** Write your name, age, and date you completed your profile. You can add a photo if you like.
- **My strengths, skills, and gifts:** Tell us things you are good at doing.
- **What is important to me:** Write down people, places, interests, activities, things, pets … anything that helps you live happily and safely.
- **Who is important to me:** Provide the names of people who mean the most to you.
- **What others like and admire about me:** Describe what it is that other people like about you.
- **How to best support me:** Explain ways people can best assist you when you need help. How should people communicate with you? What is important for your for health and safety?
- **What works for me:** List what helps you the most.
- **What doesn't work for me:** State what you don't like, things that cause you to be upset, or are not good for your happiness, health, or safety.
- **My hopes, dreams and goals:** Write down your life wishes. This might be about where you want to live, or a job you want. It may be something you strongly desire to do. What are your ideas for the best possible future for yourself?

Developmental Disabilities Administration

Washington State Department of Social & Health Services
Transforming lives