DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	POSITIVE BEHAVIOR SUPPORT PRINCIPLES	5.14

Authority:

Title 71A RCW	*Developmental Disabilities*
Chapter 388-101 WAC	*Certified Community Residential Services and Supports*
Chapter 388-101D WAC	*Requirements for Providers of Residential Services and Supports*
Chapter 388-825 WAC	*Developmental Disabilities Services*
Chapter 388-845 WAC	*Home and Community Based Waiver Services*
Chapter 388-850 WAC	*County Plan for Developmental Disabilities*

BACKGROUND

The Developmental Disabilities Administration (DDA) transforms lives by providing supports and fostering partnerships empowering people to live the lives they want. DDA uses person-centered planning that emphasizes respect for all clients, partnering with DDA clients, families and providers. Person-centered planning is personalized. It identifies the client's strengths and areas requiring supports. It encourages growth in skills that enable the client to live in their community, achieve their personal goals, participate in the workforce, and contribute to the community.

DDA wants eligible clients to experience positive life benefits described in the DDA Guiding Values. These benefits include:

- Inclusion;
- Status and contribution;
- Relationships;
- Power and choice;
- Health and safety; and
- Competence.

None of these values stand alone or is more important than the others. Each overlaps and affects each other. As a values system they guide and support individualized person-centered plan development respecting the client, preserving the client's rights, and guarding the client's dignity.

PURPOSE

This policy describes positive behavior support principles in promoting the client's quality of life and achieving the goals outlined in the client's person-centered service plan. The client experiences the benefits of *DDA Guiding Values* when:

- Supports and instruction are provided to the client in the least restrictive, intrusive manner and setting;

- The client's number of plans are minimized;

- The client participates in the development of their service plans;

- All of the client's learning opportunities use positive behavior supports selected to help the client learn skills;

- Skills learned are used in the client's interaction with others; and

- The client functions as a member of their communities, learning to accept the risk and responsibilities of exercising their rights and privileges as a functioning member of their community.

For a provider developing a client's functional assessment and positive behavior support plan, see [DDA Policy 5.21](#), *Functional Assessments and Positive Behavior Support Plans.*

SCOPE

This policy applies to all DDA employees, volunteers, interns, work-study students, and the following DDA-contracted or certified service providers:

- Supported living (SL);
- Group homes (GH);
- Group training homes (GTH);
- Alternative living (AL);
- Companion homes (CH);
- Residential habilitation center (RHC), including:
    - State-operated intermediate care facilities for individuals with intellectual disabilities (ICF/IID); and
    - State-operated nursing facilities (SONF);
- State-operated living alternatives (SOLA);
- Crisis diversion bed and support services;
- Community ICF/IID;
- Adult programs and services provided by counties that are funded by DDA, such as employment and day program services; and
- DDA-contracted service providers delivering:

- o Behavior support and counseling;
- o Staff and family consultation and training;
- o Psychological services;
- o Diversion bed services;
- o Crisis prevention, intervention, and stabilization services;
- o Agency respite;
- o Enhanced respite;
- o Respite in community settings;
- o Waiver skilled nursing respite;
- o Overnight planned respite;
- o Person-centered plan facilitation;
- o Children's intensive in-home behavioral support;
- o Voluntary placement services;
- o Transportation services;
- o Community engagement services;
- o Community guide services;
- o Assistive technology;
- o Specialized habilitation;
- o Music therapy;
- o Equine therapy;
- o Specialized evaluation and treatment;
- o Sexual deviancy services;
- o Sex offender treatment professional services;
- o Caregiver management; and
- o Shopper.

DEFINITIONS

Adaptive behavior means a behavior that helps a client function at their highest level.

Person-centered planning means whole-life planning that's driven by the client with help from family, friends, and professionals the client chooses to include.

Quality of life means the client's perception of their satisfaction with their lifestyle, living situation, relationships, activities of work and leisure, as well as progress toward their goals.

Support means all methods used to teach, expand, and increase use of adaptive skills as well as changes and accommodations made to the environment and support system to increase opportunities to use adaptive skills.

POLICY

A.   **Positive Behavior Supports**

1.   Positive behavior supports are changes made to the environment, ways of explaining ideas, setting up routines, teaching skills, coaching, forming

relationships, and anything else done to improve the client's quality of life. They are part of the person-centered service plan, the daily interactions with service providers, and support the client in learning new or expanding the use of existing skills.

2.   Positive behavior supports use concepts and techniques from many fields to accomplish change, teach skills, and improve the client's quality of life. Positive behavior supports may use a variety of supports and techniques to meet the client's needs, which may include techniques from:

   a.   Behavioral sciences, such as Applied Behavior Analysis, and Task Analysis.

   b.   Educational sciences, such as Learning Theory, Constructivism, Direct Instruction, Mastery Learning, Functional Education, and Functional Literacy Education.

   c.   Psychological sciences, such as Developmental Psychology, Educational Psychology, Motivation Theory, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Social Learning Theory, Measurement, Systems Theory, Positive Psychology, Clinical Psychology, and Behavioral Psychology.

3.   Positive Behavior Supports help the client develop the lifestyle they want by:

   a.   Supporting the client to live in the community of their choice;

   b.   Increasing the client's skills in areas of the client's choice, such as:

      1)   Communication;
      2)   Self-advocacy;
      3)   Managing his or her personal affairs;
      4)   Activities of daily living;
      5)   Social interactions;
      6)   Literacy;
      7)   Vocational settings;
      8)   Recreational activities;
      9)   Spiritual activities; and
      10)   Accessing the community;

   c.   Maintaining or increasing the quality and number of relationships the client has with others;

   d.   Respecting and supporting the client to exercise their rights;

   e.   Respecting the client's dignity;

   f. Honoring the client's choices;

   g. Preventing the client from experiencing unnecessary:

     1) Restrictions or restrictive procedures;

     2) Medications; and

     3) Limits to client choice solely for an employee or service provider's convenience;

   h. Assisting the client in accessing adequate medical care;

   i. Assisting the client in pursing their interests; and

   j. Assisting the client in recognizing their successes and gaining recognition by others.

B. **Components of Positive Behavior Supports**

  1. <u>Supportive Environments</u>. A supportive environment often:

   a. Partners with the client and others involved in the client's life;

   b. Promotes positive relationships;

   c. Understands the client's unique strengths, limitations, and needs;

   d. Establishes consistent, predictable routines;

   e. Recognizes and utilizes opportunities to coach, suggest, remind, and encourage use of adaptive behaviors;

   f. Maximizes daily opportunities for the client to make meaningful choices in managing their affairs;

   g. Provides opportunities for the client to use existing adaptive skills;

  2. <u>Skill Development</u>. Skill development often:

   a. Reinforces the use of adaptive behaviors and skills;

   b. Expands current adaptive behaviors and skills into new settings, with new people, or as part of a new skill sequence;

   c. Teaches the client new adaptive behaviors and skills;

    d.   Enhances the client's emotional and mental state; and

    e.   Assists the client in understanding how and why using adaptive behaviors and skills are important.

3.   <u>Recognition and Status</u>

    a.   Personal improvement helps increase a client's status and confidence. Adaptive skills taught depend upon the client's age, capabilities, interests, motivations, and personal goals. Teaching must be individualized and based on the person's unique strengths and needs.

    b.   Recognition and status happens when the client is reinforced for using a adaptive skill; when interacting with others in multiple community settings; and when the client realizes they can do things without someone else's help. Abilities promoting integration include:

        1)   Functional communication skills, such as manual sign language, visual language systems, and computer aided communication programs;

        2)   Ability to problem solve or adapt to change;

        3)   Managing personal affairs, such as:

            a)   Making decisions;
            b)   Planning;
            c)   finances;
            d)   Completing activities of daily living;
            e)   Caring for the home;
            f)   Caring for one's personal health;
            g)   Advocating for one's self;
            h)   Exercising one's rights; and
            i)   Organizing activities of the day;

        4)   Ability to interact with others, problem solve, and make decisions;

        5)   Accessing community resources and activities, such as:

            a)   Navigating to and from one's home;
            b)   Working;
            c)   Accessing services;
            d)   Participating in social activities or groups;
            e)   Pursuing leisure interests;
            f)   Attending public events; and
            g)   Contributing to one's community.

3.   Health Care

a.   Establishing an ongoing relationship with a primary health care provider is essential in accessing health care and other necessary services. Access to appropriate health care improves the client's health and quality of life.

b.   Untreated or under-treated health issues are often related to target behaviors and lower quality of life. Health care support must be offered to the client to ensure prompt assessment and treatment of any suspected or ongoing condition. Health care support must be offered until the problem is resolved.

4.   Treatment of Mental Disorders

a.   A client diagnosed with a mental disorder should access a community behavioral health provider through their health care network, ideally from a provider with expertise in developmental disabilities. The provider may offer the client:

1)   An evaluation;
2)   Treatment recommendations; and
3)   A treatment plan.

b.   The behavioral health treatment plan may include prescription of psychotropic medication as a part of the overall support plan. The DDA contracted provider or Interdisciplinary Team must determine if the mental health professional's recommendations are best addressed in a service plan or require a Positive Behavior Support Plan.

c.   For a client receiving certified or contracted residential services, refer to DDA Policy 5.16, *Use of Psychoactive Medications.*

d.   For a client residing in an RHC or community ICF/IID, refer to DDA Policy 9.02, *Administration of Psychotropic/Neuroleptic Drugs and Other Medications for Behavior Management or Treatment of Mental Illness.*

5.   Protection from Harm

a.   Some behaviors pose a risk of harm or injury to the client, others, or property. To prevent injury or the destruction of property, physical intervention or restraint may be necessary. A physical intervention:

1)   Must only be used to protect the client, others, or property of others;

2)   Must be used at the least restrictive, intrusive intervention level possible and only increases to match the level of risk of harm or injury; and

3)   Must be released or removed immediately once the need for protection is over.

b.   Refer to DDA Policy 5.15, *Restrictive Procedures: Community,* and DDA Policy 5.17, *Physical Intervention Techniques,* for more information and requirements for community providers.

c.   Refer to DDA Policy 5.22, *Restrictive Procedures: Residential Habilitation Centers* and DDA Policy 5.17, *Physical Intervention Techniques,* for more information and requirements for state operated Residential Habilitation Centers.

PROCEDURES

A.   All DDA employees, volunteers, interns, and work study students must use positive behavior support principles to:

1.   Respect the client's rights and dignity;

2.   Prioritize services and supports:

a.   In integrated, natural settings;

b.   That assist the client to be with members of the community;

c.   That are culturally sensitive; and

d.   Identified by the client and others involved in the client's life as improving the client's quality of life;

3.   Advocate for system change to remove or circumvent barriers to community access, inclusion, and services.

B.   DDA-contracted or certified service providers for adults will use Positive Behavior Support principles, to the greatest extent possible, to:

1.   Respect the client's rights and dignity;

2.   Provide services and supports:

a.   In integrated, natural settings;

        b.   That assist the client to participate as a member of the community;

        c.   That are culturally sensitive; and

        d.   Identified by the client and others involved in the client's life as improving the client's quality of life;

3.   Advocate for system change to remove or circumvent barriers to community access, inclusion, and services.

EXCEPTIONS

None.

SUPERSESSION

DDA 5.14, *Positive Behavior Support*
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Approved: /s/ Deborah Roberts   Date: July 1, 2019
              Deputy Assistant Secretary
              Developmental Disabilities Administration