**Washington State**
**Department of Social**
**& Health Services**

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

| TITLE: | POSITIVE BEHAVIOR SUPPORT | POLICY 5.14 |
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Authority:    Chapter 71A RCW          *Developmental Disabilities*
              Chapter 388-101 WAC       *Certified Community Residential Services and*
                                            *Supports*
              Chapter 388-825 WAC       *Developmental Disabilities Services*
              Chapter 388-850 WAC       *County Plan for Developmental Disabilities*

Reference:    DDA Policy 5.15, *Use of Restrictive Procedures*
              DDA Policy 5.16, *Use of Psychoactive Medications*
              DDA Policy 5.17, *Physical Intervention Techniques*

## BACKGROUND

The Developmental Disabilities Administration (DDA) strives to make a positive difference in the lives of people eligible for services, through offering quality supports and services that are individual/family driven, stable and flexible, satisfying to the person and their family, and able to meet individual needs.  Supports and services shall be offered in ways that ensure people have the necessary information to make decisions about their options and provide optimum opportunities for success.

DDA wants eligible clients to experience positive life benefits as described in the *Residential Guidelines* and the *County Guidelines*.  These benefits include:

- Health and safety;

- Personal power and choice;

- Personal value and positive recognition by self and others;

- A range of experiences which help people participate in the physical and social life of their communities;

- Good relationships with friends and relatives; and

- Competence to manage daily activities and pursue personal goals.

## PURPOSE

This policy describes the Administration's general approach to promoting quality of life and adaptive behavior through the DDA *Residential Guidelines* and the *County Guidelines* and by providing positive behavior support for individuals with challenging behaviors.

## SCOPE

This policy applies to all adult clients who receive services in:

1.      DDA community residential programs, which include Supported Living (SL) and State Operated Living Alternatives (SOLA) programs, Alternative Living (AL), Companion Homes (CH), Group Homes (GH) and Group Training Homes (GTH);

2.      Community Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID);

3.      Residential Habilitation Centers (RHC); and

4.      Adult programs/services provided by counties that are funded by DDA (including employment and day program services).

## POLICY

A.      **Positive Behavior Support**

Positive behavior support is an approach to addressing challenging behavior that focuses on changing the physical and interpersonal environment and a person's skill deficits so that the person is able to get their needs met without having to resort to challenging behavior.  Positive behavior support must be emphasized in all services funded by DDA for persons with developmental disabilities.

Positive behavior support is based on respect, dignity, and personal choice.  It helps develop effective ways of meeting a client's needs to reduce challenging behaviors.  Different people will require different positive supports.  Common types of support are:

- Assisting a person to live in a home which is safe, attractive, and in a location that is readily accessible to the community, activities, friends, and relatives; and

- Providing a person with opportunities and assistance to:

  o   Learn how to make choices and exercise personal power;

o   Manage daily activities, pursue personal goals, and access good health care;

o   Form and maintain significant friendships and relationships; and

o   Participate in a broad range of activities that the person enjoys and which promote positive recognition by self and others.  This includes work, leisure, socialization and personal interests.

B.      **Components of Positive Behavior Support**

➤   Supportive Environments and Learning Opportunities

A supportive environment helps a person meet their needs through positive expression, instead of resorting to challenging behaviors to get the environment to respond.  In a supportive environment, caregivers proactively plan to meet a person's needs.  Many things contribute to a good environment, including:

o   Promoting warm and caring relationships, especially with caregivers;

o   Increasing a person's opportunity to make daily choices;

o   Reducing factors and forms of treatment that may make a person feel anxious, afraid, angry or devalued;

o   Arranging environmental factors, such as location of residence, access to transportation, and user-friendly kitchens;

o   Providing consistent, positive responses to appropriate behavior on the part of the person;

o   Providing a consistent, predictable environment;

o   Calmly interrupting and redirecting inappropriate behavior; and

o   Assisting the person to understand, to the best of their ability, how and why behavior change is helpful.

➤   Skill Development and Status

Skill development and improvement help increase a person's status and confidence. It is dependent upon age, capabilities, interests, and personal motivation.

Important types of support include:

o   Teaching a person new skills to obtain what they want;

o   Assisting to increase a person's communication skills;

o   Increasing participation in typical community activities (work, socialization, shopping recreation, and leisure, etc.);

o   Fostering skills and behaviors that promote mental and physical wellness;

o   Encouraging a person to take more responsibility; and

o   Helping a person to find ways to make contributions to others.

➢ Healthcare

Healthcare support must be offered to the person to ensure prompt assessment and treatment of any ongoing or suspected problem.  Untreated or under-treated health issues are often related to challenging behavior.  Healthcare support should be offered until the problem is resolved.  Establishing an ongoing relationship with a primary health care provider is part of healthcare support.

➢ Treatment of Mental Illness

Persons who have a mental illness or mental health issues should be evaluated by a mental health professional, preferably one with expertise in developmental disabilities.  The professional's recommendations should be considered in developing a Positive Behavior Support Plan (PBSP) for the person.  This may include prescription of psychoactive medication.  Any use of psychoactive medication should be integrated into the larger plan to build a supportive environment for the person.

For persons receiving certified contracted residential services, refer to DDA Policy 5.15, *Use of Psychoactive Medications.*

For persons residing in community ICF/IDs and Residential Habilitation Centers (RHCs), refer to DDA Policy 9.02, *Administration of Psychotropic/Neuroleptic Drugs and Other Medications for Behavior Management or Treatment of Mental Illness.*

➢ Protection from Harm
Some people's behaviors may pose a risk of harm or injury to themselves, others, or property.  In order to prevent injury or the destruction of property, physical intervention or restraint may be necessary.  When this is the case, physical intervention is used only for the protection of the client, others, or property.  Refer to DDA Policy 5.15, *Use of Restrictive Procedures,* and DDA Policy 5.17, *Physical Intervention Techniques,* for more information and requirements.

C.      **Functional Assessment (FA)**

Some individuals have challenging behaviors that may interfere with their ability to have positive life experiences and form and maintain relationships.  Positive behavior support uses functional assessment to help build respectful support plans for persons with challenging behaviors.

Note:  Some professionals may use the terms "functional analysis" and "functional behavioral assessment."  For the purposes of this policy, these terms are the same as "functional assessment."

A functional assessment is a process that evaluates:

- The overall quality of a person's life;

- Factors or events that increase the likelihood of challenging behavior;

- Factors or events that increase the likelihood of appropriate behavior;

- When and where the challenging behavior occurs most frequently;

- The presence of a diagnosed mental illness or neurological dysfunction that may contribute to the challenging behavior; and

- The functions or purpose of the challenging behavior (what the person obtains or avoids by engaging in the behavior).

D.      **Positive Behavior Support Plans (PBSP)**

1.      The completed Functional Assessment (FA) provides the basis for developing a Positive Behavior Support Plan (PBSP), which will help to eliminate or reduce the frequency and severity of the challenging behavior.

2.      A PBSP generally contains the following common elements:

- Recommendations for improving the general quality of a person's life;

- Providing increased interesting activities to fill a person's time;

- Reducing events that are likely to provoke the challenging behavior;

- Methods to teach alternative appropriate behaviors that will achieve the same results as the challenging behavior;

- Methods to reduce the effectiveness of the challenging behavior in obtaining the desired outcomes; and

- Professional recommendations for treating mental illness and/or neurological dysfunction.

## PROCEDURES

A. PBSPs are required when challenging behaviors interfere with a client's ability to have positive life experiences and form and maintain relationships. PBSPs are specifically required when:

1. The use of certain restrictive procedures is planned or used. Refer to DDA Policy 5.15, *Use of Restrictive Procedures*, for more information and requirements regarding PBSPs.

2. A client is taking psychoactive medications to reduce challenging behavior or treat a mental illness that is interfering with the client's ability to have positive life experiences and form and maintain relationships. Refer to DDA Policy 5.16, *Use of Psychoactive Medications,* for more information and requirements.

3. Certain restrictive physical interventions are planned or used. Refer to DDA Policy 5.17, *Physical Intervention Techniques,* for more information and requirements.

B. When challenging behaviors are identified, a written FA and PBSP must be completed within ninety (90) days. If the data indicates progress is not occurring after a reasonable period, but no longer than six (6) months, the FA and the PBSP must be reviewed and revisions implemented as needed.

C. The PBSP must include a plan for recording data on the use of the procedure and its effect (each use of the restrictive procedure must be documented). The plan must specify the type and frequency of data collection and monitoring.

D. **General Format for Functional Assessments and Positive Behavior Support Plans**

1. A written FA must have the following sections:

    a. Description and Pertinent History;

    b. Definition of Challenging Behaviors;

    c. Data Analysis/Assessment Procedures; and

    d. Summary Statements(s).

2.    A written PBSP must have the following sections:

   a.    Prevention Strategies;

   b.    Teaching/Training Supports;

   c.    Strategies for Responding to Challenging Behaviors; and

   d.    Data Collection and Monitoring.

3.    Attachment A, *Recommended Guidelines for Developing Functional Assessments and Positive Behavior Support Plans,* contains guidelines to assist those writing FAs and PBSPs that will effectively support individuals with challenging behaviors.

4.    DDA psychologists and contracted service providers may use their own format as long as the documents contain the sections described in "1" and "2" above and otherwise meet all policy requirements.  Alternatively, they may use DSHS 15-383, *DDA Functional Behavioral Assessment*, and DSHS 15-382, *DDA Positive Behavior Support Plan*.

E.    The service provider (or writer of the plan) must send completed copies of FAs and PBSPs to the client's Case Resource Manager (CRM) for inclusion in the client record.

1.    The CRM should review the documents prior to placing them in the client record. If, during this review, the CRM has concerns, they will discuss these with the service provider.

2.    No approval by the CRM is required.

F.    **Distribution of PBSPs**

1.    A copy of the client's current PBSP must be available in the client's home for employees to access.

2.    The residential provider must send a copy of the client's PBSP to the employment or day program provider if the client is receiving these services.  The employment/day program provider must implement the PBSP as written if appropriate to the employment/day program setting and communicate with the residential provider regarding any proposed modifications for use in the employment/day program setting.

3.    Similarly, if the employment/day program develops a FA and a PBSP for a client, the employment/day program provider should consult with the residential

provider.  The employment/day program provider must send the final FA and PBSP to the DDA CRM and the client's residential provider.

**EXCEPTIONS**

None

**SUPERSESSION**

DDD Policy 5.14
Issued July 1, 2011

Approved:     _/s/ Donald Clintsman_                              Date:  July 1, 2013
                      Deputy Assistant Secretary
                      Developmental Disabilities Administration

Attachment A - *Recommended Guidelines for Developing Functional Assessments & Positive Behavior Support Plans*

**ATTACHMENT A**

**RECOMMENDED GUIDELINES FOR DEVELOPING
FUNCTIONAL ASSESSMENTS & POSITIVE BEHAVIOR SUPPORT PLANS**


These guidelines are intended to assist people who conduct functional assessments (FA) and develop positive behavior support plans (PBSP) for individuals with challenging behaviors.  The guidelines describe the type of information that should be included in a written FA and PBSP.

Some professionals use the terms "functional analysis" and "functional behavioral assessment."  For the purpose of these guidelines, these mean the same as "functional assessment."

# FUNCTIONAL ASSESSMENT (FA)

The format for the written FA is flexible regarding where the information listed below is entered, especially if a different organization leads to a more concise and understandable rationale.  However, all FAs must contain these four major sections with these headings:

- *Description and Pertinent History;*
- *Definition of Challenging Behavior(s);*
- *Data Analysis/Assessment Procedures; and*
- *Summary Statements.*

**Description and Pertinent History**
- ✓ Briefly describe the person to help the reader understand the "whole person" and not just the person's challenging behavior.  The reader should understand the positive qualities of the person, and not just see them as a group of problem behaviors.

  "Pertinent" history means 1) information that assists in understanding the development of the challenging behaviors (e.g., traumatic events; family history of psychiatric disorders that may create a predisposition to psychiatric problems; genetic conditions known to predict certain behaviors); and 2) information that identifies potential setting events and/or antecedents to the challenging behaviors (e.g., diabetes sets the stage for food-related behavioral issues; communication deficits helped create a situation where the challenging behaviors became the most effective way to get what the person wanted).  The setting event and antecedent factors identified in "pertinent history" need to be summarized in the A-B-C model in the Data Analysis and Summary Statement sections.

- ✓ List abilities (strengths) and disability conditions.
  - Briefly describe the person's cognitive, adaptive and emotional functioning when the person is doing well.

- ✓ List interests, activities, and hobbies.  Refer the reader to a Person Centered Plan for more detail, if one exists.
  - Pertinent life experiences that may impact current behaviors.
  - Estimate how well the person's current life meets their wishes and needs.

- ✓ List current medical and psychiatric conditions.  List current diagnoses and medications.  When the collected information has conflicting diagnoses, make sure that you are using those of the current treating professional.  The diagnoses contained in the FA should be consistent with the client's other plans (e.g., Cross System Crisis Plan, Individual Support Plan).

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✓ If requesting to use restrictive procedures, describe why less restrictive methods are not sufficient.

## Definition of Challenging Behavior(s)

✓ Describe each behavior of concern separately unless you are defining a consistent grouping, such as tantrums or delusions.

✓ List frequency, duration, and severity/intensity of the behavior based on the best available data (severity = risks to person and others).

## Data Analysis/Assessment Procedures

✓ List how the data was collected for the assessment (e.g., structured and informal interviews, observations, record reviews, scatter plots, etc.).

✓ Describe the data and how it fits with the **A-B-C** model:

   *A*ntecedents (Setting Events & Predictors) → *B*ehavior → *C*onsequence (Function)

   To describe the data, explain what was found with each data type collected (e.g., A-B-C observation, scatterplot analysis, FA interview). Recounting incidents that show the A-B-C pattern is suggested.

   ▪ List the setting events and predictors/antecedents identified through the analysis of collected information and the behavior(s) and consequences (functions) to which those setting events and predictors relate.

   ▪ List specific medical, psychiatric and quality of life problems that appear to be setting events or predictors.

✓ If the same behavior serves more than one function, identify which factors predict which function is being served.

✓ Assess and list the setting events or predictors for the positive, prosocial behavior that the person exhibits as one basis for designing preventive interventions (by increasing those positive events).

## Summary Statements

✓ Summarize the FA with the best hypothesis (i.e., reason or purpose) why the person engages in the behavior. Describe the typical relationship between the setting events/predictors and the behavior. One way to construct a summary statement is:

   *When Predictor X occurs, Behavior Y is likely to occur so the person can obtain/avoid Consequence Z (the function). This behavior will be more likely to occur when setting events A, B, or C is present.*

✓ When there are multiple behaviors that do not appear to serve the same function for the person, include a summary statement for each behavior.

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&#10003;   When there are multiple functions identified for a single behavior, you may want to write separate summary statements for the different setting events and/or predictors.  One example is:

> *When asked to do chores like take his dirty clothes to the laundry room or take his dishes to the kitchen after meals, hitting himself serves the purpose of escaping those requests as staff don't want to see more self-injury.  At other times, when his favorite staff is busy helping others, he may hit himself to try to regain their attention.*

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# POSITIVE BEHAVIOR SUPPORT PLAN (PBSP)

It is recommended that the FA and PBSP be two distinct documents. If you are writing the FA and PBSP as separate documents, start the PBSP with a recap of the *Behavioral Definitions* and the *Summary Statements* from the FA so that the reader will understand the rationale for the procedures in the PBSP. If you are including both the FA and PBSP in one document, start below. Keep instructions clear, concise, and let the reader know exactly what actions they should take.

## Prevention Strategies

The goal in writing prevention strategies is to address major deficiencies in quality of life factors (i.e., deficiencies in power and choice, community integration, status, relationships, competence, health, and safety) and each setting event/predictor identified by the FA.

Prevention strategies try to avoid the setting events/predictors that occur prior to the challenging behavior, or to minimize their occurrence and impact when they can't be avoided. Strategies might also be developed to modify the antecedents so they do not predict the challenging behavior. These strategies should be specific, measurable actions that staff or caregivers can do (i.e., not just general ideas).

- ✓ **Environmental -** Changes in the person's environment to avoid, modify, or minimize antecedents/predictors identified in the FA.

- ✓ **Psychosocial /Interpersonal -** More general changes that improve the quality of the person's life and promote obtaining more natural reinforcers via relationships, integration, power and choice, competence, and status or dignity.

  - ▪ List needed changes in the person's life, even if they cannot be achieved right away. Tie these identified needs into the broader Person Centered Plan or the Individual Instruction and Support Plan (IISP).

- ✓ **Intrapersonal -** Medical, psychological, and/or psychiatric interventions that address setting events/predictors identified in the FA.

## Teaching/Training Supports

- ✓ Define and list teaching and reinforcement procedures (if not covered under *Prevention Strategies*) to improve general skills that will allow the person to access important reinforcers or lifestyle outcomes and reduce the person's need to use challenging behaviors; and

- ✓ Define and list procedures to teach and reinforce specific behaviors that can serve as a replacement behavior (i.e., an appropriate behavior that achieves the same function for the person as the challenging behavior). Clearly list staff or caregiver behaviors that will teach, prompt and reinforce the use of this replacement behavior; or

- ✓ If the person has these skills already, list staff or caregiver behaviors to reinforce the appropriate replacement behavior(s) so that they will be used while minimizing or stopping reinforcement for the challenging behavior(s).

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## Strategies for Responding to Challenging Behaviors

✓ List specific actions that staff or caregivers should take when reacting to each challenging behavior (there may be different responses, depending on the behavior):

- To ensure protection.
- To redirect, distract, etc.
- To help the person problem solve.
- To prompt the use of the replacement or alternate behaviors, if possible, and steps to reinforce using those appropriate behaviors.
- To avoid or minimize reinforcement of the challenging behaviors.

✓ If implementing a restrictive procedure, clearly describe the specific procedure(s) and provide directions for implementing the procedure(s).

## Consistency with the Cross Systems Crisis Plan (CSCP)

✓ If there is a Cross Systems Crisis Plan (CSCP) in place, make sure these steps are consistent with the CSCP.

✓ If there is not a CSCP or other crisis plan document, list in the PBSP the specific actions that staff or caregivers are to take prior to/during a crisis to ensure protection and request assistance from internal and external resources (e.g., staff supervisor, police, DDA).

## Data Collection and Monitoring

✓ Operationally define the goals of the PBSP in terms of specific, observable behaviors.

✓ Indicate what data is needed to evaluate success (i.e., frequency, duration, and severity/intensity of the target behaviors).

✓ Provide instructions to staff or caregivers on how to collect this data (e.g., forms, charts, procedures).

✓ List who will monitor outcomes, need for revisions, and evaluate success and process for monitoring.

✓ Recommend displaying data in a graph over time for easy analysis.

**For more information regarding functional assessment and positive behavior support plan requirements, refer to the following DDA policies, as appropriate:**

- **Policy 5.14,** *Positive Behavior Support*
- **Policy 5.15,** *Use of Restrictive Procedures*
- **Policy 5.19,** *Positive Behavior Support for Children and Youth*
- **Policy 5.20,** *Use of Restrictive Procedures with Children and Youth*