DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	POSITIVE BEHAVIOR SUPPORT PRINCIPLES	5.14

Authority:
42 C.F.R. 441.301(c)(4)	*Home and Community-Based Settings*
Title 71A RCW	*Developmental Disabilities*
Chapter 71A.26 RCW	*Client Rights*
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 supports 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.

These values are equally important. They overlap and affect 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:

- The client leads in the development of their person-centered service plan;

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

- The client's number of plans are minimized;

- All of the client's learning opportunities emphasize the client's strengths to support the client in learning skills, modifying and building on their current skills while using positive behavior supports;

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

- The client participates as a member of their community, learning to accept the risk and responsibilities of exercising their rights and privileges as an integrated 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 providers:

- Supported living
- Group homes
- Group training homes
- Alternative living
- Companion homes
- Residential habilitation centers, including:

- o State-operated intermediate care facilities for individuals with intellectual disabilities
  - o State-operated nursing facilities
- State-operated community residential programs, including:
  - o State-operated living alternatives for children and adults
  - o Stabilization, assessment, and intervention facility
- Mobile and bed-based diversion services providers
- Adult programs and services provided by counties that are funded by DDA, such as employment and day program services
- DDA-contracted providers delivering:
  - o Staff and family consultation
  - o Stabilization—Diversion bed services
  - o Stabilization—Staff and family consultation
  - o Stabilization—Specialized habilitation
  - o Crisis prevention, intervention, and stabilization services
  - o Respite
  - o Peer mentoring
  - o Supported parenting
  - o Enhanced respite
  - o Waiver skilled nursing
  - o Overnight planned respite
  - o Person-centered plan facilitation
  - o Children's intensive in-home behavioral support
  - o Out-of-home services
  - o Intensive habilitation services
  - o Transportation services
  - o Community engagement services
  - o Assistive technology
  - o Specialized habilitation
  - o Music therapy
  - o Equine therapy

DEFINITIONS

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

Person-centered planning means whole-life planning that is 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 methods used to teach, expand, and increase the client's use of adaptive skills and changes and accommodations made to the environment and support system to increase opportunities for the client 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, incorporated in daily interactions with 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; and

   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.   Using the client's priorities and choices in the skills they add or improve in the areas of:

      i.   Communication;
      ii.   Self-advocacy;
      iii.   Managing their personal affairs;

    iv. Activities of daily living;
    v.   Social interactions;
    vi. Literacy;
    vii. Vocational settings;
    viii. Recreational activities;
    ix. Spiritual activities; and
    x.   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:

    i. Restrictions or restrictive procedures;
    ii. Medications; and
    iii. Limits to client choice solely for an employee or provider's convenience.

  h. Assisting the client in accessing adequate medical care;

  i. Assisting the client in pursuing 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; and

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

2. Skill Development. 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. Recognition and Status

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 client's unique strengths and needs.

b. Recognition and status happen when the client is reinforced for using an 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:

   i. Functional communication skills, such as manual sign language, visual language systems, and computer-aided communication programs;

   ii. Ability to problem solve or adapt to change;

   iii. 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.

   iv. Ability to interact with others, problem solve, and make decisions; and

   v. Accessing community resources and activities, such as:

    A) Navigating to and from one's home;

    B) Working or volunteering;

    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.

4. <u>Health Care</u>

  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 medical problem is treated.

5. <u>Treatment of Mental Disorders</u>

  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:

   i. An evaluation;

   ii. Treatment recommendations; and

iii.   A treatment plan.

b.   The behavioral health treatment plan may include psychotropic medication as a part of the overall support plan. The DDA-contracted provider or Interdisciplinary Team must determine which type of service plan would best address the mental health professional's recommendations.

Note: For more information about supporting clients prescribed psychotropic medications, refer to DDA Policy 5.16, *Use of Psychoactive Medications.*

c.   For a client residing in a residential habilitation center, refer to DDA Policy 9.02, *Psychotropic Medications: ICF/IID and State-Operated Nursing Facility.*

6.   <u>Protection from Harm</u>

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

a.   Must only be used to protect the client, others, or property of others;

b.   Must be used at the least restrictive, intrusive intervention level possible and may only increase to match the level of risk of harm or injury; and

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

Note: 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.

Note: 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

All DDA employees, volunteers, interns, work study students, and DDA-contracted providers in the scope of this policy must use positive behavior support principles to:

A.   Respect the client's rights and dignity;

B.   Prioritize or provide services and supports:

   1.   In integrated, natural settings;

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

   3.   That are culturally sensitive;

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

   5.   To avoid status inequality with clients.

C.   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/ Shannon Manion_   Date: July 1, 2023
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