Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: POSITIVE BEHAVIOR SUPPORT POLICY 5.14

Authority: Chapter 71A RCW   Developmental Disabilities
 Chapter 388-820 WAC Community Residential Services and Supports
 Chapter 388-825 WAC DD Services Rules
 Chapter 388-850 WAC County Employment and Day Programs

BACKGROUND

The mission of the Division of Developmental Disabilities (DDD) is to endeavor 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.

DDD wants people to experience positive life benefits as described in the *DDD Residential Service 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 them 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 division's general approach to promoting quality of life and adaptive behavior through the *DDD Residential Service Guidelines* and by providing positive behavior support for individuals with challenging behaviors.

SCOPE

This policy applies to all persons who receive services in:

1.   DDD certified and contracted residential programs serving people in their own homes;

2.   State Operated Living Alternatives (SOLA);

3.   Intermediate Care Facilities for the Mentally Retarded (ICF/MR);

4.   Residential Habilitation Centers (RHC); and

5.   Services provided by counties that are funded by DDD.

POLICY

A.   **Positive Behavior Support**

Positive behavior support is an approach for dealing with challenging behavior that focuses on changing the environment and skill deficits that contribute to the person's problem behavior. Positive behavior support must be emphasized in all services funded by DDD for persons with developmental disabilities.

Positive behavior support is based on respect, dignity, and personal choice. It helps develop effective means of meeting a person's needs and helps reduce problem 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 which is readily accessible to the community, activities, friends, and relatives; and

- Providing a person 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 his/her needs through positive expression instead of needing to resort 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 his/her ability, how and why behavior change is helpful.

➢ Skill Development and Status

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

Important types of support are:

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

  o   Improving 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 in their lives; and

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

➢ Health Care

Health care support needs to be offered to the person to ensure prompt assessment and treatment of any ongoing or suspected problem. Untreated or under-treated health problems are often related to challenging behavior. Health care support should be offered until the problem is resolved. Establishing an ongoing relationship with a primary health care provider is part of health care 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 the person's positive behavior support plan. 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 and services through SOLA, refer to DDD Policy 5.16, *Use of Psychoactive Medications*.

For persons residing in Community ICF/MRs and Residential Habilitation Centers (RHCs), refer to DDD 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 the threat 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 person, others, or property. Refer to DDD Policy 5.15, *Use of*

Restrictive Procedures, and Policy 5.17, *Physical Intervention Techniques,* for more information and requirements.

➢ <u>Functional Assessment</u>

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.

A functional assessment is a process that evaluates:

- o   The overall quality of a person's life;

- o   The factors or events which increase the likelihood of challenging behavior;

- o   The factors or events which increase the likelihood of appropriate behavior;

- o   When and where the challenging behavior occurs most frequently;

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

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

C.   **Positive Behavior Support Plans**

1.   The completed functional assessment provides the basis for developing individualized positive behavior support plans, which will help eliminate or reduce the frequency and severity of the challenging behavior.

2.   A Behavior Support Plan (BSP) 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.   Behavior Support Plans (BSP) are required when challenging behaviors interfere with a person's ability to have positive life experiences and form and maintain relationships. Refer to DDD Policy 5.15, *Use of Restrictive Procedures*, for more information on when BSPs are required. Some physical interventions also require a written BSP (see DDD Policy 5.17, *Physical Intervention Techniques*, for more detailed information).

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

C.   **General Format for Functional Assessments and Behavior Support Plans**

Functional Assessments and Behavior Support Plans (BSP) initially developed after November 1, 2003 must follow the formats described below.

1.   A written Functional Assessment (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 Behavior Support Plan (BSP) 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.

Attachment A, *Guidelines for Developing Functional Assessments and Behavior Support Plans,* contains recommended guidelines to assist psychologists and other providers in writing FAs and BSPs that will effectively support individuals with challenging behaviors.

EXCEPTIONS

None

SUPERSESSION

DDD Policy 5.14
Issued July 1, 2001

DDD Policy 5.14
Issued April 13, 2000

DDD Policy 5.14
Issued May 26, 1999

DDD Policy 5.14
Issued January 30, 1996

DDD Policy 5.12
Issued December 28, 1993

Approved: */ s / Linda Rolfe*   Date: 11/1/03
                    Director, Division of Developmental Disabilities

GUIDELINES FOR DEVELOPING FUNCTIONAL ASSESSMENTS
AND BEHAVIOR SUPPORT PLANS

These guidelines are intended to assist psychologists and other service providers in conducting functional assessments and developing behavior support plans for individuals with challenging behaviors. The guidelines describe the type of information that should ideally be included in a written functional assessment and behavior support plan.

FUNCTIONAL ASSESSMENT (FA)

The format for the written functional assessment is flexible in regards to 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 the four major sections: *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.

✓ List abilities (strengths) and disability conditions.
  o 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.
  o Pertinent life experiences that may impact current behaviors.
  o Estimate how well the person's current life meets his/her wishes and needs.

✓ List medical and psychiatric conditions and medications.

✓ 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 and severity of the behavior based on the best available data (severity = risks to person and others).

Data Analysis/ Functional Assessment Procedures

✓ List procedures used for the FA (e.g., structured and informal interviews, observations, record reviews, scatter plots).

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

Antecedents (Setting Events & Predictors) – Behavior - Consequence (Function)

- List specific medical, psychiatric and quality of life problems that appear to be antecedents or predictors.

✓ Be sure to identify:
  - If a behavior serves more than one function;
  - Which behaviors, if any, appear to serve the same function; and
  - What factors predict which function is being served.

✓ Assess and list the antecedents 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 assessment with the best hypothesis or guess of why the person engages in the behavior. Describe the typical relationship between the antecedents/predictors and the behavior. A sample summary statement would be:

   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 are 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.

✓ When there are multiple functions identified for a single behavior, you may want to write separate summary statements for the different antecedents/predictors.

POSITIVE BEHAVIOR SUPPORT PLAN (BSP)

If you are writing the FA and BSP as separate documents, start the BSP 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 BSP. If you are including both the FA and BSP in one document, start below. Keep instructions clear, concise, and let the reader know exactly what actions he/she should take.

Prevention Strategies

The goal in writing prevention strategies is to address major deficiencies in the person's quality of life (i.e., deficiencies in power and choice, community integration, status, relationships, competence, health, and safety).

✓ Address each antecedent/predictor that was identified in the FA.

Prevention strategies try to avoid the antecedents/predictors that precede 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 (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.

    - o 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 antecedents/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/lifestyle outcomes and reduce the person's need to use challenging behaviors.

- ✓ 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) or

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

Strategies for Responding to Challenging Behaviors

- ✓ List specific actions that staff or caregivers should take when reacting to challenging behaviors:
    - o To ensure protection.
    - o To redirect, distract, etc.
    - o To help the person problem solve.
    - o To minimize reinforcement of the problem behavior.

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

Consistency with Crisis Intervention Plan

- ✓ 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 BSP the specific actions that staff or caregivers are to take to ensure protection and request assistance from internal and external resources (e.g., staff supervisor, police, DDD).

Data Collection and Monitoring

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

  ✓ Indicate what data is needed to evaluate success.

  ✓ Provide instructions to staff or caregivers on how to collect this data.

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

  ✓ Recommend that the data be displayed in a graph over time for easy analysis.

Refer to DDD Policy 5.14, *Positive Behavior Support*, and Policy 5.15, *Use of Restrictive Procedures* for more information regarding functional assessments and behavior support plans.