DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Positive Behavior Support Plan (PBSP)

**(Follow DDA Guidelines for Developing Functional Assessments
and Positive Behavior Support Plans:
https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual)**

CLIENT NAME	AGE	DATE OF BIRTH	REGION	REPORT DATE
NAME OF PERSON CONDUCTING ASSESSMENT	TITLE AND AGENCY			TELEPHONE NUMBER

Definition of Challenging Behaviors

Describe in measurable and observable terms the challenging behaviors that are the focus of this plan. Describe each behavior separately unless there is a consistent grouping (e.g., aggression, self-injurious behavior).

Prevention Strategies

Prevention strategies try to avoid the antecedents that occur prior to the challenging behavior, or to minimize their occurrence and impact when they cannot be avoided. List specific actions for family / caregivers to take, including environmental and interpersonal / psychosocial and intrapersonal strategies.

Teaching and Training Supports

Describe teaching and reinforcement procedures to improve general skills that will allow the person to access important reinforcers or lifestyle outcomes and reduce the need to use challenging behaviors. List procedures to prompt, teach, and reinforce positive alternative behaviors (replacement skills).

Strategies for Responding to Challenging Behaviors

List specific actions to take when responding to challenging behaviors to ensure protection; to redirect; to help the person problem solve; prompt the use of replacement behavior; and to minimize reinforcement of the challenging behavior. This may include multiple responses, depending on the behavior. Also include actions to take prior to/during a crisis to ensure protection and request assistance.

Data Collection, Analysis and Monitoring
Indicate what data is needed to evaluate success (e.g., frequency, intensity, and duration of target behaviors). Provide instructions on how to collect this data (e.g., forms, procedures). Include the schedule and process for monitoring outcomes, determining the need for revisions, and evaluating success. Attach the proposed behavior tracking / data collection form(s).

Signatures		
PRINT PLAN AUTHOR NAME	PLAN AUTHOR SIGNATURE	DATE
PRINT CLIENT OR LEGAL REPRESENTATIVE NAME	CLIENT OR LEGAL REPRESENTATIVE SIGNATURE	DATE
PRINT DDA CRM / SW NAME	DDA CRM / SW SIGNATURE (REQUIRED FOR CHILDREN)	DATE
PRINT AGENCY DMINISTRATOR NAME	AGENCY ADMINISTRATOR SIGNATURE (REQUIRED WHEN RESTRICTIVE PROCEDURES ARE USED PER POLICY 5.15)	DATE