Supporting People with Intellectual Disabilities

Positive Behavior Supports

Yolanda Van Horn, Ph.D.
Casey Nelson, Psy.D.
Tiffani Johnson, JD
Learning Objectives

1. Participants will be able to describe two goals of positive behavior supports.

2. Participants will be able to list at least one example of a restrictive control.
Introduction

Historically, challenging behaviors in people with intellectual disabilities have been subjected to punishment and aversive techniques.

Punishment and aversive techniques will suppress undesirable behavior—but only temporarily—because they don’t teach new skills or provide proactive strategies to prevent the behaviors from occurring in the first place.

Positive behavior supports is an approach that is more respectful and more effective for producing lasting behavior change.
Positive Behavior Supports

• The objective of Positive Behavior Supports is not just to define and eliminate undesirable behaviors but to understand the function of the behaviors so we can teach more effective alternative behaviors, modify the environment, and promote patterns of support that make problem behavior less likely to occur.

Positive Behavior Supports

• The goals of Positive Behavior Supports are to:

1. Understand the purpose, or function, of problem behaviors

   FUNCTIONAL ASSESSMENT

2. Strengthen existing skills and teach new skills that serve the same functional purpose as the problem behavior

   SKILL BUILDING

3. Modify the environment and staff-person interactions to make problem behaviors less likely to occur and make effective behaviors more likely to occur.

   PROACTIVE STRATEGIES

You can’t change problem behavior in a problem environment.

When is a behavior support plan needed?

A behavior support plan shall be developed in response to any of the following occurrences:

• Behaviors pose a threat to the health and/or safety of the individual or others;

• Behaviors interfere with the attainment of learning goals, community integration, or other personal outcomes identified through the ISP process;

• Whenever an individual is prescribed *more than one* psychotropic medication for behavioral support

• Whenever use is made of any restrictive controls to manage a behavioral crisis.
Behavior Support Plan Template

1 Identification

- Person’s Name:
- Date of Birth:
- Date Placement:
- Date of Plan:
- Date of Revisions:
- Name of BSP device:

2 Purpose

Describe the reason(s) or clinical rationale for the necessity of the behavior support plan.

3 Relevant History

Describe background information that is relevant to the current behavior(s) of interest. Describe how the target behaviors developed and their impact. Identify other relevant services and developmental history is not necessary.

4 Diagnostic Information

- Mental Health Diagnosis:
- Intellectual/Developmental Diagnosis:
- Medical Diagnosis:

5 Medication Treatment

List all medication that has been prescribed (prescription and over-the-counter medications).

A Psychotropic Medications

- Medication
- Dosage
- Symptom targeted by medication

B Non-Psychotropic Medications

- Medication
- Dosage
- Symptom targeted by medication

6 Target Behaviors

Provide an operational definition for each target behavior, describing observable elements that show 1 year data for the residence and 1 year data for the day program setting. Target behavior is defined as behavior that poses a threat to the health or safety of the person or to others.

7 Functional Assessment

List the sources of information for the functional assessment. Describe the behaviors for which each target behavior. Provide a behavior description that describes the functional assessment.

List sources of information utilized in functional assessment:

- Target Behavior #1:
  - Setting events:
  - Antecedents:
  - Primary function:
  - Maintaining consequence:

List Strategies for Recommendations for Alternative Behaviors:

1

8 Behavioral Goals

Specify measurable goals for decreasing the target behavior.

9 Proactive Strategies

List the positive proactive strategies that staff will use to prevent the targeted behavior.

Environmental modifications: Identify those conditions that require changes in the environment that will make use of strategies to attain and maintain the targeted behavior (e.g., modification of the environment).

Physical Environment: List changes that need to be made in the noise, crowding, access to objects, etc., to make the target behavior more effective. Describe the strategies to address the absence of staff.

Interpersonal Environment: List changes that need to be made in the staff.

List Recommendations for Environmental Modifications:

1

10 Goals for Behaviors Targeted for Increase

List the specific behavioral goals for increasing replacement skills, functional communication skills, and alternative behaviors. Include measurement criteria and projected target date for which each goal will be met (e.g., By December 31, John will appropriately ask for a break by saying “I need a break” or similar phrase for 4 out of 5 opportunities each week as measured by behavioral observations). Using either table or graph, show 1 year data for the residence and 1 year data for the day program setting.

11 Staff Responses and Crisis Intervention

Describe how staff will respond to target behaviors.

12 Staffing Support

Describe the staffing ratio needed to implement the plan and the specific role of staff.

13 Restrictive Components &/Or Other Interventions

Describe the use of any restrictive interventions in the plan for the day program setting. Identify the behavior support plan for the day program setting.

14 Legal Information

Identify legal issues and responsibilities for the person and the BSI.

15 Data Collection and Monitoring

Describe the procedures for collecting data (e.g., interval recording, duration recording). Describe the effects of the behavior support plan. The results should be included.

16 Staff Training

Describe how staff will work with the person to be included in the behavior support plan. The results should be included.

District of Columbia Developmental Disabilities Administration Behavior Support Plan Template v1.0 6-08-12
3. A functional assessment is a step by step process of gathering information about the antecedents that evoke the behavior, consequences that maintain the behavior and the purpose, or function, of the behavior.

**ABC Observation Data Sheet**

<table>
<thead>
<tr>
<th>Date, time</th>
<th>Antecedent</th>
<th>Behavior</th>
<th>Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/16 2pm</td>
<td>Staff set up the computer for John to complete an online job application</td>
<td>John became irate, when he saw how long the application was. He threw the computer keyboard at the staff, hitting her in the face.</td>
<td>John ran out of the room to sit by himself in the hallway. Staff joined him in the hallway and allowed him to discuss his anxiety/concerns. Staff redirected him to positive conversation until he was calm and willing to return to the room.</td>
</tr>
</tbody>
</table>

**Function:** John shows aggression in order to terminate frustrating or anxiety provoking situations.
Positive Behavior Supports

1. Collect data
2. Analyze data
3. Functional hypothesis
4. Develop BSP
5. Train staff & implement BSP
6. Maintain plan... or
7. Assess behavior
Key elements of PBS

Proactive strategies

• Behavior support plans clearly identify proactive positive strategies that will be used to minimize or ameliorate the need for control procedures.

• Proactive strategies focus on preventing the undesirable behavior, while reactive strategies are designed to manage the behavior as it occurs.
Examples of proactive strategies

• Assist the person in communicating her desires more effectively
• Adjust lifestyle to support desired health outcomes
• Change the physical environment such as reducing noise, increasing space, and ensuring availability of preferred items
• Give choice of schedule of activities
• Modify how staff listen and communicate with the person
• Increase opportunities for more choice and control
• Develop and maintain relationships
• Provide opportunities to engage in preferred activities
• Modify support to increase independence
• Eliminate barriers that prevent a person from accessing friends and family
Person-Centered Thinking

Positive Behavior Supports

Applied Behavior Analysis
Restrictive Control Review Committee
What is a Restrictive Control?

- A restrictive control or a restrictive intervention can include, but is not limited to the following:
  - Any device, procedure, protocol or actions that restricts, limits or otherwise negatively impacts a person’s freedom of movement, control over his or her own body; or access to anything that would typically be available to people in the community, including privacy.
What Does the RCRC Review?

- All BSPs involving individualized staffing
- All BSPs involving non-crisis use of physical restraint
- All BSPs that involve the use of any other restrictive control
- All BSPs for people who are prescribed psychotropic medications to affect or alter through processes, mood, sleep or behavior
- Initial requests for exemption
Who Can Serve on the RCRC?

• Allied health professional (preferably a psychiatrist with expertise in behavioral supports)
• Behavioral health professional (preferably a psychologist with expertise in behavior supports)
• Advocates for people with developmental disabilities
  – Can include people DDS supports
• At the discretion of the DDS Deputy Director for DDA, other DDS employees
• Quorum is a simple majority with a preference for having at least one external member.
8 RCRC Review Criteria

- Does the BSP include target behaviors that are consistent with the person’s diagnosis?
- Does the BSP include relevant data collection?
- Does the BSP include demonstrated review of the data by the BSP clinician?
- Does the BSP include procedures to address behavioral issues that are consistent with DDA policies?
- Does the BSP include a functional analysis?
- Are there proactive strategies identified in the BSP?
- Is there a rationale for using the restrictive intervention?
- Are there benchmarks for reducing the restrictive interventions, including a titration plan for medications (or a statement of lowest effective dose based on prior attempts?)
Inappropriate Target Behaviors

- Behaviors which cannot be observed or measured reliably (e.g., mood states)
- Behaviors for which a replacement behavior cannot be taught (e.g., hallucinations, responding to psychotic statements)
- Behaviors which are not a danger to self, others or property
- Behaviors which are a form of communication
- False allegations as a target behavior must include a statement that ALL allegations must be investigated pursuant to DDS policy

- Gossiping
- Telling tall tales
- Swearing
- Jumping up and down
- Being late
- Coming home late
- Refusing reasonable requests
- Noncompliance
- Tantrums
- Acting out
- Benign behaviors which does not specify a parameter (e.g. crying for longer than an hour)
  - Self-talk
  - Staying to one’s self
  - Nail biting
  - Pacing
  - Touching your head
Review Outcomes

• After a discussion of the 8 review criteria, the Committee can either approve, reject or defer the BSP.

• Approval – BSP meets all 8 criteria Approvals are granted for up to one year
  • Approvals can be extended for longer in order to align the BSP with the ISP

• Rejection – BSP doesn’t meet one or more of the of the 8 criteria

• Deferral – Committee needs more information in order to determine if the plan meets all 8 criteria