DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	POSITIVE BEHAVIOR SUPPORT	POLICY 5.14

Authority: Chapter 71A RCW   *Developmental Disabilities*
            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 388-850 WAC   *County Plan for Developmental Disabilities*

Reference: DDA Policy 5.15, *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 and 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 *DDA Guiding Values*. These benefits include:

- Health and safety;
- Power and choice;
- Status and contribution;
- Inclusion;
- Relationships; and
- Competence.

PURPOSE

This policy describes the Administration's general approach to promoting quality of life and adaptive behavior through the *DDA Guiding Values* and by providing positive behavior support

for individuals with challenging behaviors. Challenging behaviors are those behaviors which interfere with a client's ability to have positive life experiences and form and maintain relationships.

SCOPE

This policy applies to the following DDA-contracted or certified service providers for adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- Alternative Living (AL)
- Companion Homes (CH)
- Residential Habilitation Center (RHC)
- State Operated Living Alternatives (SOLA)
- Crisis Diversion Bed and Support Services
- Community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID)
- Adult programs and services provided by counties that are funded by DDA, such as employment and day program services

DEFINITIONS

Antecedent means an environmental event or action that occurs before a behavior.

Behavior means anything a person does that can be observed.

Behavioral Data Collection means a graphic collection and representation of behavioral data (for both challenging and adaptive replacement behaviors). Examples include, but are not limited to:

- Scatter Plots;
- Frequency Count;
- Interval Data Counts (whole, part, or partial interval); and
- Antecedent-Behavior-Consequence (A-B-C) data collection.

Consequence means the outcome or result of a behavior.

Challenging Behavior means a behavior that interferes with a person's ability to have positive life experiences and form and maintain relationships.

Data Analysis is the process of reviewing information to determine relationships between antecedents, behaviors, and consequences.

Data Collection is the process of gathering information from a variety of sources.

DDA Guiding Values is a document of principles for all DDA services and supports.

Duration means the length of time an event (behavior) lasts.

Frequency means how often an event (behavior) occurs.

Function means what a person gains or avoids by engaging in a behavior.

Functional Assessment and **Functional Behavioral Assessment** are interchangeable terms referring to a process that evaluates through use of observation and data collection the overall quality of a person's life; factors or events that increase the likelihood of challenging and appropriate behavior; when and where the challenging behavior occurs most frequently, the presence of diagnosed mental illness or neurological dysfunction that may contribute to the challenging behavior; and the functions or purpose of the challenging behavior.

Hypothesis is a prediction that a certain outcome is likely to result from specific conditions.

Person-centered planning means whole-life planning that's driven by the individual, with help from family, friends, and professionals that the person chooses to include.

Positive Behavior Support means addressing a challenging behavior that focuses on changing the physical and interpersonal environment and increasing a person's skills so that the person is able to get their needs met without having to resort to a challenging behavior.

Positive Behavior Support Plan is a plan designed to help eliminate or reduce the frequency and severity of a challenging behavior.

Predictor is a condition or event that, when present, will more likely than not result in a certain outcome or behavior.

Prevention means stopping something from happening.

Quality of Life means subjective evaluation of positive and negative aspects of life. DDA believes that typical indicators of quality of life include inclusion, relationships, competence, power and choice, status and contribution, and health and safety.

Reinforcer is something that increases the likelihood of a certain response.

Replacement Behavior is an appropriate behavior that meets the same need or serves the same function as a challenging behavior.

Setting Event means an event, including thoughts and perceptions, which increase the likelihood of a behavior, even if they do not occur in close proximity to the behavior.

Severity means the amount of actual or potential harm to self or others a behavior causes.

Strategy means a plan of action with an objective.

Summary Statement is a brief summary of the results of the functional behavioral assessment listing the identified antecedent(s), function(s), and setting events in a narrative that is easily understandable by all members of the support team.

Teaching and Training Supports means actions designed to help the person learn or improve a skill.

POLICY

A.   **Positive Behavior Support**

      1.   Positive behavior support is an approach to addressing challenging behavior that focuses on changing a physical and interpersonal environment and supporting a person's skill development so their needs are met without resorting to challenging behavior. Positive behavior support must be emphasized in all services funded by DDA for persons with developmental disabilities.

      2.   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:

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

            b.   Providing a person with opportunities and assistance to:

                  1)   Learn how to make choices and exercise personal power;

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

                  3)   Form and maintain significant friendships and relationships; and

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

B.   **Components of Positive Behavior Support**

1.   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 their needs met. In a supportive environment, caregivers proactively plan to meet a person's needs. Many things contribute to a supportive environment, including:

a.   Promoting positive relationships;

b.   Increasing a person's opportunity to make daily choices;

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

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

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

f.   Providing a consistent, predictable environment;

g.   Calmly interrupting and redirecting inappropriate behavior; and

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

2.   Skill Development and Status

Skill development and personal improvement help increase a person's status and confidence. It is dependent upon age, capabilities, interests, and personal motivation. Types of skill development support include:

a.   Teaching a person new skills or maintaining or enhancing existing skills;

b.   Assisting to increase a person's communication skills, including but not limited to sign language and use of communication devices;

c.   Increasing participation in typical community activities such as work, socialization, shopping recreation, leisure, etc.;

d.   Fostering skills and behaviors that promote mental and physical wellness;

e.   Encouraging a person to take more responsibility; and

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

3.   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 must be offered until the problem is resolved. Establishing an ongoing relationship with a primary healthcare provider is part of healthcare support.

4.   Treatment of Mental Illness

a.   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 must be considered in developing a Positive Behavior Support Plan (PBSP) for the person. This may include prescription of psychoactive medication as a part of the overall support of the person.

b.   For a person receiving certified or contracted residential services, refer to DDA Policy 5.16, *Use of Psychoactive Medications.*

c.   For a person residing in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or Residential Habilitation Center (RHC), refer to DDA Policy 9.02, *Administration of Psychotropic/Neuroleptic Drugs and Other Medications for Behavior Management or Treatment of Mental Illness.*

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

C.   **Functional Assessment**

1.   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.

2.   Through observation and data collection, a functional assessment evaluates:

        a.   The overall quality of a person's life;

        b.   Factors or events that increase the likelihood of challenging behavior;

        c.   Factors or events that increase the likelihood of appropriate behavior;

        d.   When and where the challenging behavior occurs most frequently;

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

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

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

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

2.   A PBSP generally contains the following:

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

        b.   Providing additional interesting activities to fill a person's time;

        c.   Reducing events that are likely to provoke the challenging behavior;

        d.   Methods for teaching replacement behaviors that will achieve the same results as the challenging behavior;

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

        f.   Professional recommendations for treating mental illness or neurological dysfunction.

PROCEDURES

A.   A PBSP is 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, *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 currently 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 functional assessment process must be initiated. A written FA and PBSP must be finalized within 90 days. The functional assessment process must include data collection.

C.   If the data indicates stabilization or progress is not occurring (increase in replacement behaviors and/or decrease in challenging behaviors) after a reasonable period, but no longer than six months, the PBSP must be reviewed and revisions implemented as needed.

D.   Data collection must include:

1.   Identifying and tracking of challenging behaviors and of replacement behaviors;

      Note: This does not require tracking of de-escalation techniques or the absence of the behavior.

2.   Recording data on the implementation of the PBSP and its effect;

3.   Any use of a restrictive procedure; and

4.   The type and frequency of data to be collected.

E.   Functional Assessment and Positive Behavior Support Plan Format

1.   A written Functional Assessment must include:

      a.   Description of the client and their pertinent history;
      b.   Description of the client's challenging behavior or behaviors;
      c.   Data analysis and assessment procedures; and
      d.   A summary statement.

2. A written PBSP must include:

     a. Prevention strategies;
     b. Teaching and training supports, including methods for teaching replacement behaviors that will achieve the same results as the challenging behavior;
     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 for writing effective Functional Assessments and PBSPs.

4. DDA psychologists and contracted service providers may use DSHS 15-383, *DDA Functional Behavioral Assessment*, and DSHS 15-382, *DDA Positive Behavior Support Plan*. Alternatively, they 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.

F. The service provider (or writer of the plan) must send completed copies of Functional Assessments and PBSPs to the client's Case Resource Manager (CRM) for review and inclusion in the client record. This does not apply to clients admitted to an RHC.

1. If, during this review, the CRM has concerns, they will discuss these with the service provider.

2. No approval by the CRM is required.

G. **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 or day program provider must implement the PBSP as written if appropriate to the employment or day program setting and communicate with the residential provider regarding any proposed modifications for use in the employment or day program setting.

3. If the employment or day program develops a Functional Assessment and a PBSP for a client, the employment or day program provider must consult with the residential provider. The employment or day program provider must send the final FA and PBSP to the DDA CRM and the client's residential provider.

EXCEPTIONS

None.

SUPERSESSION

DDA Policy 5.14
Issued July 1, 2015

Approved: _/s/ Donald Clintsman_   Date: July 1, 2017
             Deputy Assistant Secretary
             Developmental Disabilities Administration

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

**RECOMMENDED GUIDELINES FOR DEVELOPING
FUNCTIONAL ASSESSMENTS AND 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 behavioral assessment." For the purpose of these guidelines, this means 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 collection of challenging 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 an escalation sequence (i.e., yelling, to threatening, to hitting…).

✓ 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 and 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
✓ <u>Summarize the FA with the best hypothesis (i.e., reason or purpose) why the person engages in the behavior</u>. 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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✓ 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. All PBSPs must contain these four major sections with these headings:

- Prevention Strategies;
- Teaching/Training Supports;
- Strategies for Responding to Challenging Behaviors; and
- Data Collection and Monitoring.

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; <u>and</u>

- ✓ 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

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person as the challenging behavior). Clearly list staff or caregiver behaviors that will teach, prompt and reinforce the use of this replacement behavior; <u>or</u>

✓ 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).

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 challenging behaviors, and increase in replacement 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.

✓ A sample data collection format is available as a part of an online training in writing FA's and PBSP's.

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