
STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

An Introduction to: Behavior Support Plan Development

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Susan Smith
I-TABS

Iowa's Technical Assistance and Behavior Supports
ssmith7@dhs.state.ia.us

OBJECTIVES:

1. Describe the purpose of a functional assessment
2. Describe the difference between proactive and reactive interventions
3. Name at least 3 reasons that restrictive procedures are not to be used
4. Describe a system of developing behavioral intervention plans based in positive behavior supports and reflective of functional assessment.

Developing Behavior Support Plans

■ Values

- Ongoing, life-long journeys that are never “completed”
 - E.g., “....be a loving parent...be as independent as possible...taking good care of my health...being competent, productive, helpful, or creative...be a contributing community/group member....being lovable/likeable”

■ Goals - objectives which support the person’s values

- Can be deemed “completed” or “not yet completed”
 - E.g., Attended work 5 days in a row.

Developing Behavior Support Plans

■ Strengths

Examples:

- Skills to express her wishes/concerns
- Gets along with housemates
- Likes to do functional tasks/chores
- Entertains herself
- Can read and write
- Able to follow a checklist
- Able to follow a schedule

Developing Behavior Support Plans

- **Behaviors** which interfere with the goals/values
 - Operational definition
 - Described so clearly that if 10 different people were observing the person, they would ALL agree as to whether or not the behavior occurred or did not occur.
 - Aggression to others: hitting, kicking, or biting. Does NOT include giving a strong “high-five”.
 - Too vague: Accepting “no”; Being respectful, etc.

Functional Assessment results (David):

Context/ Antecedents	Behavior	Consequences
<ul style="list-style-type: none">• When being transferred between bed, chair, toilet, etc.	<ul style="list-style-type: none">• Pinching staff's arms/hands	<ul style="list-style-type: none">• Staff continues with transfer

Functional Assessment results: (John)

Context/Antecedents	Behavior	Consequences
<ul style="list-style-type: none">• others making decisions for him;• feeling like others do not respect him;• being scolded or reprimanded;• environmental stimulation• being asked to change his clothes	<ul style="list-style-type: none">• Vocal and Physical aggression to others• Throwing items• Refusing showers	<ul style="list-style-type: none">• escaping uncomfortable feelings,• getting people to move away from him

Functional Analysis / Assessment

Types and Levels

Indirect Analysis

- Structured interviews, Rating Scales, questionnaires

Interview Tools (examples-there are many)

- Functional Assessment Interview Format (FAI; O'Neill, Horner, et al)
- Contextual Assessment Inventory (CIA; McAtte, Carr, Schulte)
- Functional Assessment Screening Tool (FAST; Iwata)
- Behavior Chain Analysis (DBT) – contact I-TABS for a handout

Behavior Chain Analysis

How were you feeling?

What were you doing?

What were other people doing?

INEFFECTIVE BEHAVIOR

How did you feel immediately after?

What was a long-term consequence?

Name: _____
 Date: _____

START HERE

Functional Analysis / Assessment

Types and Levels

Descriptive Analysis (A-B-C Recording)

- Observation of behavior in relation to events that are not systematically arranged
 - Interpret results cautiously; easily biased
 - Sometimes variables of interest are not observable by others

Functional Analysis:

- Actual manipulation of variables
 - Typically requires oversight by trained professionals.

Developing Behavior Support Plans

Treatment Rationale:

- Explains how treatment strategies are functionally-related to the behavior of interest.
- How will learning THIS new skill or implementing THIS strategy overcome barriers to his/her goals/values and minimize the need for him/her to engage in the behavior?

Treatment Rationale-Example

- Mary **values** relationships.
- Displays of vocal aggression to others can be a **barrier** to them.
- **Assessment** reflects Mary is most likely to engage in vocal aggression when (e.g. she feels she's being told what she has to do).
- Therefore, staff will proactively (e.g. give her choices) and
- Mary will also learn new ways to (e.g.: self-advocate).

Proactive Strategies

- Things staff can do to avoid interfering behaviors
 - Important, as it is always best to provide needed supports rather than wait for the behavior to occur.
 - This section could include a listing of activities/items the person enjoys/prefers.

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ROUTINE ANTECEDENT-BASED INTERVENTIONS

- Continue to explain transfer before starting the procedure.
 - Reassure David that you will keep him safe.
- Link the transfer to something he values.
 - E.g. “As soon as you get moved over there, you’ll be able to get to the activity.”
- Make transfers fun/less aversive:
 - Try singing to David during the transfer, either with a song he enjoys or by making up words related to the transfer and matching them to a common tune.
 - Provide a soft object for David to hold during transfers.

Context/Antecedents	Behavior	Consequences
<ul style="list-style-type: none"> • others making decisions for him; • feeling like others do not respect him; • being scolded or reprimanded; • environmental stimulation • being asked to change his clothes 	<ul style="list-style-type: none"> • Vocal and Physical aggression to others • Throwing items • Refusing showers 	<ul style="list-style-type: none"> • escaping uncomfortable feelings, • getting people to move away from him

ROUTINE ANTECEDENT-BASED INTERVENTIONS

- Ask John for his input on things that pertain to him and make him feel like he is in charge. E.g. ask him before you take his tray. Ask him what he'd like before buying shoes for him. Give him choices, when possible. Ask permission before entering his room.
- Avoid words that he may perceive as being treated like a child or someone who is incapable of acting independently.

Restraint, Restriction, & Behavioral Intervention

IAC 441-78 *General service standards*

Requirements are outlined under each waiver within this chapter.

All waiver services must follow these standards:

- All services are delivered in the least restrictive environment possible.
- Services are in conformity with the member's service plan.
- All rights restrictions must be implemented in accordance with 441—77.25(4).
- The member service plan or treatment plan shall include documentation of the following requirements...

Restraint, Restriction, & Behavioral Intervention

IAC 441-78 *General service standards*

- **The member service plan or treatment plan shall include documentation of:**
 1. Any restrictions on the member's rights, including the rights of privacy, dignity, respect, and freedom from coercion and restraint.
 2. The need for the restriction.
 3. The less intrusive methods of meeting the need that have been tried but did not work.
 4. Either:
 1. A plan to restore rights *OR*
 2. Written documentation that a plan is not necessary or appropriate.
 5. Established time limits for periodic reviews to determine if the restriction is still necessary or can be terminated.
 6. The informed consent of the member.
 7. An assurance that the interventions and supports will cause no harm to the member.
 8. A regular collection and review of data to measure the ongoing effectiveness.

Restraint, Restriction, & Behavioral Intervention

- Rules have been in place since July 2018
- A part of ongoing periodic/certification reviews
- **Restraints:** Restricting freedom of movement, including chemical restraint, mechanical restraint, and seclusion.
- **Rights Restriction:** Limitations of any natural right afforded to the general public. Could be a restrictive intervention.
- **Behavior Intervention Plans:** A formalized person-centered behavior plan used to support someone in changing maladaptive target behavior.

Restraint, Restriction, & Behavioral Intervention Provider Requirements

Requirements of the provider policies, procedures, and practices are found in

IAC 441-77.25(4)

The provider shall have in place a system for the review, approval, and implementation of ethical, safe, humane, and efficient behavioral intervention procedures.

All members receiving home- and community-based services are afforded protections.

Restraint, Restriction, & Behavioral Intervention Provider Requirements

IAC 441-77.25(4)

The following protections are required for members:

- Procedures to inform the member and the member's legal guardian of the restraint, restriction, and behavioral intervention policy and procedures at the time of service approval and as changes occur.
- Procedures are used only for reducing or eliminating maladaptive target behaviors that are identified in the member's restraint, restriction, or behavioral intervention program.
- Designed and implemented only for the benefit of the member and shall never be used as punishment, staff convenience, or a substitute for non-aversive program/intervention.
- Restraint, restriction, and behavioral intervention programs shall be time-limited and shall be reviewed at least quarterly.

Restrictive Procedures

- If restrictive procedures are in place, consider them to be temporary, while the person is also learning new skills that will reduce the need for the restriction procedure.
- Describe what they are in the BSP and provide directions for usage or explain where it can be found.

Restrictive Procedures

■ Restrictive Procedures Examples:

- Bedroom windows covered with shaded film
- Bolted wardrobe, dresser, bed, and chair in bedroom
- 1:1 supervision when at public events/places
- Removal of sharp objects for ___ hrs following suicidal threat
- Door alarms - for wandering or elopement
- Wearable GPS - for wandering or elopement
- Medications Locked
- Electronics/ Social Media restrictions
- Money Management – Payee or limited / controlled access to personal funds

Restrictive Procedure Guidelines

- NOT used as punishment
- NOT used for staff convenience
- NOT a substitute for active treatment

- ARE to keep the individual, others and the environment safe while new supports are identified and while the person is simultaneously learning new skills to reduce the need for the procedure

Proactive Strategies

- **New skills the person is learning**
 - **Examples:**
 - Communication / Self-Advocacy
 - Delayed Gratification
 - Relaxation / Emotion Regulation
 - What I Can/Cannot Control
 - Getting Unstuck
 - Self-Compassion
 - Desensitization to Medical Procedures

Context/Antecedents	Behavior	Consequences
<ul style="list-style-type: none"> • others making decisions for him; • feeling like others do not respect him; • being scolded or reprimanded; • environmental stimulation • being asked to change his clothes; 	<ul style="list-style-type: none"> • Vocal and Physical aggression to others • Throwing items • Refusing showers 	<ul style="list-style-type: none"> • escaping uncomfortable feelings, • getting people to move away from him

New Skills

- Teach “self-advocacy” skills intended to replace other behaviors that John currently uses to communicate how frustrated he is at people.
 - E.g. (staff) “If you are angry at me, you can say ‘I don’t like it when you ____’”.

Reactive Strategies

- **Warning signs**
 - Things the person does that signal an “interfering behavior” may be about to occur, e.g.
 - Pacing; talk about “you can’t make me,” dilated pupils
- **What staff should do when warning signs occur**

Context/Antecedents	Behavior	Consequences
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Things staff should do when the interfering behavior occurs:

- Validate David's feelings.
 - E.g. "You don't like being transferred, do you? I'm sorry. I want to help you the best I can."

Context/Antecedents	Behavior	Consequences
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Things staff should do when the interfering behavior occurs:

- Ensure everyone's safety.
- Avoid touching John, e.g. putting your hand on his arm-he does NOT like it.
- Validate his perspective (whatever applies).
 - E.g. “She didn’t ask your permission before _____, that must be frustrating!” Or, “You don’t like it when he talks to you like that. You feel frustrated, is that right?”
- Encourage John to use more adaptive self-advocacy skills (using words that make sense to him).
 - E.g. “When I’m mad at someone I tell them. You could tell her ‘I don’t like it when you _____’”.
- Prompt John to get back on track, but use a gentle and caring way of doing so.
 - How can I help you now? Can we _____ together?”

Reactive Strategies-More Examples

- **What staff should do when the interfering behavior occurs.** (follow your facilities guidelines) Examples:
 - Stay calm! Your emotions will influence Sally's.
 - Ensure safety of everyone in the area.
 - Create distance between Sally and anyone who is a target.
 - ❖ Encourage her to take a couple of bit breaths and/or sit down.
 - ❖ Ask Sally what you can help her do, right now, to work toward her goal of _____.

Additional Strategies

- Data collection system
 - To evaluate rate of behavior change
 - Frequency, duration, intensity, etc.

Additional Strategies: Data Collection

- E.g. Frequency of pinching
 - Analyze data to identify any potential trends, e.g. times of days, types of transfers, specific staff, etc.
 - Then, make additional programming changes that specifically address the trends.
- Ideally, take data on any behavior for which psychotropic medication has been prescribed and provide it to the prescriber.
 - This will provide an objective measure of effectiveness of the medication, as well as empower the prescriber to make data-based decisions going forward.

Additional Strategies

- Data collection system
 - To evaluate rate of behavior change
- Competency-based training
 - Discussion, model, reverse role-playing
- Procedural integrity checks
 - To ensure program is implemented as written
- Data-based decisions
 - Re-tweak the plan/hypothesis, if data warrants it
- Peer reviews
 - Obtain for treatment resistance cases

Questions or Comments

Susan Smith, I-TABS

ssmith7@dhs.state.ia.us

Courtney Ackerson,

Competency-based Training and Technical Assistance

hcbstta@dhs.state.ia.us

Discussion:

Example behavior intervention plans.