Positive Behavior Support

Template for Developing an Intensive Positive Behavior Support Plan

A Guide for Agencies Implementing

Positive Behavior Supports

Department of Developmental Services

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This guidance document was developed to assist the DDS community to implement Positive Behavior Supports and as guidance it is not a substitute for a thorough understanding of 115 CMR 5.00.

INTENSIVE POSITIVE BEHAVIOR SUPPORT PLAN TEMPLATE

Intensive Positive Behavior Support Plan to Teach Functional Alternatives to Challenging Behavior

I. INTRODUCTION

An Intensive Positive Behavior Support Plan is referred to as an "I-PBSP". The I-PBSP template identifies required components of a plan that will link the Functional Behavior Assessment (FBA) and the hypotheses generated, to procedures intended to improve a person's quality of life and reduction of target challenging behaviors. All components of the I-PBSP are needed in order to provide the necessary understanding, specificity, and outcomes resulting in change for the individual.

Providers have the option of using their own template for an I-PBSP provided that all required elements that are identified in 115 CMR 5.14(5) (c) (1,2,3,4,5) and 115 CMR 5.14 (8) (a,b,c,d,e) are included.

DDS expects all individuals with an I-PBSP to have had an FBA prior to the implementation of an I-PBSP. Restrictive procedures can only be included in an I-PBSP as defined by 115 CMR 5.14 (5) (c) (1,2,3,4,5). Other Restrictions of Rights may also be included as part of an I-PBSP and must adhere to applicable regulations and review requirements.

When an individual's history is well documented, it is permissible to reference or attach other assessments that may be referenced/ found in the FBA, or available in the individual's record. Required elements in the Template are labeled below.

The Department recognizes that the I-PBSP, when completed, is potentially lengthy. The I-PBSP is designed for use by qualified clinical personnel who author plans and for those who are clinically and administratively responsible for them. Based on the learning style and management structure of each agency, each provider is encouraged to develop an abbreviated version of the plan for direct support staff to reference as needed. The shortened version of the plan needs to: (a) reside within (as a separable element of) the overall I-PBSP; (b) be completely consistent with the overall I-PBSP; and (c) summarize who the person is, the PBS procedures being used and the data collection methods.

II. INTENSIVE POSITIVE BEHAVIOR SUPPORT PLAN (I-PBSP) TEMPLATE ELEMENTS

A. Basic information:

Essential details (listed below) should be specified related to individual and clinician identification, consent, and the plan development process.

Identifying Information

- Name, DOB, age of individual
- Date of Plan; specify New or Revised
- Location of services, (e.g., day, res); specify where plan will be implemented
- Name of Plan Author, Degree, Licensure, Title; specify whether author is PBS Qualified Clinician and if no, specify supervising PBS Qualified Clinician

Consent

- Informed Consent by Individual and/or Legally Authorized Representative; specify level of guardianship, if any, name of guardian, and contact information
- State date and how informed consent was obtained and by whom
- Signature and date of person providing informed consent

Plan Development

- Describe process used to develop the I-PBSP e.g., input from individual and family, team meeting discussion, review of related concerns with PCP, etc.

B. Relevant Background Information that may be found in the FBA document which can be referred to and briefly summarized:

An Intensive Positive Behavior Supports approach encourages an appreciation of contributing factors beyond the events or stimuli present just before or after a challenging behavior occurs. The broader contributing factors extend our understanding of the problem beyond the behavior itself and include the individual's personal history including trauma both small and large, strengths, associated problems, and life concerns. These factors may be found in the FBA document which can be referred to and briefly summarized. They may also be found in supporting specialty assessments such as risk assessments and are referred to as Risk Factors and Protective Factors within. The plan should

- Describe the individual's strengths, especially strengths that bear on the challenging behavior and areas of success so that the individual is seen as a whole person not just a person with challenging behavior.
- Describe the FBA conducted and the hypotheses regarding function of the behavior.

By including these elements in the I -PBSP support plan, the reader is sensitized to "person-centered" issues and how they influence problem behavior.

C. Competing Pathway: Required element of the I-PBSP

In an I-PBSP, the "Competing Pathway(s)" show how challenging behavior(s) leads to maintaining consequences and how functional equivalent replacement alternatives will take the place of challenging behavior. A common goal is to make the individual's challenging behavior "irrelevant" and "inefficient" because the person acquires a better way to reach the desired end.

One or more competing pathways should be included in the plan which show the "A-B-C" relationships between key behaviors as they currently exist and how that is expected to change.

D. Rational for the Plan: a rationale should include the Quality of Life outcomes that are being disrupted for the person. The plan should

- Describe the Universal and Targeted Supports offered that were insufficient to address the challenging behavior
- Provide a brief history of less intrusive interventions tried

E. Behaviors to decrease: the plan should include a list of the person's behavior of concern; these should be the same as appear in the FBA. In addition, the plan should specify

- An objective operational definition for each behavior
- Emphasis on least restrictive, most effective interventions
- How the behavior will be measured
- Baseline as well as current data

F. Functionally Equivalent Replacement Behaviors (FERBS) Behaviors to increase:

An I-PBSP specifies acquisition of adaptive behavior as a central component. Positive behavior should be specific and there should be a direct relationship to the behavior of concern. In addition to behaviors identified as functionally equivalent, other behaviors that are helpful to the person but less directly connected to the challenges addressed also should be taught such as coping skills or life skills that help the person day to day. The plan should

- Define the functionally equivalent replacement behavior supported by the FBA. Functionally equivalent replacement behaviors result in the same outcome as the problem behavior but consist of a response that is not disruptive or harmful.
- List the behavior(s) to increase in the competing pathway. It should be understood that a KEY is for that behavior to be taught/developed and/or increased as listed in the competing pathway.
- Identify new skills; teaching procedures are the heart of PBS and helping the person to expand his or her behavioral repertoire, i.e. by teaching new useful skills is key.
- Include how the behavior will be measured including baseline data as well as current data.

G. Proactive/Preventative Interventions/Strategies, including Antecedents:

I-PBSP often targets prevention of challenging behavior through environmental modifications, antecedent modifications, or procedures to attenuate motivating operations effects. The plan should

- Describe in detail, procedures intended to prevent challenging behavior from occurring. This section may include antecedent interventions, such as environmental modifications, schedule changes, etc.
- Contain strategies that address precursors to challenging behavior as well as environmental stimuli that should or should not be present, and any de-escalation strategies that address precursors. These are interventions intended to be performed before a challenging behavior occurs and to generally decrease the likelihood of challenging behavior occurring.

H. Consequential procedures:

Often the reinforcement procedures are “multi-component” as they combine antecedent strategies with reinforcement procedures, and extinction procedures. For this reason, they may need to be written as a series of detailed steps or components. It is important for the steps to be succinct, and yet not omit critical details. Describe in detail the steps of each intervention **designed to increase,** and each intervention **designed to decrease** the problem behavior. Descriptions should include

- Increasing the desired behavior: Describe in detailed steps each intervention designed to reinforce adaptive and alternative behavior(s) or reinforce incompatible behavior; or increase motivation for low preference routines; or reinforce absence of problem behavior. Specify who, what, when, where, type, and how much of the reinforcer is provided.
- Increasing the replacement behavior: Describe in detailed steps each intervention designed to teach and reinforce the replacement behaviors or reinforce incompatible behavior; or increase motivation for low preference routines; or reinforce absence of problem behavior. Specify who, what, when, where, and how much of the reinforcer is provided.
- Procedures to decelerate challenging behavior: It is important to include all procedures that are to diminish challenging behaviors.

I. Procedures for measuring key behaviors and evaluating progress:

A standard of practice is to establish data collection before an intervention is in place, to provide a baseline comparison for when the intervention is implemented. Data collection and progress evaluation procedures should be included with any plan intended to change behavior. The Plan should include

- How measurement of replacement and desired behaviors and targeted problem behavior will occur. Generally, this is achieved by stating program protocols and attaching a data recording sheet. It must always be the case that the resulting data are valid and will be put to use by the Intensive Supports Team.
- How progress will be evaluated e.g. pre vs. post comparison of key data; collecting input from family and staff on progress and/or their satisfaction with the outcome of the interventions; multiple baseline design, etc.
- Graphs summarizing progress pre/post interventions or key changes in person's life (e.g. new person moves into residence) are updated as needed or monthly at minimum and reviewed by the Intensive Supports Team.

J. Procedures for training, supervision, and maintaining intervention integrity:

When a I P-BSP is implemented, it must be preceded by training staff to competence in all aspects of the plan. The PBS qualified clinician is responsible for this training. Training on definitions of target behaviors and hypotheses generated by the FBA should be included in the training. Training on all interventions as well as data collection also is required. The PBS qualified clinician also must retrain staff at regular intervals and as needed. The plan should include

- How staff will be trained in the procedures, and how implementation will be monitored and supervised and by whom (identify name and position of person monitoring and providing supervision).
- A description of procedures for monitoring intervention fidelity, and procedures for correcting any deviations in implementation from the plan as designed.