Positive Behavior Supports

BEHAVIOR SAFETY PLAN

Guidance for Providers Implementing

Positive Behavior Supports

Massachusetts Department of Developmental Services

2022, Version 2.0

This document was developed as guidance to assist the DDS community to implement Positive Behavior Supports. This guidance does not constitute legal advice, and it is not a substitute for a thorough understanding of applicable law, regulation, and DDS policy. In the event of inconsistency between this guidance and law or DDS policy, the latter shall prevail.

Purpose

The purpose of a Behavior Safety Plan (BSP) is to describe a rapid response to the challenging behavior of an individual. It contains specific, observable criteria for identifying severe and unsafe behavior in which an individual might engage (i.e. emergency circumstances), under which a restraint(s) may be utilized to ensure safety. The Behavior Safety Plan must be prepared by a PBS Qualified Clinician, and the Clinician shall notify the PBS Leadership Team of the development of a Behavior Safety Plan and Intensive Positive Behavior Support Plan (I-PBSP).

Regulations governing Behavior Safety Plan can be found in 115 CMR 5.02 and 5.11(1)(c)1-3. In addition, providers must utilize the **Department of Developmental Services Behavior Safety Plan form.**

Who should receive a Behavior Safety Plan?

Any person subject to a restraint more than one time within a week or more than two times within a month shall be referred to a PBS Qualified Clinician for the development of a Behavior Safety Plan and Intensive Positive Behavior Support Plan. Upon referral, the Qualified Clinician examines the emergency circumstances and determines the need for a BSP and I-PBSP. Individuals are recommended to receive Intensive Supports when there are concerns for the health, safety, or emotional well-being of the individual or others, the individual is at risk, or the individual's quality of life is seriously impeded due to challenging behavior. Alternatively, the Qualified Clinician may determine the emergency circumstances are likely of short duration and directly related to a specific life event, such as the death of a family member, and can be addressed through other Targeted Tier Supports. In these cases, a BSP is not required; however, individualized protocols, supports, and CPRR de-escalation techniques must be adhered to, as formulated by the PBS Qualified Clinician.

What information is specified in the BSP?

The BSP should specify information about the use of any restraint including observable criteria for severe, unsafe behavior, termination criteria, maximum duration, type of restraint as contained in the Department approved CPRR curriculum, data collection, and additional safeguards. The BSP should also specify any reasons, including physical and psychological, that a specific restraint(s) is contraindicated for use with the individual.

The BSP should describe the debriefing process for the individual as required by 5.11(1)(a)(1c), including any circumstances under which a debriefing is contraindicated for this individual.

The purpose of debriefing with the individual who has been subject to restraint is ultimately to empower the individual at an emotional level, promote self-awareness, and to learn information from the individual that will assist staff members to revise de-escalation techniques to the greatest extent possible in order to prevent restraint (emergency circumstances) from occurring in the future. Debriefing also provides for a mindfulness and resilience check in for staff. Additional detailed guidance for debriefing with both individuals and staff can be found here.

For individuals with debriefing contraindications, a PBS Qualified Clinician must make this determination, document in the restraint form the reason why the debriefing with the individual cannot take place, and oversee a data driven evaluation process to determine whether to

propose a teaching plan that will enable the individual to meaningfully participate in a debriefing session. Note: Individuals who may not want to engage in debriefing when first approached following a restraint should not be automatically deemed as having a contraindication, and may benefit from an opportunity to debrief after reflecting on the situation.

Examples of a debriefing being contraindicated include

- When a person's problem behaviors are maintained by attention, the attention-laden act of debriefing may increase the problem behavior. **Note:** Debriefing should not be avoided for fear of reinforcing a behavior unless a clear pattern connecting debriefing to restraint episodes has been established.
- When a person's trauma history includes physical violence, the act of debriefing could trigger activation of PTSD symptoms
- When an individual's comprehension is limited such that they might not understand the reason for the conversation, and due to their neurological processing of the information will become upset
- When a person has demonstrated a clear adverse reaction to rehashing the events; recalling the event may be a 'secondary trauma' for the individual. **Note:** There is a difference between forcing someone to talk about an episode and being sure to offer them the opportunity to talk and to repeat the offer.
- When the individual is assessed as a person for whom "moving on" from an upsetting event is an adaptive strategy, and revisiting the incident may be retraumatizing
- When an individual overly attaches shame and self-blame to a restraint incident such that debriefing becomes unproductive