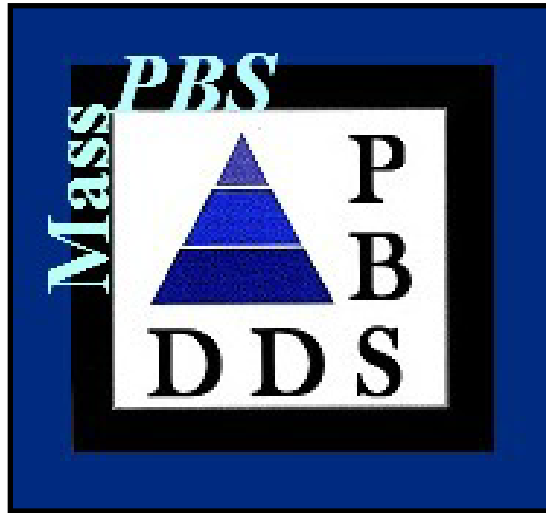# Positive Behavior Supports
# Targeted Tier of Supports



## Guidance for Providers Implementing Positive Behavior Supports

Massachusetts Department of Developmental Service
March 2025 V. 1

# Targeted Tier of Supports
## Guidance for Providers Implementing Positive Behavior Supports

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# DDS Positive Behavior Support Policy

It is the policy of the Department Developmental Services (DDS) to establish procedures and the highest practicable professional standards for the treatment of people with intellectual and developmental disability, and to assure the dignity, health, safety, of its clients. System-wide PBS is a widely accepted and utilized framework for both system change and individual treatment which supports individuals to grow and reach their maximum potential. Id. Positive Behavior Supports (PBS) emerged from three major sources:

(a) Applied behavior analysis
(b) The normalization/inclusion movement; and
(c) Person-centered values

*Journal of Positive Behavior Interventions*, Positive Behavior Support: Evolution of an Applied Science, (Carr, Edward, Dunlap, Glen, Horner, Robert, et al.) Vol. 4, No. 1 (2002).

PBS provides a means for selecting, organizing, and implementing evidenced-based practices in the treatment of individuals. It focuses on clearly defined outcomes, data-based decision making and problem-solving processes that support fidelity and durability. PBS emphasizes the use of positive behavior approaches and recognizes that behavior is often an individual's response or reaction to the environment and the need to communicate his or preference and wants to others. Therefore, PBS focuses on environmental modifications, antecedent strategies, teaching desired and replacement strategies as well as reinforcement for teaching these desired and functional replacement behaviors. The strategies used to modify the behavior of individuals should involve PBS which promotes the dignity and respect of individuals and should not be unduly restrictive or intrusive. It is both law and policy to use only procedures which have been determined to be the least restrictive or least intrusive alternatives. 115 CMR 15.14(1)

## Purpose of Targeted Tier Supports

The goal of Targeted Tier Supports is to offer proactive interventions that prevent problems from becoming bigger problems. Targeted Tier of Supports are designed for individuals who are not responding to the Universal interventions or respond inconsistently to Universal Support Tier of Supports. One of the purposes of Universal Supports is to reduce the need for Targeted Positive Behavior Supports and Intensive Supports. Meaningful quality of life outcomes are the desired goal at each Tier. Targeted Supports are provided to individuals who are unsuccessful with Universal Supports alone. The focus is on supporting individuals at risk for developing more serious problem behavior or needing a standardized protocol for skill development. When a group of individuals or a single individual is not progressing at the Universal Tier of Supports, the Leadership Team identifies a pre-approved package of evidence-based Targeted Tier of Supports which enables the Targeted Support Team to be able to move quickly and efficiently to identify and address emerging needs of the individual or group. Targeted Supports are implemented quickly to assist the individual(s) in learning adaptive responses. Targeted Supports builds on a strong foundation of Universal Supports.

## Four Key Elements

PBS consists of four key integrated elements: <u>outcomes, systems, data, and practices</u>. These elements are integrated and interdependent so that no one element can singularly accomplish the goal of providing demonstrably effective outcomes for individuals. Each provider should determine their meaningful, measurable *outcomes* that support pro-social skills and enhance the quality of life for all individuals served. To support these outcomes, PBS employs three activities: <u>systems</u> to help support staff behavior in implementing evidenced- based <u>practices</u> with ongoing <u>data</u>-based decision-making measuring fidelity and individual outcomes.  The most important component of system-wide Positive Behavior Support is
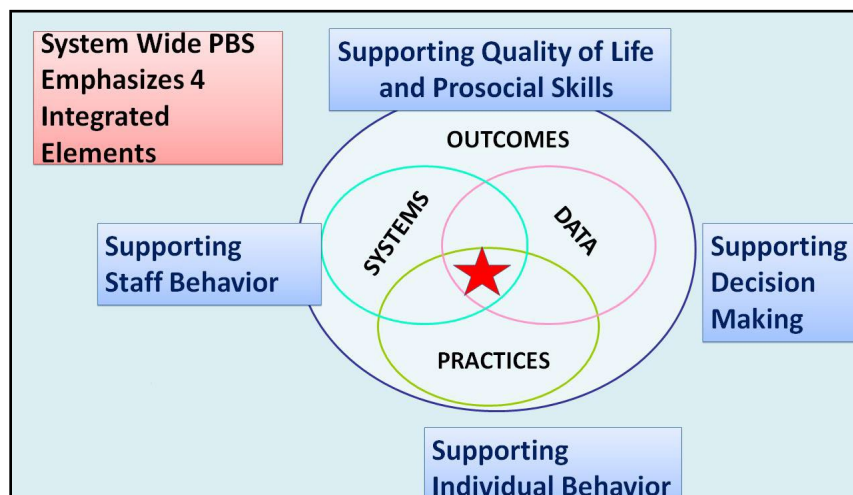


the systems component. <u>Systems</u> are used to build capacity in each organization to implement PBS practices with fidelity, regular data-based decision-making by a team to problem solve the effectiveness and efficiency of the evidenced-based practices to improve the quality of life of individuals served. Evidenced- based *practices* are those that can be found in the research literature or have been shown to be effective with data in the organization. These practices should be selected to match areas of need and suggested as the most efficient and effective interventions. They should be practical and implemented proactively so that problems are less likely to occur or significantly disrupt an individual's life. Staff should be trained with knowledge and understanding of an individual's values, motives, actions,

and trained in effective responses to communication. PBS relies on the regular collection of *data* to communicate the effectiveness of practices and systems so that problems can be identified and remedied in a timely way. Objective, measurable data guide decision making at every level of support. [1]

There are three Tiers of Positive Behavior Support: Universal Tier of Supports referred to as Tier I, Targeted Tier of Supports referred to as Tier 2, and Intensive Tier of Supports, referred to as Tier 3. At each Tier, the goal is for the individual to achieve meaningful outcomes and improved quality of life.  The PBS triangle below represents the typical distribution of the Tiers and may not be representative of any particular provider.  Information on the three Tiers and Interventions can be found at www.masspbs.com.
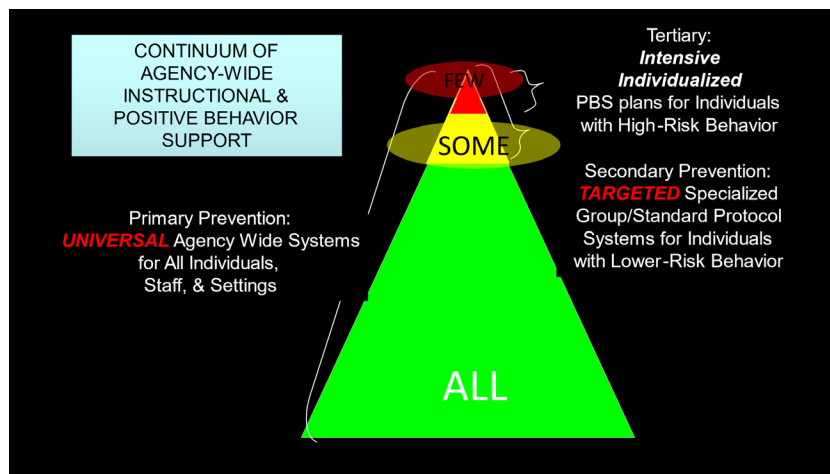


## I.  Targeted Tier Supports

Targeted Tier Supports are designed for people who are not responding to Universal Interventions or who respond inconsistently to Universal Supports.  One of the purposes of Universal Supports is to reduce the need for Targeted and Intensive Supports, and similarly the purpose of Targeted Supports is to reduce the need for Intensive Supports.  Meaningful quality of life outcomes are the desired goal at each Tier. When a group of individuals or a single individual has not been successful with the interventions used as Universal Supports, Targeted Supports offer more focused support for those who are at risk of developing more serious problem behavior or needing a standardized protocol for skill development.

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[1] Definition developed by sub-committee of the Commissioner's Advisory Board on PBS and adopted at 115 CMR 5.02.

Targeted Tier of Supports are evidence-based interventions that are pre-approved by the Leadership Team for use at the agency. These interventions are used to address specific challenges facing the setting, meaning a group of individuals in a specific setting (whole setting interventions) or individual specific challenges using simple off-the-shelf interventions beyond the Universal Tier of Supports.  Having this pre-approved selection of evidence-based interventions enables the Targeted Support Team to move quickly and efficiently to identity and address emerging needs of the individual or group.

Individuals at the Targeted Tier of Supports exhibit a lower level of risk/challenging behavior than those at the Intensive Tier of Support. Targeted Tier of Support constitutes secondary prevention.  The Targeted Tier of Supports are put in place proactively to prevent problems (challenging behavior) from becoming even bigger challenges. Targeted Tier of Support builds on a strong foundation of Universal Tier of Supports.

Targeted Tier of Supports consists of three approaches to address the needs of people who exhibit a lower level of risk/problem behavior than those at the Intensive Tier, but whose needs are not met sufficiently met by Universal Supports alone.  The three approaches consist of:

1) Individualized Written Guidelines
2) Agency-approved evidence-based Targeted Behavior Interventions. These evidence-based interventions are pre-approved for use by the Leadership Team
3) New Targeted Behavior Interventions. These are Targeted Behavior Support interventions that are needed for a specific individual or group of individuals whose needs are not addressed by the current pre-approved package of supports and are not yet approved by the Leadership Team.

The regulations at the Targeted Tier are focused on Targeted Positive Behavior Supports. However, to assist the reader in understanding the Targeted Tier, this guidance document explains the difference between Individualized Written Guidelines versus Targeted Behavior Supports reflected in the Chart below. The guidance document then will discuss the responsibilities and requirements of the Targeted Tier Team, who should receive Targeted Positive Behavior Supports, the types of behavior interventions that are typically available and then a section about Written Guidelines, describing the responsibilities and requirements, who should receive written guidelines and the types of interventions to consider.

A summary table can be seen below:

| Targeted Tier | Approved Evidence-based interventions | FBA Abbreviated Required | Targeted Support Plan | PBSQC | Training of Staff | Data | Referral Process in place | Universal Supports in Place | Ready to Use |
|---|---|---|---|---|---|---|---|---|---|
| Individualized Written Behavioral Guidelines | NO | NO | NO | YES, to ensure that a Targeted Behavior Support Plan is not needed | YES | YES | YES | YES | YES |
| Agency-Approved Evidence-Based Targeted Behavior Interventions | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| New Evidence-Based Targeted Behavior Interventions | Must seek Leadership Team Approval, promptly | YES | YES | yes | YES | Yes | YES | YES | NO |

Targeted Supports are implemented quickly to assist the individual(s) in learning adaptive responses. Each provider's PBS Leadership Team should identify the set of core issues that typically are present in the population that they serve, including, but not limited to, communication difficulties, anxiety concerns, diabetes, social skill deficits, etc. to ensure that there is a standardized evidenced-based package of responses to these core issues, as well as a standard process to identify them.

Specific Targeted Tier interventions include practices such as social skills groups, self-management strategies, and/or teaching functional skills such as functional communication. Examples of interventions that agencies may approve for use include "check-in, check-out", self-monitoring, relaxation training, adaptive schedules, positive only token economies or minimal consequences such as "planned ignoring." These supports may also target specific sub-groups, such as people with limited communication skills. Examples of group- based interventions include social skills training groups, group-based teaching of coping mechanisms, relaxation techniques, peer support programs, etc. A Targeted Positive Behavior Support Plan is designed to change and/or modify behavior that interferes with the individual's quality of life.

Occasionally, there may be a need for the Targeted Team to consider a targeted behavior intervention that has not yet been approved by the Leadership Team. This may occur because the pre-approved evidence-based package of supports – for example those that are listed in 115 CMR 5.14 (b) (4) – cannot be utilized quickly to address the needs of the individual or as new evidenced based interventions are developed, it is possible that the Leadership Team has yet to approve them. In this circumstance, the Targeted Team via the PBS Qualified Clinician is responsible for seeking and obtaining speedy approval from the Leadership Team for a new evidenced- based targeted intervention that will become available to all individuals needing the Targeted Tier of Support. It is also possible that the Targeted Tier Team may need to actively consider referral to the Intensive Team. The more individualized the Targeted Behavior Support interventions become, the more likely that a referral to the Intensive Team is needed.
 The greater the number of highly individualized characteristics added to the standard evidence-based intervention template, the more likely it is that a referral to the Intensive Team is needed.

## *Targeted Positive Behavior Support Plan vs Written Guidelines*

An abbreviated **Functional Behavioral Assessment** [2] and **Targeted Positive Behavior Support Plan** are required when

> 1. a pre-approved package of supports is implemented; or,
>
> 2. when Targeted Behavior Supports that are not yet approved by the Leadership Team are implemented; or,
>
> 3. when Targeted Behavior Supports are used to intervene when a person's challenging behavior could rapidly progress to significant disruptions in quality of life, **BUT** still need approval. The

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[2] See Appendices A and B for examples of an abbreviated FBA

Targeted Support Team must seek speedy approval from the Leadership Team for additional Targeted Behavior Support interventions.

In contrast, Individualized Written Guidelines, referred to in the regulations as Individualized Targeted Supports, do not require an Abbreviated Functional Behavior Assessment and do not require a Targeted Positive Behavior Support Plan. Individualized Written Guidelines are designed to assist the individual to fully participate in programming and access Universal Supports.  Prior to the implementation of any of the components in the Targeted Tier, including written guidelines, the staff supporting the individual must be trained in their implementation.  Staff must also be trained in the data collection processes that have been established by the PBS Qualified Clinician.

## *Who Should Receive Targeted Tier of Supports?*

Individuals who are not consistently responding to Universal Tier of Supports or who are not responding at all to Universal Tier of Supports should receive Targeted Tier of Supports. The Universal Supports Team identifies those individuals who are not making progress on meaningful measurable outcomes as outlined by the agency, or who are at risk of developing potential challenging behavior, and those individuals who need a standardized protocol for skill training; the Targeted Supports Team quickly introduces the standard pre-approved package of evidence-based Targeted Behavior support(s).

# II.  Targeted Support Team

## *Number of PBS Targeted Support Teams*

In the DDS PBS framework, each provider's PBS Leadership Team is responsible for the implementation of PBS. The PBS Leadership Team determines how many Targeted Support Teams are needed, which depends on the number of individuals within the provider's programs who need Targeted Supports. For each agency, this determination, along with which evidence-based Targeted Behavior Support to approve, is the result of reviewing data on meaningful, measurable outcomes for the people supported, and associated data (i.e. existing behavior plans, incident data, individual support plans) that inform the set of behaviorally related needs that are present in the population that they serve. This includes, but is not limited to, communication difficulties, anxiety concerns, health concerns such as diabetes, social skills deficits, coping/self-management needs, etc. The goal is to ensure that there is a standardized evidence-based package of responses to these core needs, a process to identify the needs, and a commensurate number of Targeted Support Teams.

The information about the number of Targeted Support Team(s) should be included in the provider's PBS Action Plan[3]. The Targeted Support Team may be a joint team with an Intensive Support Team, or it may be necessary to have some number of Targeted Support Teams.

## *Composition of the PBS Targeted Support Team*

The Provider's PBS Leadership Team determines the membership of the Targeted Support Team. Functionally, each Targeted Support Team should consist of the following:

   a. A Targeted Support Team Chairperson, (an individual in an administrative role with decision-making authority who has both supervisory authority and a connection to the PBS Leadership Team),
   b. a PBS Qualified Clinician.

The Targeted Support Team may also include a human rights officer/role, and other provider staff associated with the program site including but not limited to direct care staff, site managers, etc. In summary, membership in the Targeted Support Team must include both clinical and administrative staff.

The Targeted Support Team Chair is responsible for ensuring that there is a process for taking minutes that can be shared with the other Targeted Support Team members as well as the PBS Leadership Team upon request. The Administrative Representative is responsible for ensuring that there is a data system in place that informs the Targeted Supports Team's work. It is likely that the Targeted Supports Team Chair has both decision-making administrative authority and supervisory authority and is connected to the Leadership Team. In the event that the administrative authority and supervisory authority roles are filled by different individuals, then the individual with administrative authority functions as the Targeted Supports Team Chair. The PBS Qualified Clinician may come from within the provider or be external to the provider.

The Targeted Support Team may be made up of the same individuals as the provider's Intensive Support Team, i.e., a combined Team or a combination of the Universal and Targeted Support Teams, or, potentially, may be a combination of all three Tiers depending on the provider's supported population and needs. If Teams are combined, it is recommended that separate meetings and minutes are written to ensure consistent understanding among staff. It is also possible that multiple Targeted Support Teams are needed to address this volume.

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[3] Additional guidance regarding PBS Action Plans can be found in *Positive Behavior Supports: PBS Leadership Team, Guidance for Providers Implementing Positive Behavior Supports, Massachusetts Department of Developmental Services, 2022, vol. 1.*

## *Duties of the PBS Targeted Support Team*

The Targeted Support Team, in consultation with the Leadership Team, is responsible for identifying screening methods to determine which individuals need more than Universal Supports prior to the development or emergence of challenging behavior(s). For many individuals, the risk of developing challenging behavior(s) is due to the lack of communication skills which may be quite varied. The Targeted Support Team is responsible for the following tasks:

- Identify methods, including use of data, of determining who needs more than Universal Support
- Monitor individuals to quickly provide Targeted Supports, as needed
- Conduct abbreviated or informal Functional Behavior Assessments (FBA) of the function of behaviors of concern, i.e., the challenge(s)
- Conduct Team-based reviews of objective data about the individuals, including reviewing effectiveness of Targeted Support Interventions being used
- Select approved standard evidence-based interventions for those individuals who need more support than the Universal Tier of Supports
- Identify and refer additional evidence-based interventions, as needed, to the Leadership Team for approval
- Request approval from the Leadership Team to add additional evidence-based interventions
- Conduct training and technical assistance that will support staff understanding and ability to implement Targeted Support intervention
- Review effectiveness of interventions and Targeted Support Plan(s) using data-based decision-making at the individual and organizational level
- Monitor fidelity of the use of Targeted Tier interventions at the individual and organizational level
- Recommend for assessment, individuals who can likely maintain quality of life outcomes through use of only Universal Supports
- Refer individuals who are not responding to or making progress at the Targeted Tier of Supports to the Intensive Tier of Supports Team for assessment
- Record minutes of Targeted Support Team meetings

Employing the Targeted Tier of Supports is a collaborative process. The Targeted Support Team should be attentive to significant changes and stressors in the group or individual's life such as death of a significant person, change in the make-up of the individuals in the environment, including home or work life, and other life changing events. When these types of situations arise, it is the responsibility of the Targeted Support Team to quickly implement one or more of the standard evidence-based interventions appropriate to the individual's needs.

## III.  Targeted Support Brief Functional Assessment for An Individual

The provider's Leadership Team is expected to develop a standardized identification process to ensure that individuals are referred to the Targeted Support Team promptly and appropriately when needed. An important early step in developing effective Targeted Supports for an individual is an abbreviated brief or informal functional assessment. A brief functional assessment is used for individuals who engage in non-dangerous challenging behavior to self or others for whom universal support has not been effective.  The goal of assessment is to have a better understanding of the non-dangerous challenging behavior(s) so that an appropriate support or intervention can be arranged.  The purpose of the functional behavior assessment is to identify relevant "triggers", the condition under which the behavior is more (or less) likely to occur and the function of the behavior.  Targeted Brief Functional Assessment may consist of thoughtful discussions and brief consultation with the individual, or staff might easily identify patterns of behavior through direct observation or review of existing data. An example might be when an individual suffers an unexpected loss, and possible responses might include encouragement to reunite with a former clinician and/or to be excused from typical household expectations for a period of time while adding a check-in/check-out intervention.  Samples of an abbreviated assessment can be found in the Appendix sections A and B.

The assessment may be completed by the PBS Qualified Clinician. In some situations, the assessment may be conducted by other Targeted Support Team members, but the assessment is always <u>overseen and monitored by the PBS Qualified Clinician.</u>

All completed abbreviated functional assessments are reviewed by the PBS Qualified Clinician and the Targeted Support Team.  Based on the information obtained in the assessment, appropriate supports are identified, and a Targeted Positive Behavior Support Plan is developed using the evidenced-based interventions which have been approved by the Leadership Team and implemented to support the individual.

## IV.  Targeted Positive Behavior Support Plan

Following an abbreviated functional assessment of behavior, the Targeted Support Team can begin to consider appropriate interventions to address the behavior.  The provider's PBS Qualified Clinician is responsible for developing, writing, and teaching staff how to implement the Targeted Positive Behavior Support Plan. The PBS Qualified Clinician is responsible for developing and monitoring a data system. Targeted Positive Behavior Support Plans may require the assent of either the individual or the guardian. A sample Targeted Support Plan can be found in the Appendix C

## *Elements of a Targeted Positive Behavior Support Plan*

The Targeted Support Plan should include the following elements:

- Background and Demographic Information, and a brief description of the quality-of-life disruption
- Completed Abbreviated FBA
- Targeted Behavior(s) of Concern to include definition of target behavior for increase and decrease in measurable terms
- Functionally equivalent replacement behaviors to be taught and reinforced as appropriate and/or formal skill acquisition training to be increased
- Selected pre-approved evidence-based Intervention(s)
- Antecedents or environmental conditions that trigger challenging behavior to be minimized
- Universal Supports in place
- Data Monitoring and Evaluation to include how the Plan will be evaluated, by whom, how frequently, and with revisions identified
- Staff training plan for effective implementation

The Targeted Positive Behavior Support Plans shall include the components listed in the Sample Plan and identified in the regulations. 115 CMR 5.14(8). The interventions selected should be documented in the Targeted Support Plan.  Providers may design their own Targeted Positive Behavior Supports Plan template provided that it covers all of the elements above.

## V.  Standardized Targeted Behavior Support Interventions

When the Targeted Support Team meets, it reviews all assessments and determines what interventions from the pre-approved standard package of evidenced-based interventions are likely to address the individual's need for skill acquisition and are a recommended response to the behaviors of concern. The interventions selected should be documented in the Targeted Support Plan.

Targeted Support Tier interventions and practices are intended to promptly respond to changes in an individual's status.  Targeted Supports are put in place to prevent challenging behavior(s) and by so doing help maintain or improve the individual's quality of life and the quality of life of others as well.  On-going evaluation of an individual's response to Targeted Supports and organizational outcomes are tracked. When an individual needs Targeted Support, the Universal Supports are maintained, as the supports included in the Targeted Support Plan are additive.  **Universal practices can help sustain behavior change produced by Targeted Tier of Supports.**

The Targeted Tier of Supports often includes greater emphasis on the Universal Tier of Supports already in place for all individuals.  For example, a more frequent implementation of Universal teaching may be

sufficient to meet the agency's meaningful measurable outcomes or to alleviate distress caused by the challenging or interfering behavior. Interventions are selected and implemented based on skill acquisition using standardized interventions.

Targeted Tier of Supports often improve systems that address additional structure and predictability, increasing functional communication, teaching strategies and increased opportunities for positive reinforcement, focus on skills training and skill acquisition, and increased communication between the Targeted Team members regarding the individual.

Whether the supports needed for an individual occur in the home or work setting, a Targeted Support Plan will detail each component of the intervention for each setting.
Specific available Targeted Supports may include but are not limited to:

- Check-In, Check-Out
- Self-monitoring
- Relaxation training
- Planned ignoring of minor problems to avoid reinforcing them (minimally intrusive decelerative consequences)
- Self-management
- Positive only token economies
- Individualized schedules

- Increased monitoring
- Protocols for soliciting staff or peer attention
- Protocols for escaped motivated behavior
- Social skills group
- Functional communication skills

# VI.  Training

The PBS Qualified Clinician writing the Targeted Support Plan is responsible for training staff for competency in executing the plan before it is initiated. DDS expects PBS Clinicians will ensure a measure of staff implementation competency to the Plan; staff retraining will occur at regular intervals and as staff change. Training is the responsibility of the Plan's author. The Targeted Team is also available for technical assistance.

# VII.  Data Collection and Monitoring

## *Targeted Support Implementation Fidelity Check*

When a Targeted Support Plan is implemented, it is important to monitor the fidelity or quality of the implementation.  The PBS Qualified Clinician, or designee, responsible for writing the Targeted Support Plan must conduct fidelity or quality of implementation checks at frequent intervals if the behavior being targeted is not changing and progressing.  The frequency will be determined by the PBS Qualified Clinician

and the Targeted Support Team.  An example of an instrument that can be used to assess the quality of the implementation is the Targeted Support Plan Implementation Check (TIC) and is presented in Appendix D.  It is important for the Targeted Support Team to describe how data will be collected for each of the target behaviors and how it will be used to assess the effectiveness of the Targeted Support Plan. It will help to inform the Team whether there should be a referral for additional support or a referral to the Intensive Tier of Supports team. Other fidelity tools are also available at masspbs.com.

Targeted Support data can be used to generate reports helpful to the provider when aggregated at the appropriate planning level and used for decision making. Data should be reviewed at least monthly, and a visual (graphic) presentation is highly recommended. It is expected that providers currently collect most, or all of the data identified below.  Analysis of fidelity of PBS interventions is imperative; that is, *"Are Targeted Interventions reliably being implemented?"* Some or all of the following informational indicators will be helpful to review as part of determining effectiveness and fidelity:

- Number of reportable incidents per type of incident, including frequency of related injuries
- Total number of incidents per month by individual
- Number of incidents per day of the week by individual
- Time of day of incident by individual
- Who and how many individuals are involved in the incidents
- Number of events including restraints
- Number of events by location (location with a home, location in the community, day or work site, etc.)
- Data on progress of skill acquisition for individuals with skill development as part of the Targeted Plan

Targeted Support Teams may also track outcome data related to quality-of-life indicators such as the time and number of individuals who spend time in community settings, hours per week worked, or months free of injury, etc. Other indicators might be communication status or skills to be able to advocate for themselves, or level of happiness, anxiety or depression present.

Providers should pay particular attention to data that supports increased quality of life for people. Indicators that measure quality of life may be derived from the provider's mission statement as well as specific quality of life measures.   The informational indicators listed above may also be included as part of the Universal Tier data-based decision-making process as a way to determine who may need Targeted or Intensive Tier Interventions.

## *"Individualized" Targeted Support*

There are individuals who do not meet the criteria for the Targeted Tier of Support (115 CMR 5.14(5)(b)2.) or require a Target PBSP but they need individualized Written Guidelines that staff use to help prevent

problems from developing. They are designed to provide strategies and training to help the individual in situations which may lead to dysregulation. Individualized Written Guidelines communicate behavioral expectations for an individual in a particular setting. The use of Written Guidelines is a collaborative process among the personnel at the site level in consultation with the PBS Qualified Clinician. Typically, the lead is the local site manager.

Providers are not required to implement a brief functional behavior assessment prior to implementing Written Guidelines. All Written Guidelines, (Individualized Targeted Supports), should be read by all staff prior to implementation. Providers must train staff in how to collect data and how to determine the effectiveness or lack thereof of the Written Guidelines to address the issue of concern. Staff need to be instructed on when to alert site managers when the Written Guidelines do not seem to address the issues that are arising for the individual.

Written guidelines may also be used to address critical environmental modifications or monitoring as long as they do not restrict the rights of others. For example, in a program in which all of the individuals have PICA, written guidelines preventing the availability of items that could be ingested would be an appropriate measure to take. A contrasting example would be if only one individual had difficulty utilizing knives or scissors, it would not be appropriate to "lock up all sharps" as an environmental Written Guideline for every resident regardless of their ability around sharp tools. Written guidelines are intended to promptly respond to changes in an individual's status. When Written Guidelines are applied to more than one individual who may have the same concern, each person's response and the effectiveness of the guidelines are tracked and evaluated separately.

The site manager and the local personnel at the site are responsible for the following:
- Identify who needs more than Universal Supports to ensure optimal functioning
- Train all staff to implement the Written Guidelines
- Regularly monitor the fidelity of implementation of the Written Guidelines
- Review the Written Guidelines at regular intervals, typically at staff meetings
- Design and implement a system to recognize when a referral for a more robust Plan is needed

Written guidelines may include but are not limited to:
- Greater access to Universal Tier of Supports which have an individualized component
- Modified Individualized Schedules to assist with transitions with staff support
- Close Proximity
- Redirection
- Individualized Reinforcement and enriching environment, which is non-contingent
- De-stimulation
- Transition support from one activity or location to another

## *Referral*

The agency PBS Action Plan should describe the referral process for individuals' movement between Tiers, which includes a description of when a given set of Written Guidelines are likely inadequate to fully support the individual. Using the process outlined in the PBS Action Plan, the PBS Qualified Clinician ensures that if Written Guidelines do not effectively help the individual, there is a referral to either the Targeted Behavior Support Team or the Intensive Team.

Providers are responsible for ensuring that if and when Written Guidelines are no longer effective or appropriate for an individual, the Targeted Support Team has identified a process to conduct an abbreviated FBA using the PBS Qualified Clinician who will develop and implement a brief FBA to assist in determining the course of action. The PBS Qualified Clinician will develop, train, and implement an evidenced based pre-approved package of supports in a Targeted Behavior Support Plan. In the event the Targeted Behavior Support Plan is ineffective, the Targeted Support Team is responsible for referring the individual to the Intensive Support Team, including a description of the presenting issue, the abbreviated Functional Behavior Assessment (FBA) documentation, and the data related to the effectiveness of the Targeted PBSP as part of the referral.

There are circumstances in which the use of Written Guidelines is not an appropriate choice. For example, Written Guidelines are often insufficient to address the severity of an individual's behavior and/or concern in the case of those identified by a Risk Management Team. In these circumstances, the appropriate course is to enlist the PBS Qualified Clinician, along with other specialty clinicians as needed, to refer the individual to the Targeted or Intensive Support Team for interventions suitable to prevent risk and promote skill development.

The Targeted Tier Team is not responsible for the development and implementation of Written Guidelines but should be available for consultation if requested.

## *Referral for Additional Supports and Referral to Intensive Team*

Individuals are selected for referral to the Targeted Support Team via a variety of methods ranging from universal screening assessments (including medical or health status and various skill levels such as communication), informal reports at Team meetings, to formal methods such as incident, restraint, and risk management reports. The goal is to identify the point at which an individual begins to show signs of needing additional support such as change in sleep habits, an increase in problem behavior, or the person experiences a change in life circumstances that may be a significant stressor. Upon identification of these issues, the Targeted Team needs to consider how to best address the issue. For example, if an individual has experienced a major life change in living environment, work or family life, a change in personal medical conditions or social relationships, the Targeted Support Team needs to plan for the potential disruption

in the individual's life and the need for additional supports. Consideration of the impact of the disruption triggers an assessment for either the Targeted or Intensive Tiers of Supports. The choice of an intervention will contribute to maintaining or improving the individual's previous functioning status and will quickly be put in place.

The Targeted Support Team is required to assess individuals at regular and frequent intervals for their need for change in the supports they receive. The Targeted Support Team and the provider's PBS Leadership Team will determine how frequently and by what methods individuals will be assessed for their need for a change in their support level. Following review of data collected on the target behavior(s) for an individual receiving Targeted Tier of Supports, as well as treatment fidelity data for an implemented Targeted Support Plan, an individual may be determined to be in need of a change in supports, either to Universal or to Intensive Tier of Supports.  When increased support is indicated, the Targeted Support Team may refer the person to the Intensive Support Team. Successful resolution of the identified target behavior/problem may indicate the need for an individual to return to the Targeted Tier of Support. At all times, the Universal Tier of Supports is in place for all individuals. Additionally, the Targeted Support Team may suggest referral for a specific mental health intervention such as individual or group work to address trauma, anxiety, depression, etc.

# APPENDIX A: Abbreviated Functional Behavior Assessment (Example 1)

**I.   Identification:**
   a.  Name
   b.  Date of Birth
   c.  Age
   d.  Location

**II.   Brief Functional Behavior Assessment:**
   a.  Observations: Date, Location, Times and Completed by Whom
   b.  Interview(s) – Staff, Family members
   c.  Record review   YES   NO

**III.   Relevant Background information**

**IV.   Purpose:**
   What is the clinical rationale for the Targeted Behavior Support Plan?

**V.   Behavior of Concern- Areas to Consider: Describe in measurable observable terms:**
   a.  Antecedent(s)
   b.  Where does the behavior occur?
   c.  When is the behavior most likely to occur?
   d.  With whom does the behavior occur with or not occur?
   e.  When did the behavior of concern begin?
   f.  Estimated frequency?

**VI.   What happens? What are the Triggers for the Behavior?**
   a.  What happens immediately after the behavior?
   b.  What does the individual obtain? Attention? Something else?
   c.  What does the individual avoid or escape?

**VII.   Describe the current plan or strategies:**

**VIII.   What strategies have been used in the past?**
   a. What Universal intervention have worked?
   b. What Universal interventions have not worked?

**IX.   What summary or hypothesis is made?**

**X.** **Additional information that may inform the Brief FBA:**
   a. Individual's strengths
   b. Medical issue(s)
   c. Medication(s)
   d. Life changing circumstances
   e. Trauma history
   f. Has the individual expressed concerns that may be related to the problem behavior?

## APPENDIX B: Abbreviated Functional Assessment Interview (Example 2)

Name: _____     Date:_____

Name of Interviewer: _____

Persons Interviewed: _____

Record Review:_____

Behavior of Concern:

Antecedent:

Setting Event (if possible):

Consequence:

Additional notes:

Summary Statement:

| Setting event/Antecedent | Behavior of Concern | Maintaining Consequence |

# APPENDIX C: Sample Targeted Positive Behavior Support Plan (PBSP) Template

A. Identification of Individual:
   a. Name                                    Name of individual who authored the plan
   b. Date of Birth
   c. Location of Site for plan implementation

B. Abbreviated Functional Behavior Assessment Completed:        YES            NO

C. Purpose:
   a. Describe the behavior of concern: identify the target behavior for increase or decrease described in objective, measurable terms

D. Plan
   a. Who is implementing the Targeted Support Plan?
   b. Name(s)of the pre-approved standard package of approved Targeted Supports
      _____

E. Data Monitoring and Evaluation
   a. Describe how the Plan will be reviewed and evaluated: what data will be collected; how often will it be reviewed and evaluated?
   b. What criteria will be used to either fade the Targeted Support Plan or refer the Individual to the Intensive Positive Behavior Support Team?

F. Staff Training
   a. How will staff be trained in the Plan and by Whom?
   b. Fidelity:   Describe how staff will demonstrate that Interventions delivered correctly?

# APPENDIX D: Targeted Implementation Checklist (TIC)

Staff: _____ Location: _____

Setting: _____ Date: _____

Time: Start _____Stop_____

| Interaction Skills | Score | Comments |
|---|---|---|
| 1. Staff names behavior(s) targeted for increase and decrease | | |
| 2. Staff identifies possible function of behavior as indicated on brief assessment | | |
| 3. Staff demonstrates or identifies prevention measures | | |
| 4. Staff demonstrates or describes reinforcement procedures | | |
| 5. Staff demonstrates or describes procedures for behaviors for increase | | |
| 6. Staff demonstrates or describes procedures for behaviors for decrease | | |
| 7. Data recorded as required | | |
| Total checks: | | |

**Scoring Key:** ✓ = Skill demonstrated all opportunities for entire observation
X = Skill not demonstrated throughout the observation.
N/A = No opportunity to demonstrate the skill.

_____
_____
_____
_____
_____

# APPENDIX E: Definition of Terms

1. **Check-In, Check-Out:** CICO is an opportunity for an individual and a staff person to **work together to improve behavior by focusing on supporting positive behavior outcomes throughout the day.** The goal of this strategy is to prevent future problem behavior by checking in with individuals on a regular basis (daily) to share clear expectations, feedback, and support. CICO can typically be implemented quickly. There is a morning check-in to review the goals and schedule for the day, review goals and provide support and encouragement. Over the course of the day there will be additional check-ins. During the day the individual will receive regular feedback about how the individual is doing and at the end of the day/shift the individual will receive feedback and offered praise and encouragement. As the individual moves throughout the day (from home to day program and back) and over the course of the day feedback is provided. CICO works best when the same trusted adult(s) sets the agreed upon goals and expectations and provides feedback on same.

2. **Individualized schedule**: An individual schedule is one that is used just for that one person and is typically individualized to meet his or her needs. The schedule is directed by staff and is typically not volitional or fully choice driven. When such a schedule is implemented, it is considered a targeted behavior support.

3. **Behavioral Contract with Positive Consequences** (Earning Extra Privileges): There are no provisions in this type of contract for restrictive consequences for target interfering behavior. The focus is entirely on the added privileges that the person may earn for his positive or replacement behavior. The contract is mutually negotiated between the person and the clinician. In many cases, the person who is the focus of the contract actually creates it – increasing ownership of the plan. It is expected that people have ample opportunity for non-contingent, daily preferred items and routines through Universal Supports, and thus this Targeted Tier intervention is understood to be in addition to Universal Supports.

4. Minimally intrusive decelerative consequences such as **planned ignoring** - a procedure in which social reinforcers usually attention, physical contact, and verbal interaction are withheld for a brief period of time contingent on occurrence of target behavior, or withdrawal of a specific reinforcer, contingent observation, etc. The common element is access to reinforcement is lost but the individual remains in the setting.

5. **Contingent observation**: Individual is repositioned so that observation of activities remains but access to reinforcement is lost.

6. **Reinforcement and enriching environment:** Making environment more enriching and reinforcing behaviors that are incompatible with behaviors that lead to time-out (meaning differential reinforcement of alternative behaviors, incompatible behaviors).

7. **Self-contract**: Contract individual makes with him/herself incorporating a self-selected task and reward as well as personal monitoring and reward upon task completion including self-delivery of reward.

8. **Self-management**: Self-management is the ability to use ones' own time, talents, and abilities to work towards achieving goals through behavior change tactics. Self-management is one of the social/emotional skills.

9. **Self-monitoring**: Self-Monitoring is the practice of observing and recording one's own actions and behavior.

10. **Reinforced Skill Practice**: Reinforced Skill Practice is a "neutral" procedure whereby a person is afforded opportunities to practice and receive reinforcement for a behavior in his/her current skill set such as initiating communication of their needs, responding to a situation effectively, or applying a prevention-oriented solution. The RSP is used in order to ensure the retention of those skills. There should be no coercion or requirement for the person to participate in these opportunities. This ensures the person views the opportunity in a positive light.

## Appendix F:   PBS Tier of Support Implementation Chart

| Tier | For Whom? Individuals | Individual Plan | Developed By/Tracked By | Data/Referral |
|------|----------------------|-----------------|-------------------------|---------------|
| Universal Tier | All individuals/all of the time | NO | Leadership and Universal Team | YES data, referral process in place to change tier |
| Written Guidelines | Some Individuals- those that need an individualized approach for optimal functioning | NO Plan, but written guidelines | ▪ PBSQC & site staff - design, train and oversee<br><br>▪ Leadership & Site Team consultation with Targeted Team as needed – track fidelity and effectiveness | YES data, referral process in place to change tier(directionally) |
| Targeted Tier | Some individuals- those individuals that are at risk of developing more serious issues if their behavior is not modified or closely managed | YES | ▪ PBSQC -Facilitate, design train and oversee<br><br>▪ Targeted Tier Team - track fidelity and effectiveness | YES data, referral process in place to change tier (directionally) |
| Intensive Tier | Few Individuals | YES | ▪ PBSQC -Facilitate, design train and oversee<br><br>▪ Intensive Tier Team - track fidelity and effectiveness | YES data, referral process in place to change tier (directionally) Needs PRC Review |

# Appendix G:  Sample Potential Scenarios for Use of Written Guidelines and Targeted Behavior Support Plan

1. An individual needs simple reminders about appropriate social behavior before entering a particular environment. (Staff reminders)
2. An individual needs a simple modification to a schedule to support smooth transitions between home and day program and back. (Staff make accommodations)
3. An individual has sensitivity to noise (Staff lower voice when talking to the individual)
4. An individual has suffered a major loss of significant person (Staff provide additional support)
5. An individual needs a verbal prompt to complete a non-preferred yet chosen activity.

**Sample Potential Scenarios for Targeted Positive Behavior Support Plan- Individual exhibits low level challenging behaviors that interfere with quality of life**

1. An individual exhibits low level challenging behaviors such as interrupting, or yelling or repetitive questioning or stereotypic behavior.
2. When out in the community an individual drops to the ground when bored.
3. An individual no longer needs an Intensive Positive Behavior Support Plan which needs to be faded, may require a Targeted Positive Behavior Support Plan.
4. An individual has great difficulty transitioning from home to day program and back.
5. An individual needs a social skills training program.
6. An individual has an unresolved grief due to loss of significant person resulting in problem behaviors.
7. An individual exhibits a low-level maladaptive behavior and there is an incompatible behavior (DRI) that can be reinforced