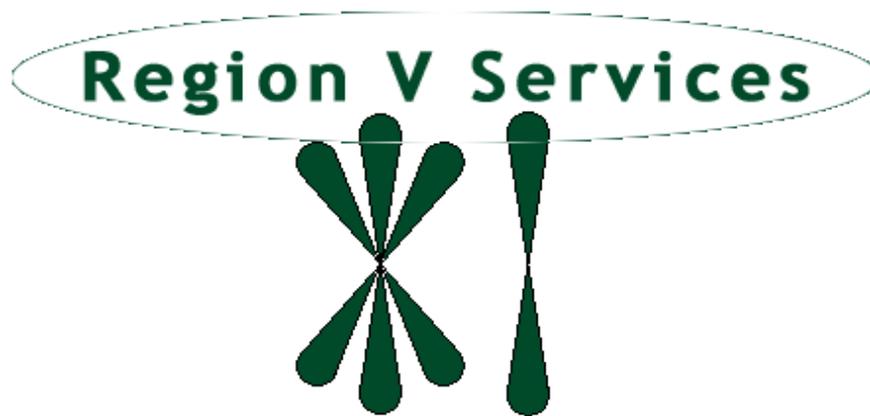


Positive Behavioral Supports Manual



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Positive Behavioral Support

In addressing behaviors RVS emphasizes a positive person centered approach directed towards maximizing the growth and development of each individual. All RVS agencies must ensure the following procedures are in place to address target or problem behaviors that interfere with an individual's daily life. The three components that will be addressed in this packet are the Functional Behavioral Assessment (FBA), the Behavioral Support Plan (BSP) and the Safety Plan (SP).

Purpose of the Functional Behavioral Assessment:

The purpose of the FBA is to determine the function of the behavior. It is imperative to have a firm grasp on the following four fundamental assumptions regarding all behavior. This is the foundation of the FBA.

- Behavior is purposeful or functional; it is occurring for a reason to either get something (like attention, an activity, a tangible object, power or control in their life), or sensory feedback, or to avoid or escape something (like a difficult task, a non-proffered task or person).
- Behavior communicates the individual is trying to convey a message based on the purpose or function of the behavior and the individual may not have an alternative means of expressing this message.
- Behavior is connected; it doesn't occur randomly and will lead to a desired outcome; it is influenced by the setting as well as it controls the environment.
- One behavior may have multiple purposes depending on the setting or situation.

The process of the functional assessment is to discover why the individual engages in the target behavior, what the individual wants to happen as a result of the behavior, what they are trying to communicate as a result of the behavior and what events in the environment influence the behavior. **A hypothesis or your best guess or explanation of the purpose or function of the behavior and its communicative intent will be the end result of the FBA.** In addition to this you will make recommendations for teaching strategies and interventions or procedures to respond to the target behaviors.

Functional Behavioral Assessment:

An FBA (refer to attachment #1) will be completed on a yearly basis for any individual supported that is currently on a psychotropic medication and/or has a current behavioral support plan or a behavioral safety plan which would include any restrictive measures. The FBA is the first step in developing Positive Behavioral Supports and must be completed prior to developing a new BSP or SP. It is very important that the FBA is person-centered, which means that the individual's goals and preferences are threaded throughout the document. Interviewing the individual to obtain their perspective is recommended. Information from an Outcomes Interview could be incorporated. Include the individual strengths, natural skills, talents and gifts in this document.

Prior to the commencement of writing the FBA it will be important to review the data from the current BSP and any Individual Report Form (IRF) that may have been written in the past year. All staff directly involved with the individual will also fill out the Functional Behavioral Questionnaire. Other systematic observation forms may be used, if desired.

Completing a Functional Assessment Questionnaire:

Direct support staff will fill out the Functional Assessment Questionnaire (refer to attachment #2). Place the identified target behaviors at the top of the page. Target behaviors are behaviors that are targeted for change. The target behaviors are derived from the previous BSP or physician information regarding what behaviors the prescribed psychotropic medication targets.

Follow the directions at the top of the page. Enter individual's name, setting in which staff are involved with individual, staff name and date.

Example:

Identify behaviors (B1 to B7) that are observed by location. Answer each of the questions marking the boxes with an X. Completed Scoring sheet must accompany this form. Individual's Name: _____ <input type="checkbox"/> Day Services <input type="checkbox"/> Residential <input type="checkbox"/> Other _____ Staff completing this form: _____ Date: _____	B1: Hitting self	B2: Hitting Others
1. Mark the behaviors that usually occur in the presence of other people.		
2. Mark the behaviors that usually occur when the person is being ignored or when preferred items have been taken away.		

Score the assessment on the back on the back page of the questionnaire by marking each number that was marked on the front page for each behavior. Return the questionnaire to the Coordinator who will compile the scores.

Example below, Behavior 1 = Hitting self

Behavior 1 – Hitting Self						
Indicate score for each box					Total	Likely Maintaining Variable
1: X	2: X	3: X	4: X	5: X	4	<i>Get Attention, Preferred Items</i>
1: X	6: X	7:	8:	9:	2	<i>Escape</i>
10: X	11: X	12:	13:	14: X	3	<i>Sensory Stimulation</i>
10: X	15:	16:	17:	18:	1	<i>Relieve Pain</i>

The results of this example indicate the function of this behavior (Hitting self) could either be to get attention or for Sensory Stimulation.

Note: There are two 1's and two 10's on the score sheet. However, these items on the questionnaire could result in two different functions. #1 could be either getting attention, preferred items or attempting to escape a non-preferred activity or person. #10 could be sensory stimulations or to relieve pain.

With the items that say "Mark all boxes if..." that means mark all of the behaviors for that # (4, 12, 13, & 16).

#19 Frequency: Comes from the data on your current BSP. Count up the number of times the target behavior occurred and record in the box. This can be indicated per day, per week or per month. It is preferred that this number be averaged over the previous 6 months to a year.

#20 Intensity: The intensity of the target behavior will be scored on a scale of 1 – 10 where 1 is mild and 10 is severe. Mild may indicate that the individual is easily redirected and 10 may indicate the individual is unable to be redirected or physical damage occurs.

Completing the Functional Behavioral Assessment Form:

Discussion of Target Behaviors

In this section, the target behaviors must be identified in observable and measurable terms. Describe the behavior in terms that everyone working with the individual has a clear understanding of what the behavior looks like and agrees with the behavioral description. **You must be able to see the behavior.**

When identifying target behaviors it is important to address behaviors that warrant immediate intervention.

Identify target behaviors that:

- Will cause physical harm to self or others.
- Will result in destruction or damage of property.
- Will become more serious if no intervention is present.
- Interfere with the learning process for self or others.
- Interfere with acceptance by peers or within the community.

After the target behaviors have been identified, a statement must be included to explain how the target behavior(s) affect the individual's quality of life, their safety, their social interactions and/or their independent functioning.

Analysis of the FBA from Observations, Interview/Questionnaire, Individual Report Forms (IRF):

The following information will come from program data, questionnaires, IRF's, interviews from staff, parents or family, guardians or the individual.

Frequency of Behaviors:

Indicates how often each target behavior occurs. This will come directly from the completed questionnaires or from the data on the current BSP. The frequency is recorded in the following manner – per day, per week or per month. It is preferred that the frequency of the behaviors is collected and analyzed over a six month period or more. If there is a big difference in frequency between residential supports and day supports, separate the data.

Example:

“Susie will hit herself an average of 10 times per day at the Day Center and 2.5 times per day at home. She rarely hits herself in the community.” If the frequency of a target behavior has significantly changed over the past year, note the change in this section.

Intensity:

Even though intensity is a subjective measure, it is important to note in order to evaluate progress and/or effectiveness of the BSP. This can be found at the bottom of the Functional Assessment Questionnaire. The intensity of the target behavior is scored on a scale of 1-10 where 1 is mild and 10 is severe. Give an explanation of what intensity scale means for the particular target behavior(s). For example mild may indicate that the individual is easily redirected and 10 may indicate the individual is unable to be redirected, unable to calm themselves down or physical damage occurs.

Duration:

This is another measure that will indicate progress or effectiveness of the BSP. Specify how long each target behavior typically will last.

Example: *“Susie will typically hit herself for approximately 10 minutes.”*

OR

“Susie will typically hit herself until staff intervene.”

Another way to show duration could be to identify a range such as *“Susie will usually hit herself anywhere from 5 minutes to 30 minutes per episode.”*

Settings in Which Behavior Occurs:

Include all settings and setting events that play a part in the individual’s life.

Example of settings:

Susie lives in a supported home with two other women her own age. She attends a day center and volunteers for Meals on Wheels. She also participates in community activities. She has been observed hitting herself in the day center and at home but rarely in the community.

Setting events are aspects of a person’s daily life or environment that do not necessarily happen right before the target behavior but still affect the behavior’s occurrence.

Examples of setting events are medical issues, like allergies; medications or medication changes; illness; menstrual cramps; environmental or social variables, such as change in staff, conflicts or disagreements earlier in the day or previous day, break-up with significant other, death in the family or childhood trauma.

Antecedents:

Antecedents are stimuli that occur immediately prior to the targeted behavior. Ask the following questions when filling out this section:

- What is happening or is present immediately before the behavior occurs?
- Are there any medical or psychiatric conditions that play a role in setting up the behaviors? (Many medications may contribute to a change in behaviors or bring on behaviors. If there is a medication change, be aware of possible side effects as well as any behavioral changes with the individual.)
- Are there certain people around or are they by themselves prior to the target behavior being exhibited?

This information can be found on the Functional Assessment Questionnaire #1, 2, 4, 5, 6, 7, 10, 15, 16, 17 and 18.

Behavioral Chains:

Behavioral chains are included in this section. Behavioral chains are behaviors that escalate from one behavior to the next. The first behavior is an antecedent to the next and so on.

Example:

Joe starts breathing hard (this is the first behavior of the chain), then he will scratch his arms, legs or face (second behavior of chain behavior is beginning to escalate), after this he will start yelling (third behavior of chain), which may then lead to him becoming physically destructive by pushing paper items on top of a desk onto the floor or pushing and throwing furniture.

Consequences:

Consequences are the responses from others that occur after the behavior. Consequences of the behavior are what maintain or strengthen the behavior. Remember the fundamental assumption: behavior controls the environment, therefore an individual will continue a certain behavior because they are receiving the desired consequence they are seeking.

In this section, record what happens immediately after the behavior. Indicate how staff or peers respond to the individual in response to the behavior.

- Is the individual attended to or do staff try and calm them down?
- Is the individual ignored or left alone?
- Do peers move away from the individual or stare at what is going on?

Refer to the Functional Assessment Questionnaire #3, 7 and 11.

Describe Previous Intervention:

Review what has been tried in the past to decrease the incidences of the targeted behaviors occurring. It is important to include interventions tried in all settings of the individual's day. These interventions can be found in the individual's IPP or in previous BSPs.

Example:

In the past, staff have used physical supports by holding Susie's hand down whenever she picks but she tended to pick more as soon as her hand was released. There have also been attempts at increasing her interaction with her peers as an alternative to staff attention as she seldom initiates any type of interaction with others. However, this also increased the incidences of the Self Injurious Behaviors.

Individual Characteristics: Review all areas below and explain.

In this section, paint a descriptive picture of the individual. Include their strengths, gifts, talents and goals as well as issues or events that play a role in the occurrence of the target behavior(s).

Affective Regulation/Emotional Reactivity:

Affect refers to the experience of feelings or emotions. How does this individual interact with others? Is the individual generally a happy person, enjoys laughing and/or joking around or is their affect more grouchy or angry? Do they have a healthy self esteem or poor self esteem? Include diagnosis of mood disorders, such as an Anxiety Disorder, Depressive Disorder, Bi-Polar Disorder, Impulse Control Disorder or Intermittent Explosive Disorder (poor anger control).

Cognitive:

Cognition is the scientific term for mental processes. These processes include attention, remembering, producing and understanding language, solving problems and making decisions. In this section, include how the individual thinks; if they tend to have distorted thinking by misinterpreting situations or things said or if they at times think something has happened when it actually hasn't. Include how they are able to make decisions or problem solve.

Modeling:

Modeling is described as imitation or copying behavior from another person. In this section, it is important to include whether we think the individual copies other peoples' behavior. Do some of their behaviors come from what they have seen in their families or from situations in their childhood or young adulthood? If they do some modeling, indicate what they do and who they model. This can be a positive characteristic to have in learning new skills.

Family issues:

This section is a description of the individual's family and their current relationship. Include parents, siblings, aunts and uncles, if they are involved. If there is no family of origin, indicate this and whether or not they have developed any type of substitute family in their life.

Medical/Psychiatric Issues:

All medical and psychiatric diagnoses must be included in this section. This includes all medications that the person is taking. It is important to understand that some medications may have negative side effects that could cause an individual to exhibit targeted behaviors.

Questions to ask are:

- Does the individual have any reoccurring illness that may trigger target behaviors?
- Have there been any major surgeries or hospitalizations?
- Does this individual use any adaptive devices, such as glasses, hearing aid, crutches, walker or wheel chair?

Communication:

Describe in this section how the individual communicates. Are they able to express their wants and needs effectively? Do they need the support of any adaptive communication devices?

Sensory Issues:

Sensory processing disorder is a neurological disorder causing difficulties with taking in, processing and responding to sensory information about the environment and from within their body. The visible symptoms could be caused by oversensitivity or under-sensitivity to the stimuli. Having a sensory processing disorder can often lead to increased target behaviors. It may also result in avoidance of activities, agitation, distress, fear or confusion. The following areas are to be addressed in the FBA. If there are no identified sensory issues in any of the following, indicate this by placing an N/A in that section.

- **Auditory:** Individuals who do not process correctly what they have hear have a specific perceptual dysfunction that is not due to hearing loss. Individuals with auditory sensory issues may have trouble paying attention to and remembering information presented orally. They may cope better with visual information and they may need more time to process information. Other examples are being distracted by sounds not normally noticed by others, being bothered/distracted by background environmental sounds, frequently asking people to be quiet, refusing to go to movie theaters, parades, skating rinks, musical concerts, often responding to verbal cues or to name being called, appearing to “make noise for noise’s sake”, needing directions repeated often, or will say “What?”
- **Visual:** An individual may have a hypersensitivity to light, resulting in an inability to tolerate normal lighting in a room. They may have difficulty keeping their eyes focused on a task or activity for an appropriate amount of time. They may become easily distracted by other visual stimuli in the room. They may enjoy being in the dark or they may have difficulty in judging spatial relationships in the environment. (i.e., bumps into objects or people or missteps on curbs and stairs). Or they may avoid direct eye contact. When these situations present themselves, increased behaviors may arise.
- **Tactile:** Individuals with a tactile sensory deficit may have difficulty with touch, with being able to recognize hot and cold or to be able to feel pain. An individual may also have a high need to touch things or touch certain textures, but on the

other hand, they may also have an aversion to certain textures of clothing, or tags in clothing.

Some examples of **hypersensitivity** are being fearful, anxious or aggressive with light or unexpected touch, being frightened when touched from behind, or complaining about having hair or teeth brushed. The feeling of raindrops, water from the shower, or wind blowing on the skin may feel like torture and produce adverse and avoidance reactions. Also being distressed by dirty hands, or being a picky eater, only eating certain tastes and textures.

Some examples of **hyposensitivity** are craving touch or vibrations, needing to touch everything and everyone, not bothered by injuries such as cuts and bruises and may be self-abusive; pinching, biting, or banging their own head, or seeking out surfaces and textures that provide strong tactile feedback.

- **Physical:** Kinesthesia and proprioception are terms that are often used interchangeably with regard to physical sensory issues. These terms have to do with movement of the body, body positioning, and balance. Some examples are difficulty dealing with extreme temperatures, frequent falls to the floor intentionally, grinding teeth throughout the day, chewing on pens, straws or shirt sleeves, biting or sucking on fingers, rocking body, shaking leg or head while sitting, needing to be in constant motion, being unable to sit still, seeming terrified of falling even when there is no actual risk.

Review of Day and Residential Supports:

This section is a review of what the individual's day looks like. Include both day and residential settings. It is important to include what activities the individual enjoys doing, their hopes and dreams and their preferences in this section.

While reviewing the day supports, include any vocational training, educational services, life skills training, any opportunities and experiences they may have in the community. Include all therapeutic services they may participate in, such as physical therapy, occupational therapy, mental health counseling or psychiatric services they receive and any specialized support services they may need.

In reviewing residential services, include programming they may have in the residential setting, aspects of their daily living, such as shopping, household tasks, financial or budgeting supports, personal care (such as dressing, showering, teeth brushing and hygiene), any interpersonal relationship the individual has (such as roommates, neighbors, friends and family).

Hypothesis of the Function of the Behavior:

In this section you compile all the information you have gathered and develop the hypothesis. A hypothesis is your best guess of why the behavior occurs or the function of the behavior. When it occurs, what conditions are present before the behavior

(antecedents), and what are the consequences that maintain the behavior? This information will be found in the body of the FBA document, therefore it is important to review this information prior to developing the hypothesis. Provide a statement to indicate what the individual is attempting to obtain or avoid with the presence of the target behavior(s). Provide another statement with an explanation of what the individual is trying to communicate with the target behavior(s).

Recommendations:

Based on the information provided in this document and the hypothesis, provide a description of the strategies and interventions that are recommended to address the targeted behavior(s). Describe the recommended replacement behavior, meaningful activity, environmental change and/or interventions that will assist the individual in decreasing the target behavior(s) while still allowing them to maintain the function of the target behavior. The recommendations should be creatively and thoroughly thought through in order to assist the individual to have an enhanced quality of life.

The **replacement behavior** is an alternative behavior that will be taught to replace the target behavior. This replacement or alternative behavior will improve the individual's quality of life, safety, social interaction or independent functioning. The following are points to remember when choosing a replacement behavior.

- The replacement behavior must communicate the same message as the target behavior.
- The replacement behavior must be more effective or more efficient than the target behavior to reach the desired outcome of the individual. This means that all staff must respond to the replacement behavior immediately every time.
- The replacement behavior must take less effort to reach the desired outcome.

A **meaningful activity** must be included in the recommendation. This would include activities in the community, preferred activities that are listed in the body of the FBA, or activities that bring value to the individual participating in them.

In some cases, an **environmental change** will decrease the likelihood of the target behavior to be exhibited. An environmental change may be as simple as altering the lighting or noise of a particular room or avoiding crowded activities.

Interventions are the recommended activities and responses to the target behavior(s) when they occur.

Recommendation must include a combination of a meaningful activity or activities along with individual supports for the individual. A rationale for the recommendation must be included.

Behavioral Support Plan:

The next step in developing positive behavioral supports is the Behavioral Support Plan (BSP). (Refer to attachment #3.) If the individual exhibits a priority target behavior, a BSP must be developed. The plan must emphasize positive meaningful activities and options that are consistent with the behavior targeted for change.

Note: If the individual is on a psychotropic medication and there are identified behaviors for which the medication is prescribed and there are no behaviors present, there is no need for a BSP. If an individual has a restriction other than medication, a safety plan will be developed.

Complete the top part of the BSP indicating what the support plan is written for, the place or setting the supports are provided, the date of the IPP and the staff authorized to implement and monitor the BSP.

Target Behavior(s):

The target behaviors identified in the FBA will be the identified target behavior(s) in the BSP. The target behavior(s) must be measurable and observable. This means you must be able to see the behavior(s) and that everyone agrees and understands what the behavior looks like. This section can be copied directly from the FBA. A statement must be included to identify how the BSP will improve the individual's quality of life or safety.

Summary of Functional Assessment:

This summary can also come directly from the FBA. This section needs to include explanations to the following:

- What the individual gets/obtains or escapes/avoids that maintains the behavior as indicated by the FBA. What is the purpose or function of the target behavior?
- What the antecedents are and how they relate to the target behavior. Or what is occurring immediately before the behavior is exhibited.
- What the individual is trying to communicate as a result of the target behavior
- What medications the individual is on.
- Other factors that contribute to the target behaviors such as family issues, sensory issues, cognitive or affectiveness issues.

Goals and Objectives:

The annual goal must be specific, measurable and agreed upon by the individual and their team at the annual IPP team meeting. The goals and objectives must be written in the first person as if the individual is writing the goal.

Goals:

The goal must be person-centered based on the individual's identified goals and dreams. The goal takes into consideration what their preferences are and builds on

these preferences. The goals reflect the desired outcomes that are being addressed through the BSP. They must be written to increase the replacement behaviors, meaningful activities or options.

Objectives:

There are generally a number of short term objectives leading to the annual goal. The first short term objective (STO) in the sequence is based on the baseline data or data from the previously run BSP. The first STO must be more challenging than the previous BSP, or baseline average. All subsequent STO's must be more challenging than the previous STO. STO's include a condition, a behavior and performance and time criteria.

- The **condition** indicates the special conditions under which the behavior is to occur. Such as: with prompts, cues, special equipment, time and place.
- The **replacement behavior** must be specific, observable and measurable.
- The **performance criterion** is the standard by which the behavior is measured.
- The **time criterion** is the standard for evaluating the consistency or reliability measured over time (i.e. sessions, days or months).

Replacement Behavior & Positive Meaningful Activities & Options:

The replacement behavior is a specific measurable behavior that is taught to replace the target behavior. The replacement behavior must match the function of the target behavior. It must communicate the same message as the target behavior and must be more efficient to complete than the target behavior. (Refer to the above FBA Recommendation section.)

Training Procedures:

Indicates what plans or procedures are in place to teach the replacement behaviors, positive meaningful activities as well as how staff respond to the target behaviors.

Strategies:

Strategies are the teaching procedures that are in place to address the replacement behaviors. Detailed instructions which include instructions to the individual and instructions to the staff are included in this section.

Instructions to the individual include directions, request or cues directed to the individual to evoke the desired behaviors or responses. If specific words are to be used each time, put the words in quotation marks. If no quotation marks are used, the instructor can phrase the instructions as desired as long as the same information is given.

Instructions to the staff include directions to help staff understand the purpose of the strategy or help staff run the program correctly and efficiently.

The following elements must be included in this section:

- Under what **conditions** the skill will be taught.
- A description of the **setting** where the skill will be taught. This includes specific times the program is run, if required.
- Any and all **materials** needed to run the program, and where they are located. Staff will have necessary training to use these materials/devices.
- How many **cues** and what type of cues are used to teach the replacement behavior. Specific description of the cue must be individualized to each person depending on their need and included in this section.
 - Verbal cues, and how many times verbal feedback is used
 - Modeling/demonstration
 - Physical prompts
 - Gestures
 - Physical assistance

Cues are used to be instructive and provide learning opportunities. Excessive use of cues may interfere with learning and cause undesirable results.

- The **schedule** of when the training will occur and when data will be recorded. Typically the training frequency will be greater than data collection frequency.
- How the staff will respond to **refusals**. When an individual refuses to participate in the teaching of the new behavior, there must be instruction for what staff are to do. Example: Staff will attempt the training in 5 minutes. If they continue to refuse, attempt training in 5 minutes. If they continue to refuse, staff will document the refusal. It is important to note that individuals do have the right to refuse to participate in any training. If a pattern of refusals continue, staff and/or the IPP team may need to address goals, objectives and the training strategies.

Interventions:

Interventions are directions to the staff on how to respond to the target behavior(s). A detailed description or explanation of how staff will respond to each behavior will be included in this section. It is imperative that all staff respond consistently when target behaviors are exhibited.

Reinforcement & Preferences:

Reinforcements are based on the individual's references. The reinforcement must be above and beyond the typical preference the individual normally gets throughout the day. Preferences are never denied or used solely as reinforcement.

A reinforcement is any event that increases the strength of the behavior it follows. A positive reinforcement indicates strengthening a behavior by the presentation of a consequence (reward) following the occurrence of the behavior. Reinforcers may be delivered at different times and frequencies. Ratios of reinforcement to behaviors must be included in the instructions. A 4:1 ration indicates that after the fourth correct behavior the reinforcement is received. Giving the reinforcement immediately after the behavior is exhibited is more powerful in changing behavior; therefore initially a 1:1 ration is desired. As the individual learns the desired behavior, reinforcement may be lessened and the ration may increase to something like 4:1. If the behavior does not increase, the identified reinforcement is not reinforcing for the individual.

Data Collection:

There must be meaningful and individualized data collection that tracks the progress of the individual. There must be clear instruction to staff as to what data is being measured. Data collection must be reflective of the replacement behaviors that are being taught (refer to Replacement Behavior Section). Data must be recorded at a frequency to indicate whether or not learning is occurring.

Data will be collected on Targeted Behaviors at a frequency determined by the IPP team.

Safety Plan:

The final step in the Positive Behavioral Support process is the Safety Plan. (Refer to attachment #4.) A Safety Plan is required for all restrictions other than medication.

The goals of the safety plan are to maintain safety for the individual, other peers and staff; to protect and preserve the individual's rights and dignity; and to inform and train staff in the sequential, efficient and safe measures to address the possible and known safety risk.

Description of the Safety Issues or Risk Factors:

Define the specific issue of risk and/or safety and how it provides a safety factor that requires the need for a plan for the individual. Safety factors may include harm to self or others, suicidal threats to self, sexual offenses, severe aggression, medical conditions that are known and need a safety plan, and elopement or running away or into traffic.

Trained Staff Responsible for Implementing Plan:

A list of staff who need to be informed and trained in order to implement this plan. Verify and indicate the type of training provided to staff (i.e. crisis prevention or BART training or medical emergency care).

Description of Stressors/Triggers/Antecedents that Precede a Crisis:

Most safety issues can be minimized if staff are aware of the stressors/triggers/antecedents that precede a crisis. To intervene in the early stages of a crisis, whether behavioral or medical, staff must be knowledgeable of the stressors, triggers and warning signs.

- Stressors are setting events that may include people, places or medical issues that may contribute to target behaviors.
- Triggers are environmental events or antecedents that happen right before the safety issue.
- Warning signs are behavioral chains that the individual displays. As indicated in the FBA section above, behavioral chains are behaviors that escalate from one behavior to the next. The first behavior is the antecedent to the next behavior and so on and are indicators that the behavior is escalating.

Safety Plan Procedures:

BSP Intervention:

Describe the use of the replacement behavior and meaningful activities or options as explained in the BSP. This can come directly from the BSP. If a BSP is not needed, it must be indicated in this section with the reasoning or rationale.

Safety Plan Intervention:

Describe intervention strategies or prevention strategies to prevent a crisis situation. Techniques such as moving others out of the area or disconnection techniques would be explained in this section. Specific restrictions that are in place will be in this section, such as eyesight or arms' length supervision, alarms on doors, or locking up sharps.

Emergency Safety Intervention:

An emergency safety intervention utilized through a safety plan is allowed to respond to a crisis situation. This is different than physical restraint because it is not used as a behavioral consequence. These interventions may be used to protect the individual and/or others from harm or injury. The procedures in the Emergency Safety Plan must be followed exactly as written and all staff involved will be trained on the specific procedures.

Describe in detail interventions staff are to follow to respond during a crisis situation in the event the behavior has escalated. Emergency Safety Interventions for an anticipated crisis situation may necessitate an approved BART technique. The technique must be explained in sequential step-by-step directions.

Restrictions:

Restrictions are defined as any externally imposed limitation of rights. Rights should only be restricted to ensure:

- Individual protection
- Protection of others and/or property
- Health and safety

Any restriction imposed on an individual must be approved by the IPP team and the Program Ethics Committee (PEC) prior to implementation.

The safety plan must clearly indicate a plan to review the restriction(s) and include the goal to reduce or eliminate the restriction, if possible. If not possible, there must be a rationale for the use of the restriction.

Refer to the PEC manual for further information regarding RVS policies about restrictions.

Reporting Guidelines & Documentation:

Indicate who needs to be informed that the Safety Plan will be used. The Safety Plan and any restriction or emergency procedures must be approved by the IPP team and the Program Ethics Committee prior to implementing. The signature page from the annual IPP may be attached to this document to specify who has been informed.

Indicate who will be informed each time the emergency safety plan was implemented. Each time the emergency safety plan is used, notification to the necessary individuals will occur with documentation of this being filed in the individual's file.

Follow-up & Review Procedures:

A detailed description of what follow-up activities will occur after the use of the emergency safety procedures.

- Each time an individual experiences a crisis and the emergency safety plan is implemented there should be a careful and planned method to review the incident. This review is to ensure that safety and best practices are followed.
- Each time the emergency safety plan is implemented there should be consideration for additional activities to be in place in order to assist or enhance the individual's growth.
- Each time the emergency safety plan is implemented there will be formal documentation of the incident.

Attachment #1

Region V Services Functional Behavioral Assessment

Name: _____ [] Residential [] Day Services Date: _____

Data Sources: [] Observation [] Individuals interview [] Family interview [] Staff interview [] Questionnaire [] Data [] Incident Reports

Staff completing Assessment:

Discussion of Targeted Behavior (Describe behavior in measurable/observable terms. How does behavior affect quality of life/safety/social or independent functioning?)

Analysis of the FBA from Observations, Interview/Questionnaire, Incident Reports

Frequency:

Intensity: (Consequences of target behavior on self, peers and environment)

Duration: (How long does behavior usually last?)

Setting(s) which behavior occurs: (Environmental settings)

Antecedents: (What is happening or present immediately before behavior occurs. Include behavioral chains)

Consequences: (Identify what happens immediately after behavior occurs)

Describe Previous Interventions: (Review of past supports in both Day and Residential settings to address target behaviors.)

Individual Characteristics: Review all areas below and explain

Affective Regulation/Emotional Reactivity: (Identify emotional factors, anxiety, depression, anger, poor self-esteem that play a role in targeted behavior)

Cognitive: (Identify distorted thoughts, negative self-statements, interpretation of events that play a role in directing target behavior)

Modeling: (Identify the degree to which the behavior is copied, who they are copying and why)

Family issues: (Identify family issues that play a part in organizing and directing target behavior)

Medical/Psychiatric Issues: (Identify diagnosis, all medication, present an overview of physical, auditory, visual that could play a part in target behaviors)

Communication: (How does the individual communicate, use of adaptive devices)

Sensory Issues: (Identify sensory issues that may contribute to target behaviors)

Auditory:

Visual:

Tactile:

Physical:

Review of Day and Residential Supports: (Assisted, Vocational, In-Home, Other, personal preferences, programs that are being run)

Hypothesis of the function of the Behavior

What is the person trying to obtain or avoid: (attention, task, object, sensory)

What is the person trying to communicate: (Provide a statement of the communicative intent of the behavior)

Recommendations

Recommended replacement behavior, meaningful activity, intervention or environmental change to assist in decreasing target behavior(s): (Include how this will enhance the person's life along with rationale for the recommendation.)

Functional Assessment Scale Scoring

Behavior 1						
Indicate score for each box					Total	Likely Maintaining Variable
1:	2:	3:	4:	5:		<i>Get Attention, Preferred Items</i>
1:	6:	7:	8:	9:		<i>Escape</i>
10:	11:	12:	13:	14:		<i>Sensory Stimulation</i>
10:	15:	16:	17:	18:		<i>Relieve Pain</i>
Behavior 2						
Indicate score for each box					Total	Likely Maintaining Variable
1:	2:	3:	4:	5:		<i>Get Attention, Preferred Items</i>
1:	6:	7:	8:	9:		<i>Escape</i>
10:	11:	12:	13:	14:		<i>Sensory Stimulation</i>
10:	15:	16:	17:	18:		<i>Relieve Pain</i>
Behavior 3						
Indicate score for each box					Total	Likely Maintaining Variable
1:	2:	3:	4:	5:		<i>Get Attention, Preferred Items</i>
1:	6:	7:	8:	9:		<i>Escape</i>
10:	11:	12:	13:	14:		<i>Sensory Stimulation</i>
10:	15:	16:	17:	18:		<i>Relieve Pain</i>
Behavior 4						
Indicate score for each box					Total	Likely Maintaining Variable
1:	2:	3:	4:	5:		<i>Get Attention, Preferred Items</i>
1:	6:	7:	8:	9:		<i>Escape</i>
10:	11:	12:	13:	14:		<i>Sensory Stimulation</i>
10:	15:	16:	17:	18:		<i>Relieve Pain</i>
Behavior 5						
Indicate score for each box					Total	Likely Maintaining Variable
1:	2:	3:	4:	5:		<i>Get Attention, Preferred Items</i>
1:	6:	7:	8:	9:		<i>Escape</i>
10:	11:	12:	13:	14:		<i>Sensory Stimulation</i>
10:	15:	16:	17:	18:		<i>Relieve Pain</i>
Behavior 6						
Indicate score for each box					Total	Likely Maintaining Variable
1:	2:	3:	4:	5:		<i>Get Attention, Preferred Items</i>
1:	6:	7:	8:	9:		<i>Escape</i>
10:	11:	12:	13:	14:		<i>Sensory Stimulation</i>
10:	15:	16:	17:	18:		<i>Relieve Pain</i>
Behavior 7						
Indicate score for each box					Total	Likely Maintaining Variable
1:	2:	3:	4:	5:		<i>Get Attention, Preferred Items</i>
1:	6:	7:	8:	9:		<i>Escape</i>
10:	11:	12:	13:	14:		<i>Sensory Stimulation</i>
10:	15:	16:	17:	18:		<i>Relieve Pain</i>

Attachment #3

Region V Services Behavioral Support Plan

Name: _____ [] Residential [] Day Services IPP Date: _____

Staff authorized to implement and monitor BSP:

Target Behavior: (as defined in Functional Behavioral Assessment, how will Behavioral Support Plan improve quality of life)

Summary of Functional Assessment: (Include antecedents, triggers, medical/psychiatric impact, other contributing factors, purpose of the behavior, what is behavior trying to communicate)

Goal:

Objectives:

Replacement behavior or positive meaningful activities and options:

Training Procedures:

Strategies: (plan to teach & implement replacement behavior, positive activities & options)

Interventions: (Plan to respond to the target behavior)

Reinforcement and Preferences:

Data Collection: (Type and frequency of data collected for replacement behaviors along with targeted behaviors)

Attachment #4

Region V Services Safety Plan

<p>Identifying Information</p> <p>Name: _____</p> <p><input type="checkbox"/> Residential <input type="checkbox"/> Day Services</p> <p>IPP Date: _____</p> <p>Date Implemented: _____</p>	<p>Safety Issues (check all that apply)</p> <p><input type="checkbox"/> Harm to self <input type="checkbox"/> Suicidal <input type="checkbox"/> Extreme Property Destruction</p> <p><input type="checkbox"/> Harm to others <input type="checkbox"/> Homicidal <input type="checkbox"/> Medical (specify) _____</p> <p><input type="checkbox"/> Elopement <input type="checkbox"/> Other (specify) _____</p>	
<p>Description of Safety Issue or Risk Factor</p>		
<p>Trained staff responsible for implementing plan</p>		
<p>Required Training: <input type="checkbox"/> Medical _____ <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Other _____</p>		
1.	3.	5.
2.	4.	6.
<p>Description of Stressors-Triggers-Antecedents that precede a crisis</p>		

Safety Plan Procedures

BSP Intervention

**Safety Plan
Intervention**

**Emergency
Safety
Intervention**

Restrictions

Reporting guidelines and Documentation

Follow-up and Review Procedure