HOME AND COMMUNITY-BASED SERVICES

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Wyoming Department of Health

Developing and Implementing a Positive Behavior Support Plan

A Procedure Manual for Providers

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GLOSSARY OF TERMS

A. **Antecedents:** The stimulus or event that occurs before a behavior.
B. **Chemical restraint:** Is any drug that is administered to manage a participant's behavior in a way that reduces the safety risk to the participant or others, has the temporary effect of restricting the participant's freedom of movement, and is not a standard treatment for the participant's medical or psychiatric condition.
C. **Elopement:** The unexpected or unauthorized absence of an individual for more than four hours when that person is receiving waiver services or the unexpected or unauthorized absence of any duration for a participant whose absence constitutes an immediate danger to himself or others.
D. **Functional Behavior Analysis (FBA):** A process that seeks to identify the behavior a participant may exhibit to determine the function or purpose of the behavior, and to develop interventions to teach acceptable alternatives to the behavior. The process shall include:
   i. Identify how to support the participant when there is a behavioral incident.
   ii. Collecting data on the behavior(s).
   iii. Developing a hypothesis about the reason for the behavior.
   iv. Developing an intervention to help change the behavior.
   v. Evaluating the effectiveness of the intervention.
E. **Habilitation:** Services designed to assist participants in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings.
F. **Hypothesis:** A statement or theory about the possible relationship between two or more variables.
G. **Intervention:** A method or activity used to facilitate change in a participant's behavior.
H. **Mechanical Restraint:** A mechanical restraint is any device attached or adjacent to a participant's body that he or she cannot easily move or remove that restricts freedom of movement or normal access to the body.
I. **Objectives:** Set of meaningful and measurable goals for the participant and the methods used to train the person on goals.
J. **Participant:** An individual who has been determined eligible for covered services under a Home and Community Based Services Waiver.
K. **Person-Centered Planning:** A process, directed by a participant, that identifies the participant's strengths, capacities, preference, needs, the services needed to meet the needs, and providers available to provide services. person-centered planning allows a participant to exercise choice and control over the process of developing and implementing the individual plan of care (IPC).

L. **Physical Restraint:** A physical restraint is the application of physical force without the use of any device, for the purposes of limiting the free movement of a participant's body. Physical restraint does not include briefly holding a participant, without undue force, in order to calm or comfort him or her, or holding a participant's hand to safely escort him or her from one area to another.

M. **Positive Behavior Support Plan (PBSP):** A written plan that is developed based on a functional assessment of behaviors that negatively impact a participant's ability to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings, and that contains multiple intervention strategies designed to modify the environment and teach new skills.

N. **Replacement Behaviors:** A behavior that replaces an unwanted or challenging behavior.

O. **Seclusion:** The involuntary confinement of a participant alone in a room or an area from which the participant is physically prevented from leaving.

A Positive Behavior Support is NOT:

Aversive

Negative

Restraining

Restricting

INTRODUCTION

PURPOSE: This manual is intended to supply Comprehensive and Supports waiver (DD waiver) providers a tool to develop positive behavior support plans, which are based on scientific research and best practice standards. This manual supports the mission of the Division by guiding the development, implementation, and monitoring of behavior supports that are necessary in maintaining or improving the health, safety, and well-being of a participant. By providing person-centered planning, the participant is empowered to live a full and satisfying life. This manual provides a systematic process to guide teams in developing positive behavior support plans, which promote growth, development, and independence of participants, and encourage participant choice in daily decision-making, emphasizing self-management, and individual responsibility for behavior. This manual also serves to reduce aversive or restrictive procedures that are used to manage undesirable behaviors. Interventions shall focus on enabling participants to learn desirable replacement behaviors. Behavior support methods shall be utilized with sufficient safeguards and supervision by the appropriate staff to ensure the safety, welfare, due process, and human rights of the participants.

Be responsive to the needs of people with disabilities so that they may live, work, enjoy, and learn in the Wyoming community of their choice, with their families, friends, and chosen support services and providers.

AUDIENCE: Staff and providers shall use teaching and therapeutic approaches that focus on increasing appropriate adaptive behaviors. Our goal is to assist providers to work collaboratively to develop an understanding of circumstances that affect a participant's behavior, and to design a plan that leads to the acquisition of replacement skills and positive lifestyle changes.

Where applicable, references are made to the *State of Wyoming Medicaid Rules* in an effort to offer providers a quick reference and concise guidance to specific rule and policy requirements. The provider is responsible for ensuring that all applicable rules and policies are followed during the provision of services.

Providers are encouraged to participate in professional courses on behavior analysis, and encourage their direct care staff to learn more about positive behavior supports.

WYOMING MEDICAID RULES

CHAPTER 45: DD WAIVER PROVIDER STANDARDS, CERTIFICATION, AND SANCTIONS

Chapter 45 applies to and governs certification of Division of Healthcare Financing (Division) Medicaid waiver providers. Positive behavior supports are addressed in Section 17.

DIVISION REQUIREMENTS

In addition to the guidance in Chapter 45, the Division defines the minimum required sections for a FBA and a PBSP below. While teams can include additional categories, these 11 categories must be included to meet the standards of the Division.

FUNCTIONAL BEHAVIOR ANALYSIS

1) Antecedents and contributing factors
2) Clear description of the behavior
3) Consequences/motivation
4) Intervention history
5) Baseline data

POSITIVE BEHAVIOR SUPPORT PLAN

1) Prevention strategies
2) Replacement behaviors
3) Reinforcers
4) Escalation protocol & PRN (if applicable)
5) Review protocol
6) Documentation

"Human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives."
~William James

BUILDING A POSITIVE FOUNDATION FOR CHANGE

It cannot be stressed enough throughout this manual the importance of building a positive relationship with the participant that you support. This relationship serves as the foundation for the participant's ***self-determination*** and the ***person-centered*** services that are provided. Person-centered planning is a shift away from program-centered supports. Person-centered planning allows the team to get to know the person, hear their "story", and realize their hopes and dreams for their own life. Person-centered planning is a process, which addresses all areas of a participant's life. This includes health, community integration, work, and relationships with friends and

family. This collaborative process helps the participant get the services and supports that they need to live a quality and meaningful life based on their choices and values.

Adopting a person-centered focus helps us see people with disabilities as people first. We gain a clear and shared understanding of the talents of the person. There is a greater emphasis on a participant's capabilities and skills, rather than deficits.

ADOPTING PERSON-CENTERED PLANNING

The concept of person-centered planning has had a significant impact on the field of intellectual and developmental disabilities. It means that we truly look not only at each participant's basic needs, but also at their unique preferences and desires. Not that every single desire will be fulfilled, but so that the participant can structure their life, to the maximum extent feasible, around their own choices and preferences.

Person-centered planning is a critical component of positive behavior support approaches, and as such, it is vital that individuals providing positive behavior supports are trained in person-centered planning.

Three concepts to keep in mind when doing person-centered planning.

- ***Autonomy:*** people acting according to their own priorities.
- ***Self-actualization:*** people exploring and developing their unique talents and gifts.
- ***Self-regulation:*** people learning to manage their behavior.

Person-centered programs view the participant as having unique needs and preferences, and build interventions from this foundation. Rather than implementing interventions that are one-size-fits-all, a person-centered program designs interventions that meet the unique needs of the participant. Secondly, person-centered programs emphasize the importance of targeting the participant's quality of life. With such an emphasis, the provider embraces the belief that a behavior intervention is not used to just change the challenging behavior, but to enhance the quality of life of the participant by making positive lifestyle changes. Like individuals without intellectual or developmental disabilities, participants want to participate in meaningful and enjoyable activities across all settings.

An effective person-centered planning process requires that the team who is working with the participant is informed, and adopts, and receives training on how to utilize person-centered mechanisms for development and implementation of a plan.

The components necessary for success are:

- Person directed – The participant controls the planning process.
- Trauma-informed – Improve function vs. fixing a person.
- Recognizing cultural differences and preferences.
- Capacity building - Focus is on the participant's abilities rather than deficits.
- Focus on the participant – The participant's vision of what they would like to do.
- Presumed competence – Assume that the participant has the capacity to actively participate in the planning process. Obtaining input from informal, formal supports, and peers – The participant chooses who they feel is important to support their goals.
- Outcome based - Focus on increasing some or all of the participant's experiences:
    - Relationship building
    - Engaging in meaningful activities
    - Being part of their community
    - Valued role that expresses gifts, talents, or interests
    - Making choices
    - Addressing health and welfare needs
    - Employment
- Documentation – Planning process and results should be documented in a way that it is meaningful to the participant, and useful to the team who is implementing the plan
- Monitoring – The plan should be reviewed with the participant and their team to determine effectiveness and revised as needed.

A person-centered planning approach is based on a team that is thoughtful, committed, and works with the participant to develop ideas that will create a meaningful life and a life that offers the participant the opportunity to participate fully as a citizen in their community.

"Behavior is the mirror in which everyone shows their image."
~Johann Wolfgang von Goethe

UNDERSTANDING BEHAVIOR

Comprehending the underlying functions of human behavior is critical to being able to adequately understand others. It must be understood that all human behavior is purposeful and goal-oriented, although the purposes or goals of each behavior may not be readily perceived.

WHAT INFLUENCES BEHAVIOR

Understanding the many factors that influence human behavior, and the way that behavior generally tends to present itself, serves to guide us into greater understanding of others. By understanding what influences our behavior, we can begin to listen to and learn the messages behind those behaviors. It is important to remember that behavior is motivated by something; *behavior is functional*. Individuals around the participant may not actually realize that the person's unpleasant or disruptive behavior is achieving some desired outcome for the person.

That means that if the undesired behavior has proven to be an effective communication tool (such as a way of communicating, "*I am frustrated and I want to stop this activity now,"* or "*I don't like it when you do that*"), we are obligated to teach the participant another way to get what they want that is just as quick and effective. The first consideration should always be safety, security, and dignity of the participant and others in the area.

There are many reasons a person's behavior may change. A person's behavior can change in response to many things, which include the things around them, the people interacting with them, understanding others or being understood, the activity, task they are doing, and their health and well-being. Trying to figure out the cause of a challenging behavior is an attempt to piece a puzzle together. Each person is different and responds differently to situations.

To substitute an undesirable behavior with one that is more desired, the new behavior must have the same outcome for the person. The new behavior must be such that it is functionally equivalent to the old undesired behavior, and be just as easy to use for the person. We cannot remove a functional behavior from a person without teaching an alternative that will be just as successful for the person.

WHAT IS "CHALLENGING" OR "MALADAPTIVE" BEHAVIOR?

Now that we have a basic understanding of what the term *behavior* means and the influences on behavior, the next step is to gain an understanding of challenging behavior, historically known as "aberrant" or "maladaptive behavior." "A behavior can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual and others, and is likely to lead to responses that are restrictive, aversive, or result in exclusion." (Royal College of Psychiatrists, 2007). More importantly in this definition is the emphasis that the person is not the problem, but the behavior that poses the challenge. Additionally,

this definition describes behavior in the context of what could happen to the person as a consequence. This includes responses such as physical interventions and restraints, inappropriate use of medications, or restrictions on activities.

IDENTIFYING CHALLENGING BEHAVIORS

All behaviors are a form of communication, but not all behaviors are challenging behaviors. Additionally, what is challenging for one person might not be for another. There are three steps in identifying a challenging behavior. A challenging behavior must be observable, measurable, and other team members who are providing support to the participant must agree the behavior exists and can identify the behavior when it occurs.

At what point should a behavior be considered challenging? A behavior is considered challenging when it affects the participant's life in a negative way.

Challenging behavior is a social construct – meaning that the interpretation of behavior depends on the context and the people involved. Often, behaviors viewed as challenging are those that affect staff or services (e.g., aggression) rather than having their primary effect on participants (e.g. self-injury). Problem behavior is often solution behavior. The behavior is not an issue for the person having the challenging behavior, but for the caregiver. The purpose of the behavior is to fix a problem that the participant has identified for themselves.

A behavior is only "*Challenging*" when it:

- **Results in harm to the participant or others.**
- **Results in property damage.**
- **Impedes the participant's ability to participate in social activities.**
- **Prevents the participant from learning new skills.**

CAUSES OF CHALLENGING BEHAVIOR

The causes of a challenging behavior are as varied and diverse as the behavior itself. There is rarely a one-to-one correspondence between a challenging behavior and a particular factor. Historically, there has been a belief that challenging behavior was due to a purely medical/biological factor. This is no longer the case, and current schools of thought take into account both individual and environmental factors. It is imperative to understand what the participant is trying to communicate through a challenging behavior, and determine the cause of the behavior. Furthermore, it is extremely important to understand the role of expressive and receptive communication regarding challenging behavior. All communication has two aspects: receptive language and expressive language. Receptive language is what we hear and understand. Expressive language is what we say to others. Receptive language is the ability to listen and

understand language. Expressive language is the ability to communicate with others using language. Receptive vocabulary is necessary for understanding directions and social contact. Expressive language is necessary for a person to communicate their needs to another person.

Several questions must be answered to narrow down the cause:

1. **Is the behavior a symptom of pain or a medical condition?**
2. **Is the behavior resulting from a lack of skills?**
3. **Is the behavior resulting from something occurring in the immediate environment?**
4. **Is the participant's quality of life meaningful? (How is their relationship with family? What is their living situation like? Are they making their own personal choices?)**
5. **What does the participant get from the behavior?**
6. **Does the participant want to escape? If so, what is the behavior helping them escape?**
7. **What does the behavior help the participant avoid?**

Here are some examples of specific triggers:

Being told you can't have something you want

Being asked to do something you don't know

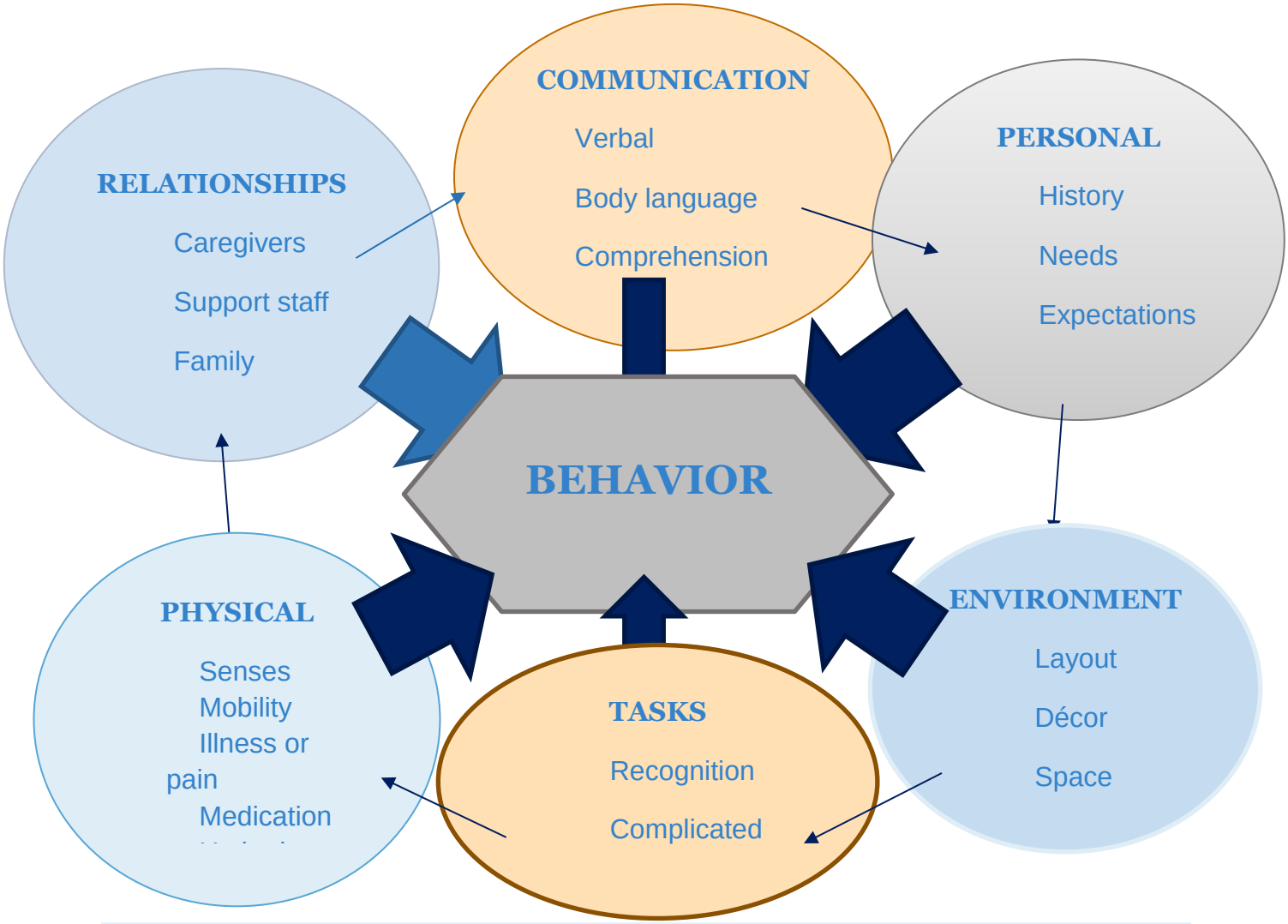
Being asked to do something you don't want to do

Being ignored when you want something

Providers should identify whether the behavior is new or recurring. This may help to determine if there is a medical cause for the behavior. If there is an acute change in behavior, the first step in determining the cause of the challenging behavior should be ruling out a medical cause. Is the participant in pain or physical discomfort because of a medical issue? Participants with intellectual disabilities suffer the same mental health problems as those without intellectual disabilities. The difficulty of identifying these mental health problems is, in part, due to the participant's communication impairments. Challenging behavior could be associated with psychological problems, such as depression or anxiety.

More often, there are multiple underlying factors associated with challenging behaviors. We must consider all of the details that are involved in identifying challenging behaviors and their cause. Is it psychological, physiological, environmental, or social?

WHAT ARE CAUSES OF CHALLENGING BEHAVIOR?



MEASURING CHALLENGING BEHAVIORS

A behavior can be measured in several ways: as an amount, (the number of times a challenging behavior occurs) or through time (how long). This can be done through direct observational recording, family, caregivers, support staff, or self-reported accounts of past behavior. To obtain a baseline measurement of a challenging behavior, the frequency, severity, duration, etc. must be documented. Efforts should be made to

be as accurate as possible, using observation in the participant's natural environment rather than after the fact, or accounts from family, staff, etc. Behaviors should be recorded as close to the occurrence of the behavior as possible.

THE FUNCTION OF CHALLENGING BEHAVIORS

A behavior always serves a purpose. This purpose may be to avoid a situation or an individual, to provide a distraction, produce fear in others, to receive attention or a tangible item, or gain access to a particular activity. A person repeatedly engages in a behavior that serves a purpose or function for them. Looking behind the behavior helps us to identify the feeling, and then identify what the person is trying to accomplish through their behavior. The function of the behavior is the "why" the behavior is occurring.

Five common functions of challenging behavior include:

- Social – The reward is interaction with someone else, including staff, peers, etc.
- Tangible – The reward is something tangible, such as food or drink
- Sensory – The reward is sensory stimulation
- Demand Avoidance – The behavior allows the participant to escape from a demand or situation he or she does not find pleasurable.

In order to develop a PBSP and determine the correct interventions, it is imperative that the team ascertain the "function" of the challenging behavior. This is done through a FBA. First, a collaborative behavioral support team must be established.

FUNCTIONAL BEHAVIOR ANALYSIS

The term ***functional*** refers to the causes of behavior. It was first used by B.F. Skinner when referring to the "causes" of behavior. His research stressed the importance of identifying the environmental events, which were functionally related to behavior. He suggested that maladaptive as well as adaptive behaviors showed functional relationships related to antecedents and consequences.

WHAT IS A FUNCTIONAL BEHAVIOR ANALYSIS (FBA)?

A functional behavior analysis is a set of procedures used to identify the causes of maladaptive or socially inappropriate behavior and reduce it through teaching replacement behaviors instead of suppressing it through punishment.

A FBA explores the causes of behavior in the immediate and natural environment, and the learning history of the participant. The outcome of the analysis is identifying the way the person learned the challenging behavior and how it is supported or maintained in the present learning environment. The analysis does not emphasize a search for a diagnosis or classification of symptoms, but rather to classify the maladaptive behavior by its function (cause) and then select treatments or interventions that are effective in reducing behavior in that functional category. As a result, interventions are classified by functional categories and not by form of the maladaptive behavior.

Factors that MUST be considered:

- **Physical setting**
- **Social setting**
- **Activities occurring and available**
- **Degree of participation and interest**
- **Nature of teaching, the**
- **Schedule**
- **Routines**
- **Interactions between the individual and others**
- **Degree of choice and control**

A comprehensive functional behavior analysis:

- A review of records for psychological, health and medical factors which may influence behaviors (e.g. medication levels, sleep, health, diet, psychological and neurological factors)
- An assessment of the participant's likes and dislikes (events/activities/people)
- Interviews with the participant, caregivers and team members for their hypotheses regarding the causes of the behavior
- A systematic observation of the occurrence of the identified behavior for an accurate definition and description of the frequency, duration and intensity
- A review of the history of the behavior and previous interventions, if available
- A systematic observation and analysis of the setting events that immediately precede each instance of the identified behavior
- A systematic observation and analysis of the consequences following the identified behavior
- Analysis of functions that these behaviors serve for the participant
- An analysis of the settings in which the behavior occurs most and least frequently

WHEN SHOULD A FUNCTIONAL BEHAVIOR ANALYSIS BE DONE?

Best practice indicates that a FBA should be completed whenever a problem behavior is difficult to understand, a behavior intervention plan is needed to increase the participant's success, or if the (ICAP indicates a particular behavior is of moderate severity).

A FBA must be conducted by a provider who is familiar with the participant and present in the settings where the behavior occurs. It must be based on direct observation of the participant, interviews with the individual and significant others, including family when possible, caregivers and team members, and review of available information including incident reports.

8 STEPS TO CREATING A POSITIVE BEHAVIOR SUPPORT PLAN

There are basic steps to conducting a FBA and creating a PBSP:

1) **Establish a team**
2) **Interview and collect history**
3) **Observation**
4) **Establish baseline data**
5) **Develop a hypothesis on why the behavior occurs**
6) **Test the hypothesis**
7) **Develop a positive behavior support plan**
8) **Monitor the effectiveness of the intervention**
9) **Modify the positive behavior support plan as needed**

Steps 8 and 9 should be repeated as needed. If a Positive Behavior Support Plan is not working or the participant has experienced significant life changes, it may be useful to start again from the beginning of the process.

STEP 1 - DEVELOPING A COLLABORATIVE BEHAVIORAL SUPPORT TEAM

ESTABLISH A TEAM

The first step to developing a PBSP is the formation of a behavioral support team. This team consists of individuals who play an active role in the participant's life.

PURPOSE OF THE BEHAVIORAL SUPPORT TEAM

A successful behavior support team is one whose members collaborate to develop, implement, and monitor the PBSP.

A multidisciplinary team is established to provide a variety of perspectives about the challenging behavior that a participant is exhibiting. Members of the team should include all individuals who have observed the challenging behavior demonstrated by the participant over an extended period of time in a variety of settings and conditions. Monitoring is ongoing and the team should develop protocols to ensure plans are reviewed every six (6) months to assess their effectiveness. When a team is involved with the development of a behavior support plan, they are more likely to "buy into" and reliably implement the plan.

STEPS TO DEVELOP YOUR BEHAVIORAL SUPPORT TEAM

The first step in developing your team involves asking the following questions:

- Who are the key individuals in the participant's life?
- What is needed to make this a successful collaborative experience that will benefit the participant?
- How is the team going to promote active participation in the behavior support planning process?

Key members include the participant, legally authorized representative, family, case manager, psychologist, medical staff, direct care staff, program supervisors, and therapists.

Begin with identifying the key individuals in the participant's life. The goal is to create a team that represents all of the key individuals that will interact with the participant both in and outside of your program.

THE ROLE OF SUPPORT STAFF

Support staff MUST be involved and trained in the implementation of a PBSP. Support staff have frequent contact with the participant and must be supportive of the behavior support plan and understand the components necessary for teaching the participant replacement skills. The better the quality of relationships between staff and participants, the fewer behavioral challenges there will be and the better the quality of life will be for participants. If support staff feel that their participation or behavior is irrelevant to the success or failure of a PBSP, they are less likely to adhere to the plan.

Training for all staff involved in the participant's day is essential to obtaining staff support for implementation and success of the PBSP.

Staff input is extremely important. The team must consult with the staff throughout the process. Staff members have constant direct contact with the participant and are vital in the success of implementing a PBSP. Being systematic is essential to following the plan. One of the most important things that staff can do, regardless of their role in the organization, is to follow the participant's PBSP. Support staff should be responsible for tracking data regarding behaviors.

Staff must be able to recognize when a participant is in crisis. It is important for staff to affirm the participant's feelings; then the participant is able to choose the behavior that they respond with. This will ensure that staff do not overreact and get into a power struggle with the participant.

Do staff speak respectfully to the participant?
Are staff using positive interventions consistently?
Are staff sensitive to the triggers, common stressors, or the participant's dislikes?
Does staff have time and access to others to decompress after stressful encounters?

"When trauma occurs early in life, children do not develop the capacity to regulate their experience...to calm themselves down when they're upset, to soothe themselves, to interact in appropriate ways with other people, to learn from their behavior."
~Margaret Blaustein

TRAUMA-INFORMED CARE

Trauma-informed care is based on the understanding that many individuals have suffered traumatic experiences, and the provider is responsible for being sensitive to this fact, regardless of whether a person is being treated specifically for the trauma. Therefore, providers should initially approach all of their participants as if they have a trauma history, regardless of the services the participants receive.

Another important element of trauma-informed care is recognizing trauma's uniqueness for each participant and how this plays into their perception of physical and emotional safety, relationships, and behaviors. When trauma goes unrecognized, it can be difficult to understand a participant's behaviors or attitudes. Often, a participant's otherwise challenging behavior is provoked by a valid trigger that easily could have been avoided.

Adopting a trauma-informed care approach also allows providers to think differently about their potentially traumatized participants by asking "What happened to you?" instead of "What is wrong with you?" This is a far more engaging and respectful approach, especially when working with a person who already may feel broken, unwanted, or unlovable.

STEP 2 – COMPLETING THE FUNCTIONAL BEHAVIORAL ANALYSIS TO GATHER INFORMATION

INTERVIEW AND COLLECT HISTORY

Key Principles of Trauma-Informed Approaches

Safety

Trustworthiness & transparency

Collaboration & mutuality

Empowerment

Voice & choice

Peer support

Resilience & strengths-based

Inclusiveness & shared purpose

Cultural, historical, and gender issues

Change process

From SAMHSA's Working Definition of Trauma and Guidance for a Trauma-Informed Approach, Draft September 9, 2012.

The functional analysis interview offers an efficient method for gathering information on the circumstances that relate to the participant's problem behavior. The interview should be conducted by at least two (2) persons who know the individual and have been involved in situations in which the maladaptive behavior occurs. In addition to the interview, assessment tools can help gather additional insights. There are many assessment tools that can be utilized, such as:

- Functional Assessment Screening Tool (FAST)
- Motivation Assessment Scale (MAS)
- Functional Assessment Interview (FAI)
- Reinforcement Inventory, and Interest Inventory.

Please refer to these tools in the back of this manual.

FUNCTIONAL ANALYSIS SUMMARY

In this step, the evaluator completes the *Functional Analysis Summary* form using content from the information gathered during the interview and observation. It includes:

1) Functional assessment interviews that you have conducted

2) Direct observation data that you have collected

Once the functional assessment summary is complete, the next step is to develop a hypothesis—a prediction or "best guess" of the function or reason that a participant's challenging behavior occurs. Hypothesis development is a critically important step toward developing interventions that are directly linked to the function of the participant's challenging behavior.

All of the above information should be gathered and reviewed as part of the functional analysis to formulate a hypothesis regarding the underlying causes and function of the targeted behavior. The hypothesis should lead logically to the development of the plan. Once the hypothesis is formulated, attention should be paid to the way that it is written. Remember the more clearly articulated the hypothesis, the more likely the hypothesis is to clearly communicate your understanding of the participant's challenging behavior. Once collected, interview data is a useful tool for a team when attempting to identify patterns that may predict the function of the participant's challenging behavior.

STEP 3 – OBSERVATION OF THE PARTICIPANT

DIRECT OBSERVATION

Observation is the foundation of the FBA. In its simplest form, an observation is a means of describing a participant's behavior at any given moment. That is what the behavior looks like, how often it occurs, the length of time it occurs, and its intensity. Observations can be anecdotal or systematic. Anecdotal behavioral observations are informal in nature and may be based on recollection of the participant's behavior earlier in the day, notes about a participant's behavior, or scatter plots involving time periods when the behaviors occurred. In contrast, systematic behavioral observations are more structured and controlled.

The observer is trained and watches the participant while recording their observations. In some instances, the observer may review a video of the participant, however, video monitoring in a participant's bedroom or bathroom is strictly prohibited.

Regardless of which observational technique is used, it is important to conduct as many observations as possible so that there is confidence that the data obtained is accurate and reflective of the participant's typical behavior.

During the observation, the recorder should note the antecedents, behavior, and consequences. Antecedents are the conditions that immediately precede the occurrence of the participant's behavior. These can include the specific time of day, settings, people, and activities that are present or occur before the behavior. Behavior refers to the participant's behavior – what they are doing, how often it occurs, the length of the occurrence, and the intensity. Consequences are the events that immediately follow the behavior. This can include the attention paid to the participant by a staff member in response to the participant's behavior, as well as the activities and objects that the participant either escapes or has access to as a result of the behavior.

Collect data by directly observing the targeted behavior and measuring:
(See Appendix A for ABC Analysis Form Template)

- Sequence Analysis - Recording of:
  - Antecedents
  - Behavior and
  - Consequences
- Frequency of occurrence - how many times the behavior occurs
- Intensity - the severity, volume, or forcefulness of the behavior (this is often measured by using a 1-5 scale that is unique to the participant)
- Duration - how long the behavior lasts (e.g. 10 minutes)

OBSERVATION Collect ABC information on challenging behavior and then monitor strategies to ensure consistency and progress.			
Day/Time	Antecedent	Behavior	What is Maintaining the Behavior?
Example: 9/1/20xx 9:00 a.m.	Transition to a different activity	Aggression (hitting chair against wall)	Activity/task removed (participant does not have to participate in the activity)

In our culture, the word "consequence" has become synonymous with punishment. "You have to pay for what you did" is the idea that people associate with the concept of consequences. The goal of any consequence, however, is to help people make a different choice next time. When people are in a situation similar to one that has occurred in the past, the goal of any behavioral intervention is to either help them make a different decision, or the same decision as the last time they were in this position. Changing the future, not punishing the past, is the goal of positive behavior supports.

FOCUS on the FUTURE, Don't PUNISH the PAST

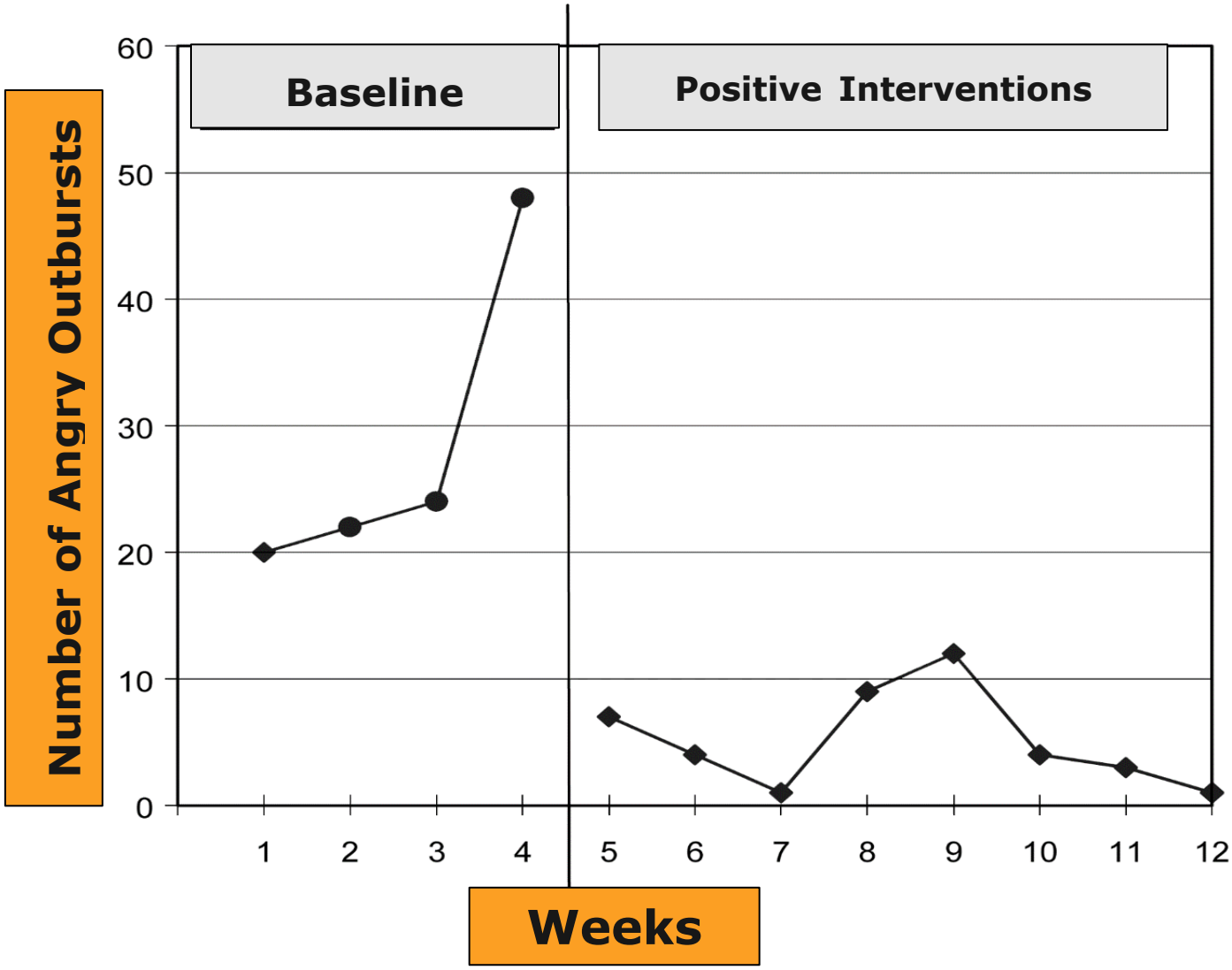
ESTABLISH BASELINE

Collection of data from multiple sources is essential in understanding the interfering behavior prior to developing and implementing a PBSP. Although collecting baseline data is an essential feature of the FBA, data collection is important throughout the FBA process because it helps providers define the behavior, record what the participant is currently doing, and evaluate the outcomes of the behavior plan. Without carefully observing and recording behaviors staff and caregivers may not be able to tell if an intervention should be continued or stopped. Data collection allows for unbiased decision making. The results of an intervention technique are recorded in the data and the data will tell you how the individual is or is not progressing. Once collected, interview data is a useful tool for a team when attempting to identify patterns that may predict the function of the participant's challenging behavior.

When collecting baseline data, be sure to collect data on frequency, duration, and intensity of the adaptive behavior as well as the challenging behavior.

Baseline data is information gathered about the challenging behavior before a PBSP is developed. It is used later to provide a comparison for assessing the success and progress of subsequent supports.

SAMPLE DATA CHART



STEP 5 – DEVELOPING THE HYPOTHESIS

DEVELOPING A HYPOTHESIS

Antecedent-behavior-consequence (A-B-C) analyses are used to determine patterns in the occurrence of the antecedents, behaviors, and consequences that relate to the problem behavior. A-B-C analyses are useful in developing initial hypotheses. *See Appendix A, ABC Analysis form template.*

If you are unsure about the hypothesis, you can consider the following questions:

- What would make the problem behavior stop?
- Is there something to remove?
- Is there something that the participant can't access or would like to have access to?
- Is the participant able to leave the area or activity?

Sample hypothesis:

John avoids the demands of activities that he finds difficult to complete by resisting or withdrawing. When John is forced to participate, he will react by screaming and throwing objects. If his providers allow him to leave the room, then he is no longer required to participate in the activity.

If you are still unable to determine the function of the behavior, continue to collect data. It is possible that the behavior serves multiple purposes. Additionally, it is possible that a function will change (e.g., from escape to attention). Thus, a behavior initially performed for one reason may begin to occur for an entirely different reason. This is why it is so vital to continue collecting data and formulating hypotheses.

HYPOTHESIS

Making a "Best Guess". After looking carefully at the ABCs of the participant's behavior, identify what the participant *gets* or *avoids* as a result of the behavior. Make your best guess as to what the participant is getting out of this behavior.

What is the *purpose* or *function* of the behavior?

STEP 6 – TESTING THE HYPOTHESIS

TEST THE HYPOTHESIS

Once the behavior support plan is implemented, you will be able to test your hypothesis. It is important to keep in mind that the participant may have "extinction bursts." When this occurs, it is likely to happen because a new approach is being introduced to meet the needs of the participant. If the participant has gained some reward every time for a particular behavior, the behavior will persist. If the reward stops coming, it's likely that the participant will not immediately give up the behavior. Instead, they'll try it again and again, harder, and faster. It's a burst of activity. If the reward still doesn't come, eventually the behavior will extinguish, or become extinct. If we plan on changing a behavior, we need to know that extinction bursts are very likely to happen. Everyone involved with the participant and implementation of the behavior support plan must be aware of this and be on the same page. Consistency is key.

As you test the hypothesis, you are validating your hypothesis by verifying that the consequences are maintaining a challenging behavior. You should always test the hypothesis prior to plan development if you are uncertain of the variables maintaining the behavior or if the behavior patterns are not clear.

Example:

Behavior Identified	Function of the Behavior	Skill to be Taught
Yelling and throwing objects when the participant wants to escape from a boring or uncomfortable activity.	Avoid an unwanted activity	Use of a word or sign that means they want to stop the activity and do something else.

STEP 7 - BEHAVIOR SUPPORT PLAN DEVELOPMENT

Remember the more clearly articulated the hypothesis, the more likely the hypothesis will clearly communicate your understanding of the participant's challenging behavior. An effective behavior support plan is comprehensive and contains strategies that are linked to each element of the hypothesis statement (e.g. antecedents, behavior, and function). Critical components of the behavior support plan are prevention strategies, the instruction of replacement skills, new ways to respond to problem behavior, and lifestyle outcome goals.

The goal of a PBSP is to support participants to become as independent as possible, enjoy their lives, and overcome challenging behaviors.

A behavior support plan should fit with the participant's routines, activities, and values across all environments. Each plan should include long and short-term strategies developed from the functional assessment and knowledge of the participant's lifestyle and the vision obtained during person-centered planning. It should describe the rationale for the team's decision. The plan must be designed to fit the participant's daily life, taking into consideration natural routines and structure of their environment, i.e. day time activities, employment, home life.

During the development phase, the team creates an action plan that identifies tasks that need to be completed, specific objectives, steps that need to be taken, and which team member is responsible for the action step to ensure the plan is implemented as intended.

A behavior support plan should be written in easy-to-understand language and fit with the participant's lifestyle.
Direct care staff MUST be able to understand the plan.

After completing a FBA, interventions that are the least restrictive, and have the best possibility of accelerating or decelerating a targeted behavior can be implemented. It is important that the entire team be involved in development of the behavior support plan. Each person on the team must understand the plan and agree that the interventions in the plan are appropriate.

BEHAVIOR PLAN COMPONENTS

The following components are required in the PSBP in addition to the FBA requirements.

1. **Prevention Strategies** – *How can staff alter an event or environment so that target behaviors are prevented?*
2. **Replacement behaviors** – *What is a more desirable behavior that addresses the motivation of the person?*
3. **Reinforcers --** *When the participant's behavior changes, what should staff do to recognize the changed behavior?*
4. **Escalation & PRN** (*if applicable*) – *When should staff move from this positive behavioral plan to a behavioral PRN protocol?*
5. **Review Protocol** -*Who will review plan effectiveness, how often (every six (6) months), and who will revise the behavior plan as necessary?*
6. **Documentation** -- *Dates and times of the occurrence of the targeted behavior must be included, a description of the antecedents to the targeted behavior, and the positive behavioral interventions used. Additional information regarding the frequency, intensity, and duration of the behaviors is recommended.*

The behavior support plan needs to contain clear directions for implementing the strategies, including:

- ~ When and where the strategies will be carried out and by whom?
- ~ Who will have the overall responsibility for making sure the plan is implemented?
- ~ Who will be responsible for recording data and how often?
- ~ How will the team know that the plan is working?
- ~ A schedule for assessing behavioral goal progress
- ~ A plan for training staff on strategies
- ~ Prevention plan – Focus on early intervention prior to the behavior emerging

    - ***Example:* Joe has a challenging behavior to escape a task that he perceives as difficult. Staff should find a way to make the task doable, "We can do this together" so that the challenging behavior will be unnecessary)**

- ~ Meaningful participation - Focus on meaningful engagement in chosen life activities. Ample opportunities for participation in activities that the participant considers meaningful.
- ~ Positive social interactions with staff and peers.
- ~ Learning strategies – Teaching replacement skills should be organized in such a way that the participant makes few, if any, errors. Frequent errors can lead to discouragement and the likelihood of a challenging behavior.

GOAL SETTING USING STRENGTHS AND PREFERENCES

A profile is developed to include the strengths and preferences of the participant. By naturally building on the strengths that a participant already has, it makes it easier to set goals and implement the plan. Allow the participant opportunities to carry out activities independently, using their strengths. Knowing the participant's preferences will ensure person-centered planning and keeps the behavior support plan positive. Developing goals based on the participant's strengths and preferences ensures a more successful implementation of the behavior support plan.

Remember to give the plan time to demonstrate the desired outcomes.

Setting goals allows us to objectively measure progress toward an identified desired outcome. It also allows staff and caregivers to ask themselves, "What behavioral changes would really make the greatest improvements in the participant's life?" It allows them to identify what really matters.

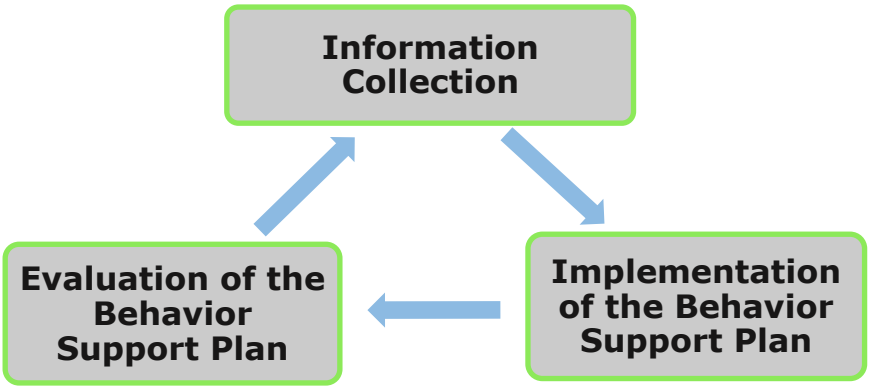
Being realistic at the outset is crucial. Making realistic goals means that they are achievable. Being realistic keeps the picture positive. It focuses attention on progress towards a goal, rather than perfection.

DEVELOPING A POSITIVE BEHAVIOR SUPPORT PLAN

The development of a behavior plan involves synthesis and formulation. It is based on the information obtained from the above procedural steps using a person-centered approach. Developing person-centered plans is a means, not an end. Plan documents are merely tools to help people to get the lives that they want. Plans should focus on outcomes, demand accountability to the participant, and demonstrate follow-through with actions. Team members are making a promise to the person.

The behavior plan represents the culmination of the assessment process described above. It is the "action plan" outlining specific steps that can be used to promote the participant's success and participation in daily activities and routines. Plans are only as good as the assessment.

Writing a Positive Behavior Support Plan is a Process!!



REINFORCEMENTS

Our behavior is influenced by our environment and the impact that our behavior has on our environment. The nature of the impact determines whether we will continue to repeat the behavior when faced with similar conditions in the future. The purpose of any reinforcement is to help the person repeat the same or similar behaviors the next time that they find themselves in that situation (*the next time the antecedent arises*). Reinforcement is much more effective at changing behavior than punishment.

Positive reinforcement is a very powerful and effective tool to help shape and change behavior. Positive reinforcement works by presenting a motivating comment or item to the person after the desired behavior is exhibited, making the behavior more likely to happen in the future.

Negative reinforcement is when a certain stimulus/item is removed after a particular behavior is exhibited. The likelihood of the particular behavior occurring again in the future is increased because of removing/avoiding the negative stimuli.

For positive reinforcement, think of it as adding something positive in order to increase a response (allows *access* to something). For negative reinforcement, think of it as taking something negative away in order to increase a response (allows *escape* from something). Remember that behavior is learned and shaped by reinforcement.

An example of a reinforcement to a behavior:

When I hit my head, staff come and sit with me.

Reinforcers can be divided into three main categories:

1. Attention
2. Tangibles and activities
3. Sensory (e.g., warmth, touch, pleasant sounds, and the avoidance of pain, discomfort, noise, etc.)

STEP 8 - MONITORING OUTCOMES

MONITORING EFFECTIVENESS OF POSITIVE BEHAVIOR SUPPORT PLAN

It is critical to monitor the effectiveness of the behavior support plan. This should include the measurement of changes in problem behavior and identifying achievement of new skills and lifestyle outcomes. Monitoring must also include how well the plan is being followed and, more importantly, how effective it is in changing the participant's behavior. Data should be collected through documentation to determine if the plan is being implemented as intended, how it is measured against baseline data, and if it is achieving the goals that were identified by the team. Replacement skills learned should be documented to determine if they could be maintained over time and across settings. If minimal progress is made in decreasing challenging behaviors, increasing replacement skills, or enhancing lifestyle, the behavior support plan should be reevaluated and refined. The assessment may also need to be revisited to repeat or expand the information gathering process to determine where aspects of the intervention need to be adjusted.

Outcomes that have been identified in the plan need to be documented to measure target success. Frequency counts of target behaviors, logs of activities and length of time engaged, incident reports, provider observation, increase in replacement skills, lifestyle changes, etc. should be documented to monitor outcomes of the behavior support plan.

Outcomes Checklist: *A provider should expect to find the following in a completed PBSP:*

- ☐ Person-centered approach was used in developing the plan.
- ☐ Descriptive terms are used to identify challenging behavior.
- ☐ Antecedents and consequences that influence the behavior have been identified.
- ☐ Functional skills are being taught.
- ☐ The environment is positive, healthy, educational, supportive, and safe.
- ☐ The conflicts regarding choice have been reduced or eliminated.
- ☐ The participant has positive and meaningful social interactions with staff and other participants.

☐ The team and staff are properly trained on how to use prompts, error corrections, and task analysis.

☐ Teaching methods for replacement behaviors are be identified.

☐ The fundamental components of the plan are clearly described and easily understood by everyone involved.

☐ Reliable data is being collected.

The barriers to effective behavior support plans:

There are a few common reasons why a PBSP is not working and poor outcomes are measured.

- ~ Not including all of the team (including the participant) and support staff in the development and implementation of the plan
- ~ Not having a clear definition of the target behavior
- ~ The plan is not being implemented as it was designed.
- ~ The plan is not being utilized when it should be.
- ~ The plan needs to be revised because it does not have what is needed to assist the participant with the behavior that is challenging.
- ~ Insufficient or incomplete data
- ~ An inaccurate hypothesis
- ~ Inappropriate or inconsistent interventions
- ~ Failing to take into account other issues that may affect the participant's behavior such as: Environment, culture, physical health, mental health, community activities, etc.

Outcomes are proven or disproven by the data that is collected to support the objective. Data must be collected throughout implementation of the behavior support plan and it must be reliable data. The purpose of data is to guide the behavior support plan. If

challenging behaviors still occur, the team will need to re-evaluate the plan and adjust as needed.

You can't make positive choices for the rest of your life without an environment that makes those choices easy, natural, and enjoyable.
~Deepak Chopra

THE IMPORTANCE OF A POSITIVE ENVIRONMENT

It cannot be stressed enough the importance of maintaining a positive environment for the participant. Some features of a positive environment include:

- Structured, well organized activities and routines.
- Planned activities.
- Understanding of the participant's functional behaviors.
- A stimulating environment with opportunities for participation in activities.
- Positive and constructive communication between staff and participants.
- Activities based on the participant's preferences.

ROLES AND RESPONSIBILITIES

PARTICIPANT/LEGALLY AUTHORIZED REPRESENTATIVE RESPOSIBILITIES

The participant and legally authorized representative should be involved in the development of the PBSP and provide feedback on if the PBSP is useful and meaningful. If the participant or legally authorized representative is not comfortable with the PBSP, they should notify the provider and case manager immediately.

CASE MANAGER RESPONSIBILITIES

The case manager should be part of the behavioral support team. The case manager is responsible for coordinating efforts during development of the FBA and PBSP and submitting the initial and subsequent PBSP and FBA to the Division by uploading the required documents into EMWS.

Steps required for Division approval of a positive behavior support plan:

1. FBA and PBSP are submitted along with the plan of care to the Division through EMWS for review.
2. Division staff review or rollback the plan.
3. If the plan is reviewed, the plan status page will show "approved."
4. If the plan is denied and rolled back to the case manager, the case manager will receive a task in EMWS with information on what needs to be added, corrected, removed, etc.
5. At any time the PBSP is changed after it has been reviewed by the Division, the case manager MUST create a modification in EMWS and upload the modified PBSP, the verification form, and indicate in the comment box the reason for the modification.

NO behavior support plan or change to a behavior support plan shall be implemented without the Division's review.

PROVIDER & DIRECT SUPPORT STAFF

A provider or provider staff is responsible for completing the FBA and returning it to the plan of care team. Direct support staff have a key role in the success of the PBSP. Support staff have daily contact and interaction with the participant and are responsible for ensuring that the components of the PBSP are implemented as outlined in the plan. Consistency is key and providers must be supportive of the plan and consistent with its implementation.

DIVISION RESPONSIBILITIES

The Division is responsible for reviewing individualized plans of care and positive behavior support plans to ensure that the participant is receiving support in a manner that is consistent with their needs, risks, preferences, functioning level, and identified behaviors.

The Division is responsible for ensuring that any modifications to a person's plan of care or PBSP continues to meet the standards in rule.

Supports outlined in the plan of care or PBSP MUST NOT unfairly restrict the participant's rights.

The Division is also responsible for consulting with other medical professionals, as needed, if a participant's incidents, treatment plan, plan of care, or services are showing health or safety concerns. The Division may intervene on a participant's behalf by requesting case consultation with Medicaid and contracted providers, and may issue a corrective action plan to providers if standards of care are not being met.

APPENDIX A – ASSESSMENT AND SCREENING TOOLS

A-B-C ANALYSIS FORM

Participant Name: _____Date:_____

Behavior Specialist: _____

Antecedent	Behavior	Consequence

Antecedent: ***What conditions are present just before the challenging behavior occurs?***

Behavior: ***What is the participant's response? (How do they react?)***

Consequence: ***What occurs immediately after the participant's behavior?***

FUNCTIONAL ASSESSMENT SCREENING TOOL (FAST)

Participant Name: _____Date: _____

DOB: _____ Behavior Problem: _____

Informant: _____ Interviewer: _____

To the Interviewer: The Functional Analysis Screening Tool (FAST) is designed to identify a number of factors that may influence the occurrence of problem behaviors. It should be used only as an initial screening toll and as part of a comprehensive functional assessment or the analysis of a problem behavior. The FAST should be administered to several individuals who interact with the participant frequently. Results should then be used as the basis for conducting direct observations in several different contexts to verify likely behavioral functions, clarify ambiguous functions, and identify other relevant factors that may not have been included in this instrument.

To the Informant: After completing the section on "Informant-Person Relationship," read each of the numbered items carefully. If a statement accurately describes the participant's behavior problem, circle "Yes." If not, circle "No." If the behavior problem consists of either self-injurious behavior or "repetitive stereotyped behaviors", begin with Part I. However, if the problem consists of aggression or some other form of socially disruptive behavior, such as property destruction or tantrums complete only Part II.

Informant-Person Relationship

Indicate your relationship to the participant:

☐ Family ☐ Case Manager ☐ Residential ☐ Staff ☐ Other

How long have you known the participant? _____Years _____Months

Do you interact with the participant on a daily basis? ☐ Yes ☐ No

If "Yes," how many hours per day? _____ If "No," how many hours per week? _____

In what situations do you typically observe the participant? (Mark all that apply)

☐ Self-care routines ☐ Academic skills training ☐ Meals ☐ When they have nothing to do

☐ Leisure activities ☐ Work/Vocational training ☐ Nights ☐ Other:_____

PART I. SOCIAL INFLUENCES ON BEHAVIOR

1. The behavior usually occurs in your presence or in the presence of others — Yes No

2. The behavior usually occurs soon after you or others interact with him/her in some way, such as delivering an instruction or reprimand, walking away from (ignoring) the him/her, taking away a "preferred" item, requiring him/her to change activities, talking to someone else in his/her presence, etc. — Yes No

3. The behavior often is accompanied by other "emotional" responses, such as yelling or crying — Yes No

Complete Part II if you answered "Yes" to item 1, 2, <u>or</u> 3. Skip Part II if you answered "No" to <u>all three</u> items in Part I.

PART II. SOCIAL REINFORCEMENT

4. The behavior often occurs when he/she has not received much attention — Yes No

5. When the behavior occurs, you or others usually respond by interacting with the him/her in some way (e.g., comforting statements, verbal correction or reprimand, response blocking, redirection) — Yes No

6. (S)he often engages in other annoying behaviors that produce attention — Yes No

7. (S)he frequently approaches you or others and/or initiates social interaction — Yes No

8. The behavior rarely occurs when you give him/her lots of attention — Yes No

9. The behavior often occurs when you take a particular item away from him/her or when you terminate a preferred leisure activity (If "Yes," identify:_____) — Yes No

10. The behavior often occurs when you inform the person that (s)he cannot have a certain item or cannot engage in a particular activity. (If "Yes," identify:_____) — Yes No

11. When the behavior occurs, you often respond by giving him/her a specific item, such as a favorite toy, food, or some other item. (If "Yes," identify:_____) — Yes No

12.	(S)he often engages in other annoying behaviors that produce access to preferred items or activities.	Yes	No
13.	The behavior rarely occurs during training activities or when you place other types of demands on him/her. (If "Yes," identify the activities: _____self-care _____academic _____work _____other)	Yes	No
14.	The behavior often occurs during training activities or when asked to complete tasks.	Yes	No
15.	(S)he often is noncompliant during training activities or when asked to complete tasks.	Yes	No
16.	The behavior often occurs when the immediate environment is very noisy or crowed.	Yes	No
17.	When the behavior occurs, you often respond by giving him/her brief "break from an ongoing task.	Yes	No
18.	The behavior rarely occurs when you place few demands on him/her or when you leave him/her alone.	Yes	No

PART III. NONSOCIAL (AUTOMATIC) REINFORCEMENT

19.	The behavior occurs frequently when (s)he is alone or unoccupied.	Yes	No
20.	The behavior occurs at relatively high rates regardless of what is going on in his/her immediate surrounding environment.	Yes	No
21.	(S)he seems to have few known reinforcers or rarely engages in appropriate object manipulation or "play" behavior.	Yes	No
22.	(S)he is generally unresponsive to social stimulation.	Yes	No
23.	(S)he often engages in repetitive, stereotyped behaviors such as body rocking, hand or finger waving, object twirling, mouthing, etc.	Yes	No
24.	When (s)he engages in the behavior, you and others usually respond by doing nothing (i.e., you never or rarely attend to the behavior.)	Yes	No
25.	The behavior seems to occur in cycles. During a "high" cycle, the behavior occurs frequently and is extremely difficult to interrupt. During a "low" cycle the behavior rarely occurs.	Yes	No
26.	The behavior seems to occur more often when the person is ill.	Yes	No

27. (S)he has a history of recurrent illness (e.g., ear or sinus infections, allergies, dermatitis). Yes No

SCORING SUMMARY

Circle the items answered "Yes." If you completed only Part II, also circle items 1, 2, and 3

Potential Source of Reinforcement

1	2	3	4	Social reinforcement (attention/preferred items)
5	6	7	8	Social reinforcement (escape from tasks/activities)
9	10	11	12	Automatic reinforcement (sensory stimulation)
13	14	15	16	Automatic reinforcement (pain attenuation)

Comments/Notes:

This FAST form was adapted from: Iwata, B.L., &, DeLeon, I. G. (1996). *The Functional Analysis Screening Tool (FAST).*

FUNCTIONAL ASSESSMENT INTERVIEW (FAI)

Participant:_____ **Date of Birth:** _____

Sex: M F

Interviewer: _____ **Date:** _____

Person answering the interview questions:

_____

DESCRIBE THE CHALLENGING BEHAVIORS.

Define each challenging behavior that is of concern. Include information about what each behavior looks like, how often it occurs (per day, week, month), how long the behavior lasts and how damaging or destructive the behaviors are when they occur.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

DESCRIBE THE PARTICIPANT'S SOCIAL BEHAVIORS.

Define positive social behaviors that you have observed the participant perform. Include information about what the behavior looks like, how often it occurs (per day, per, week, month) and when you are most likely to see the behavior.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Which of the behaviors described above are likely to occur together in some way? Do you see positive behaviors occurring before challenging behaviors occur? Do all of the behaviors occur around the same time? If you see behaviors occurring in a sequence from least to more problematic, describe the order in which they occur.

_____

_____

_____

_____

DESCRIBE ANY SETTING EVENTS THAT YOU THINK ARE ASSOCIATED WITH A HIGHER LIKELIHOOD OF CHALLENGING BEHAVIORS.

Physiological Setting Events

Is the participant taking any medications that may have an affect on the participant's behavior?

_____

_____

Does the participant have medical or physical concerns that may affect their behavior (e.g., gastrointestinal problems, allergies, ear or sinus infections, seizures, and headaches)?

_____

_____

Does the participant have normal sleeping patterns or do they have any problems getting enough rest each night?

_____

_____

Are there any dietary or eating problems that might have an impact on challenging behavior?

_____

_____

Environmental & Social Setting Events

Make a list of the activities where the participant is successful and does not engage in challenging behavior. Include the times when these activities occur.

Successful Activities	*Problematic Activities*
_____	_____
_____	_____
_____	_____
_____	_____

Are the activities on the daily schedule predictable for the participant? Does the participant know what to expect after one activity ends and the next begins? Is it clear to the participant who they will be spending time with and for how long?

_____

_____

_____

Does the participant get a chance to make choices about what they will be doing each day? Does the participant choose what to wear in the morning, the activities that they will be experiencing and when they will be able to engage in fun and reinforcing events?

_____

_____

_____

Are there usually a lot of people around at home, school, or work (including staff, classmates, family members or roommates)? How does the participant respond to crowded or noisy settings?

_____

_____

_____

What kind of supports does the participant receive at home, school, work, and other settings? Do you believe that there may be issues related to the number of staff, level of family support, staff or family training needs, or certain types of social interactions that may be related to the participant's challenging behaviors?

_____

_____

_____

Define specific immediate antecedent events that predict when the behaviors are likely and not likely to occur.

Settings that are most and least likely to trigger challenging behavior

Most Likely	***Less Likely***
_____	_____
_____	_____
_____	_____

Times that are most and least likely to trigger challenging behavior

Most Likely	***Less Likely***
_____	_____
_____	_____
_____	_____

People who are most and least likely to trigger challenging behavior

Most Likely	***Less Likely***
_____	_____
_____	_____
_____	_____

Activities that are most and least likely to trigger challenging behavior

Most Likely	***Less Likely***
_____	_____
_____	_____
_____	_____

Describe something that you could do or say that almost always results in the participant's challenging behavior. This may include a certain tone of voice (authoritarian, aloof, overly concerned, etc.), particular words or phrases (e.g. "no, that's not right, do it again.")

_____

_____

Briefly describe what the participant would do in the following situations:

The participant is asked to complete a difficult task.

_____

_____

A highly preferred activity naturally ends or is interrupted.

_____

_____

There is a sudden and unexpected change in the participant's daily schedule.

_____

_____

A preferred item or activity is visible but the participant needs assistance to obtain it.

_____

_____

The participant is left alone (e.g., for 15 minutes).

_____

_____

The participant is in the room with other people, but no one is interacting with them.

_____

_____

IDENTIFY THE CONSEQUENCES OR OUTCOMES OF THE CHALLENGING BEHAVIORS (WHAT HAPPENS RIGHT AFTER THE BEHAVIOR OCCURS)

Think of each of the behaviors that have been previously listed, and identify a specific routine (e.g. getting up in the morning, going to the store, etc.). Describe what happens right after the behavior. Does the participant obtain something? Does the participant escape or avoid something?

Challenging Behavior	Routine	*What does the participant obtain?*	*What does the participant escape or avoid?*
1.			
2.			
3.			
4.			
5.			

Challenging Behavior	Routine	*What does the participant obtain?*	*What does the participant escape or avoid?*
1.			
2.			
3.			
4.			
5.			

CONSIDER HOW MUCH EFFORT IT TAKES TO ENGAGE IN EACH OF THE CHALLENGING AND POSITIVE BEHAVIORS.

(A) HOW MUCH PHYSICAL EFFORT DOES IT TAKE FOR THE PARTICIPANT TO ENGAGE IN EACH BEHAVIOR?

(B) HOW OFTEN DOES A BEHAVIOR OCCUR BEFORE IT IS REINFORCED?

(C) HOW LONG DOES THE PARTICIPANT HAVE TO WAIT TO GET THE REINFORCER?

Problem Behaviors	*Low Effort*				*High Effort*
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
Positive Behaviors					
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

WHAT *FUNCTIONAL ALTERNATIVE* BEHAVIORS DOES THE PARTICIPANT ALREADY KNOW HOW TO DO?

Which socially appropriate behaviors or skills listed previously generate the same outcomes or reinforcers that are produced by the challenging behaviors?

HOW DOES THE PARTICIPANT COMMUNICATE WITH OTHER INDIVIDUALS?

Describe the most common strategies that a participant uses to express themselves and what communication strategies are available to the participant. Communication used may involve speech, signs, gestures, communication boards, or electronic devices. Are there any problems with the assistive communication systems that are currently being used?

Describe the participant's receptive communication skills and ability to understand others.

Can the participant follow spoken requests, or instructions that are simply stated? Give examples of simple and more complicated, if applicable, requests or instructions that can be followed.

Does the participant seem to understand and respond to requests or instructions that are signed or gestural? Give several examples of signed or gestural instructions that can be followed.

Can the participant imitate actions if you show them how to do something? Give several examples of the types of actions that can be imitated.

How does the participant typically communicate *yes or no* when given a choice or being told to do something?

DESCRIBE THINGS THAT YOU SHOULD DO AND THAT SHOULD BE AVOIDED WHEN WORKING WITH AND SUPPORTING THIS PARTICIPANT.

Describe the process that is used to improve the likelihood that activities, or other things, will go well when you are with this participant.

Describe the things you do to avoid interfering with, or disrupting an event or activity, when you are with this participant.

DESCRIBE THE THINGS THAT THE PARTICIPANT LIKES AND FINDS REINFORCING

Favorite foods:

_____

_____

Toys, games, or items:

_____

_____

In-home activities:

_____

_____

Community activities:

_____

_____

Other events, people or activities:

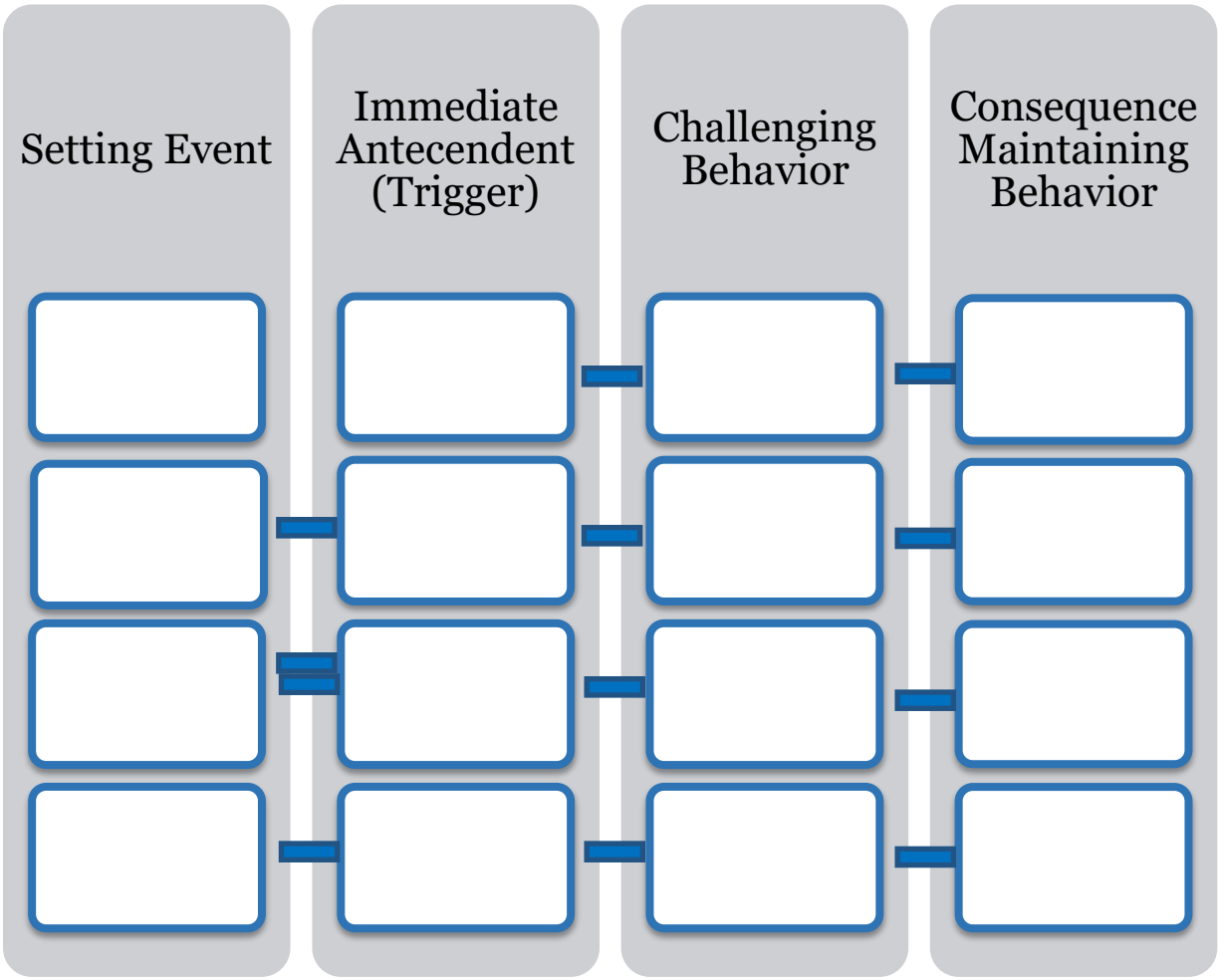
_____

_____

DESCRIBE WHAT YOU KNOW ABOUT THE HISTORY OF CHALLENGING BEHAVIORS THAT HAVE BEEN PREVIOUSLY IDENTIFIED, OR OTHER CHALLENGING BEHAVIORS THAT NO LONGER ARE PRESENT. INCLUDE INFORMATION ABOUT ANY INTERVENTIONS THAT HAVE BEEN TRIED IN THE PAST, AND HOW EFFECTIVE THOSE INTERVENTIONS WERE AT THE TIME.

List past problem behaviors	*Interventions*	*Effectiveness*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

WRITE DOWN HYPOTHESIS STATEMENTS FOR EACH MAJOR TRIGGER AND CONSEQUENCE.



This FAI form was adapted from: Kansas Institute for Positive Behavior Support, 2014

MOTIVATION ASSESSMENT SCALE (MAS)

Participant Name: _____ Date: _____

Rater Name: _____

Description of Behavior (be specific):_____

Instructors: The MAS is a questionnaire designed to identify the situations in which a participant is likely to behave in specific ways. This information will lead to more informed decisions regarding the selection of appropriate replacement behaviors. To complete the MAS, select one behavior of specific interest. Be specific about the behavior. For example "is aggressive" is not as good a description as "hits other people." Once you have specified the behavior to be rated, read each question carefully and circle the number that best describes your observations of the behavior.

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
SENSORY 1. Would the behavior occur continuously if the participant was left alone for long periods of time?							
2. Does the behavior occur repeatedly, over and over, in the same way (e.g. rocking back and forth for over an hour?)							
3. Does it appear to you that the participant enjoys doing the behavior? (It feels, tastes, looks, smells, sounds pleasing).							
4. When the behavior is occurring, does the participant seem unaware of anything else going on around them?							
SENSORY SCORE							
ESCAPE 1. Does the behavior occur following a request to perform a difficult task?							
2. Does the behavior occur when any request is made of the participant?							
3. Does the participant seem to do the behavior to upset or annoy you when you are trying to get them to do what you ask?							
4. Does the behavior stop occurring shortly after (one to five minutes) you stop working with, or making demands of, them?							
ESCAPE SCORE							

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
ATTENTION 1. Does the behavior seem to occur in response to you talking to other people in the area?							
2. Does the behavior occur whenever you stop attending to the participant?							
3. Does the participant seem to engage in the behavior to upset or annoy you when you are not paying attention to them? (e.g. you are in another room or interacting with another person)							
4. Does this participant seem to engage in the behavior to get you to spend some time with them?							
ATTENTION SCORE							
TANGIBLE 1. Does the behavior ever occur to get a toy, food, or an activity that the participant has been told that they can't have?							
2. Does the behavior occur when you take away a favorite food, toy or activity?							
3. Does the behavior stop occurring shortly after you give the participant food, toy, or requested activity?							
4. Does the behavior seem to occur when the participant has been told that they can't do something that they wanted to do?							
TANGIBLE SCORE							

SCORES	SENSORY	ESCAPE	ATTENTION	TANGIBLE
TOTAL SCORE =				
MEAN SCORE=				
RELATIVE RANKING=				

Motivation Assessment Scale: Functions for usage

- To direct our understanding of the behavior challenge to the intent of the challenge versus the way it appears or makes us feel.
- To understand the correlation between the frequency of the challenging behavior and its potential for multiple intents.
- To identify the situations in which an individual is likely to behave in certain ways (e.g., requests for a change in routine or environment lead to biting).

Outcomes:

- To assist in the identification of the motivation of a specified behavior.
- To make more informed decisions concerning the selection of appropriate reinforcers and supports for a specified behavior.

Note: Like any assessment tool, the MAS should be used in an ongoing and continually developing mode.

This MAS form was adapted from: *Michael J. Delaney /Mark Durand, Ph.D. 1986*

APPENDIX B – SAMPLE TEMPLATES FOR POSITIVE BEHAVIOR SUPPORT PLANS

SAMPLE POSITIVE BEHAVIOR SUPPORT PLAN 1

Participant Name:	
Person Responsible:	
Implemented:	
Objective:	

Behavior Support Team:

1. _____
2. _____
3. _____
4. _____
5. _____

Desired Outcomes and Rationale:

Target Behaviors to Decrease:

1. _____
2. _____
3. _____
4. _____
5. _____

a. *Motivational Factors:*

b. *Environmental Considerations:*

c. *Antecedents:*

Alternate Behaviors to Increase:

a. *Environmental Considerations:*

b. *Reinforcers:*

Hypothesis:

Strategy:

This section details what staff should do before, during, and after a target behavior.

BEFORE:

Exhibits Target Behaviors:

DURING:

Exhibits Target Behaviors:

AFTER TARGET BEHAVIOR HAS CEASED:

Data to be Collected:

Revisions to Plan

Behavior Specialist:

_____Date:_____

Printed Name

Behavior Specialist:

_____Date:_____

Signature

SAMPLE POSITIVE BEHAVIOR SUPPORT PLAN 2

Participant Name: _____
Date:_____

Behavior Support Team:

1. _____
2. _____
3. _____
4. _____
5. _____

Date Plan Implemented: _____

Identify the Challenging Behavior:

The purpose of the behavior:

Things to Do All the Time:

Teach Skills
Teach Social Interaction Skills
Teach Communication Repair strategies

Short Term Prevention Strategies:

These strategies are used prior to situations occurring

Choices -

Personal Cuing -

Simple Language -

Safety Signal -

Comfort Area -

Positive Reinforcement -

Replacement Skills:

e.g. Learn to negotiate difficult social situations
e.g. Learn to cope with negative emotions

When the Problem Behaviors Happen:

Actions that will be taken:

Data Collected:

Revisions to Plan:

Behavior Specialist:

_____Date:_____

Printed Name

Behavior Specialist:

_____Date:_____

Signature

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