

Expectations for Behavioral Supports: Behavior Analysis Services and Crisis Strategies

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Developmental Disabilities System Change

- Shifting our philosophy & practice
- From Crisis
- From Provider Driven
- From Congregate Care
- From Compliance
- From Regional Service Delivery
- To Best Practices
- To Prevention
- To Self-Direction
- To Flexible Individualized Supports
- To Outcomes
- To Local Service Delivery

Behavioral Services

Provided by specialist or individuals who are not Behavior Support Specialists

When would an individual need specialized behavioral services?

- Common sense approaches have not improved the situation
- The behaviors of concern are resulting in significant problems for the person or others involved with the person, e.g. jail, medical treatment, high cost for property damage
- The current interventions seem to have made the situation worse

Behavior Support Plans

- *Must be done by licensed professional*
- An individualized plan of behavior analytic procedures developed to systematically address behaviors to be reduced or eliminated or behaviors and skills to be learned.
- The techniques included in the plan must be based on a functional assessment of the target behaviors.
- Must conform to the requirements of guidelines for Positive Behavior Supports.

What should behavioral services look like?

- ▶ Start with functional behavioral assessment that includes observations, interviews, data collection and record review
- ▶ Assessment results in hypotheses about the functions of the behavior, events that contribute to the problem
- ▶ Interventions based on the functions and events that contribute will be designed which would include each of the following:
 - Things to do to prevent the problem,
 - How to teach others alternative ways to interact or present situations,
 - How to teach the person new skills and reinforce the use of more desirable skills
 - And if necessary how to address problem behaviors in a less damaging way when they occur.

Behavioral Services

- ▶ Must include data collection methods and review of data to evaluate the effectiveness of the interventions including are the interventions being implemented with fidelity
- ▶ Interventions should be modified based on the data if meaningful behavior change is not occurring
- ▶ **Should involve the support persons in training and implementation for generalization and maintenance**
- ▶ Must meet the provisions for Positive Behavioral Supports and be reviewed by the Behavior Review Committees to insure all of the above
- ▶ Be ethical and respect individual rights and reviewed by the Human Rights Committee to insure this is so
- ▶ Be **time limited, and short term** – designed to get changes in the environment (support persons implement) with periodic monitoring and adjustments as necessary

How do you evaluate the effectiveness of behavioral services, or any behavioral supports?

- ▶ Behavioral Interventions in Applied Behavior Analysis should meet the criterion of:
 - ▶ Applied
 - ▶ Behavioral
 - ▶ **Analytic**
 - ▶ Technological
 - ▶ Generality
 - ▶ Conceptually systematic
 - ▶ **Effective**

Effective

- ▶ Behavior changes in ways that are important to the person and significant others
- ▶ In a meaningful time frame
- ▶ Able to reasonably be attributed to the interventions (changes made in the environment)
- ▶ As demonstrated and supported by data

Analytical services include data!

- ▶ Behavioral services and documentation must include data, presented in graphic format
- ▶ Graph updated with progress notes
- ▶ Included in any report of behavioral services or requests for extension of services
- ▶ Analytic descriptions of the hypothesized functions must be more than a brief statement such as attention maintained, or escape from demands– include specific description of typical circumstances and contingencies

Reactive Strategy Policy

Following Best Practice Standards for least restrictive, safeguarding rights and dignity and continuously striving to eliminate need and use

D.O.R. 4.145

The Department of Mental Health (DMH),
Division of Developmental Disabilities
Is committed to
eliminating the use of restraint and seclusion.
Persons with developmental disabilities should
live free of restraints, time out and seclusion,
and from physical, verbal or emotional
coercion.

Prohibited procedures – considered at high risk for harm including:

- ▶ Physical restraint techniques that interfere with breathing
- ▶ Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object
- ▶ Restraints which involve staff lying/sitting on top of a person;
- ▶ Restraints that use the hyperextension of joints;
- ▶ Any technique which has not been approved by the Division, and/or for which the person implementing has not received Division–approved training;
- ▶ Any reactive strategy that may exacerbate a known medical or physical condition
- ▶ Containment without continuous monitoring and documentation of vital signs and status with respect to release criteria;

Also Prohibited

- ▶ Use of any reactive strategy on a “PRN” or “as required” basis.
- ▶ Seclusion– Placement of a person alone in a locked room or area which he or she cannot leave at will
- ▶ Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services;
- ▶ Inclusion of a reactive strategy as part of a behavior support plan for the reduction or elimination of a behavior;
- ▶ Reactive strategy techniques administered by other persons who are being supported by the agency
- ▶ Corporal punishment or use of aversive conditioning
- ▶ Overcorrection
- ▶ Placing persons in totally enclosed cribs or barred enclosures other than cribs;
- ▶ Any treatment, procedure, technique or process prohibited elsewhere by federal or state statute

Safety Assessment

- ▶ Assessment by treatment team and physician of an individual's physical, emotional status including history and current conditions that might affect safe usage delineating any reactive strategies which should not be used with the individual due to medical or psychological issues of safety completed annually or with any significant change.

Safety Crisis Plan

- ▶ An individualized plan done after safety assessment outlining the emergency intervention procedures that might most safely address dangerous behaviors at the time of their occurrence or to prevent their imminent occurrence.
- ▶ Procedures identified must be those identified as least restrictive and within safety parameters of the safety assessment.
- ▶ These will be used as last resort after implementation of proactive, positive approaches.
- ▶ A crisis plan should be developed prior to the need for use or at least after the first episode of behavior necessitating reaction to dangerous behaviors that place the person or others at risk of eminent harm.
- ▶ Must include the informed consent of the person, their parent or guardian.

What should be documented in a safety crisis plan?

- ☑ A physician's report of medical conditions or physical limitations that would place him or her at risk of physical injury during restraint or seclusion, or otherwise preclude the use of one or more reactive strategies; and
- ☑ Documentation of any history of trauma, such as a history of sexual or physical abuse that the informants, individual, facility, or providers believe to be relevant to the use of reactive strategies.
- ☑ Medical conditions or physical limitations that might create a risk to the individual

Specifications for “best practice” use of reactive strategies

Initiation and use of physical management procedures

- ▶ Clear and imminent danger of immediate harm
- ▶ Discontinued immediately upon the cessation of imminent danger
- ▶ By who have current training and certification.

De-Briefing following physical management procedures

- ▶ After each episode of restraint/emergency intervention
- ▶ to determine what led to the incident,
 - What might have been done to avoid it,
 - How to prevent future incidents.
- ▶ Information used in treatment planning, revision of the individual's plan, and ongoing restraint prevention efforts.