

BEHAVIOR SUPPORT GUIDELINES

For Support Workers Paid With
Developmental Services Funds



STATE OF VERMONT
Department of Disabilities, Aging & Independent Living

DIVISION OF DISABILITY & AGING SERVICES
October 2004

Please note that wherever Division of Developmental Services is referenced, the new name is the Division of Disability and Aging Services.

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INTRODUCTION

Sometimes people behave in ways that pose a risk to health and safety, or interfere with growth, development, or achievement of goals. Supporting a person to change behavior should be done in the context of a person-centered planning process that focuses on helping the person live the life he or she desires. These Guidelines are based on positive support strategies, and represent a commitment to work continuously to end coercion. These Guidelines outline the types of interventions that support workers paid with Developmental Services (DS) funds may use to support behavior change and also the steps to follow when restriction of rights or restraints are required. **These Guidelines apply to any support workers paid with Developmental Services funds, except Flexible Family Funding (FFF).**

As you use these Guidelines, you may have ideas, comments, or questions. We would like to hear from you! Please contact us at behaviorsupport@dail.state.vt.us.

"I think that any approach that enhances a person's sense of values and dignity is worth a lifetime of trying. Behavior change should be seen as growth rather than a series of defeats and surrenders."

- Herb Lovett

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OVERVIEW

Part 1: Types of Behavior Interventions

A. Positive Behavior Supports (*adults and children*) support individuals to improve difficult behavior with an approach based on the belief that there are reasons behind difficult behavior; that people should be treated with compassion and respect; and that people with extremely challenging behavior still are entitled to lives of quality. There is a large and growing body of knowledge about how to understand people better and help them change their lives in ways that reduce the occurrence of difficult behavior. These changes include modifications to the environment, changes in personal relationships, new communication and coping skills, and maximizing the individual's control of his or her life.

Positive behavior supports must provide the framework for all behavioral interventions even in cases where restraints or restrictions of rights are authorized.

B. Psychiatric Medications (*adults and children*) are drugs prescribed to stabilize or improve mood, mental status, or behavior. These medications are sometimes called "psychotropic" or "psychoactive" medications. Special procedures are required because these drugs have such powerful effects on health and mental functioning. While most medications are not considered restraints, there are circumstances when the use of medication may be considered a chemical restraint.

C. Restrictions of Rights (*adults only*) are actions by Developmental Services' paid workers which use the caregiver's authority over the individual and which interfere with an individual's autonomy, rights, activities, or privacy in ways that cross over the line ordinarily found in consenting relationships between adults. Restrictions of rights limit those civil rights adults ordinarily expect to exercise.

D. Restraints (*adults and children*) are actions that limit a person's voluntary movement for the purpose of keeping the person from doing serious harm to self or others. Restraints are permitted only in extraordinary circumstances where personal safety is at risk and where positive behavior supports have not yet succeeded. Some types of restraints are prohibited altogether because they are too dangerous. Four types of restraints are defined: physical, mechanical, chemical, and other.

Part 2: Procedural Requirements for Behavior Interventions

Many approaches to behavior change interfere with individual rights or entail risk. Special procedural protections are mandated. The greater the restriction or risk, the greater the procedural protections required. Chapter 2 describes the following procedural requirements:

- A. Consent**
- B. Planning for Behavior Supports**
- C. Approval**
- D. Review**
- E. Critical Incident Reports**

Part 3: Prohibited Practices (*Adults and Children*)

Prohibited practices are actions that are not permitted for any purpose by workers paid with Developmental Services funds. Their use may constitute abuse, and as such may be prohibited by state law.

PART 1: TYPES OF BEHAVIOR INTERVENTIONS

Positive Behavior Supports (*Adults and Children*)

DESCRIPTION

Positive Behavior Supports are a group of approaches that support an individual to change behavior. They may be combined with medication or may result in reduced need for medication. Positive behavior supports represent a basic change from older methods of changing behavior through external controls, such as rewards and punishments and are based on a commitment to end coercion. Positive behavior supports provide the overall framework for the behavior support plan.

WHEN USED

Positive Behavior Supports are used to support a person to change behavior which:

- interferes with his or her growth and development, or
- interferes with his or her ability to make decisions and achieve goals, or
- results in medication being prescribed to modify the behavior, or
- poses a risk to the health and safety of the person or others.

The purpose of positive behavior supports is to support individual growth, enhance the person's quality of life, and make the use of more intrusive measures unnecessary.

Generally, the individual should provide guidance in deciding what behavior to attempt to change. The individual's input into design of the support strategies should be actively sought. Support staff may take the initiative to change behavior when the individual's actions jeopardize his or her health and safety or that of others, or interfere with his or her ability to build relationships with others.

Behavior change is not to be pursued for the convenience of staff.

REMINDER

Continuously assess the role medical factors may be playing in a person's behavior.

Positive Behavior Supports (*Adults and Children*) (continued)

Positive behavior support strategies include:

1. Understanding how and what the individual is communicating;
2. Understanding the impact of others' presence, voice, tone, words, actions and gestures, and modifying these;
3. Supporting the individual in communicating choices and wishes;
4. Supporting workers to change their behavior when it has a detrimental impact;
5. Temporarily avoiding situations which are too difficult or too uncomfortable for the person;
6. Enabling the individual to exercise as much control and decision making as possible over day-to-day routines;
7. Assisting the individual to increase control over life activities and environment;
8. Teaching the person coping, communication and emotional self-regulation skills;
9. Anticipating situations that will be challenging, and assisting the individual to cope or calm;
10. Offering an abundance of positive activities, physical exercise, and relaxation, and
11. Modifying the environment to remove stressors (such as noise, light, etc.).

Manipulation of rewards:

Sometimes it may be necessary to control access to reinforcement to assist in behavior change. It is not a preferred method because this perpetuates the pattern of caregiver control over the individual. If reinforcers are going to be manipulated as part of a behavior support plan they should:

1. be based on assessment of what is currently maintaining the behavior; and,
2. be natural and not contrived; and,
3. be time-limited, with a plan to transfer control to the individual.

Psychiatric Medications (*Adults and Children*)

DESCRIPTION

Psychiatric medications are drugs prescribed to stabilize or improve mood, mental status, or behavior. These medications are sometimes called “psychotropic” or “psychoactive” medications. Special procedures are required because these drugs have such powerful effects on health and mental functioning. While most psychiatric medications are not considered restraints, there are circumstances when the use of psychiatric medication may be considered a chemical restraint.

WHEN USED

Psychiatric assessment and treatment are often appropriate components of an overall plan for supporting individuals with challenging behaviors/psychiatric disorders. Consideration should be given to physical health and psychosocial issues that may be contributing to the presenting problem.

When psychiatric medications are prescribed and the person is supported by workers paid with DS funds (except FFF), a Psychiatric Medication Support Plan (Attachment A) is required. When possible, this plan should be developed and updated by the team together with the prescribing physician.

The overall plan needs to incorporate *both* the psychiatric treatment (e.g., medication) *and* positive behavior supports designed to address the symptoms/behaviors in question. The complexity of the behavior support plan depends on multiple variables (see Planning for Behavior Supports on page 17 of these Guidelines). The Psychiatric Medication Support Plan and the Behavior Support Plan can either be separate documents, or integrated into one comprehensive plan.

Note: The Health and Wellness Guidelines (2004) contain detailed guidance on psychiatric treatment.

Restrictions of Rights (*Adults Only*)

DESCRIPTION

"Restrictions of rights" are actions by workers paid with Developmental Services funds which use the caregiver's authority over the individual and interfere with an individual's autonomy, rights, activities or privacy in ways we usually find unacceptable in consenting relationships. Autonomy means doing what you want to do.

Restrictions of rights include actions which limit activities or civil rights that adults ordinarily expect to exercise. Restrictions of rights include any actions which restrict rights guaranteed by the Developmental Disabilities Act of 1996; specifically, restrictions that interfere with:

- Privacy, dignity, and confidentiality
- Association with individuals of both genders
- Communication in private by mail and telephone
- Contact with family

If a person or guardian objects to any other restriction of rights, activity, or autonomy, it should also be treated as a restriction of rights.

WHEN USED

A restriction of rights may be needed to protect the emotional or physical health or safety of the individual or others. For instance, contact with family members may be restricted for the safety of the individual or the safety of a family member.

Restrictions of rights shall *not* be used as rewards or punishments to change behavior. For instance, a program may not restrict a person from calling his family when he is "noncompliant" and let him call when he is "compliant."

There is often a fine line between a reasonable safety precaution (e.g., locking up chemical cleaners or prescription drugs) and a limitation of autonomy (e.g., locking up kitchen cabinets or the refrigerator). Similarly, there may be a fine line between a house rule (don't tie up the phone for more than half an hour) and a punishment (you can't use the phone because you didn't clean up your room).

Room monitors and door alarms are considered restrictions of rights. Locking the door of a family member's bedroom may be a reasonable protection of privacy, but locking a person out of the kitchen or other common areas of the house would be a restriction of rights. Locking a person into his or her own bedroom is never permitted. Restrictions of rights must be individually considered, with sensitivity to unnecessary overprotection and to the inequality of power that is inherent in paid caregiving services.

It is the responsibility of the individual and his or her guardian and other ISA team members to identify measures that are restrictions of rights and continuously reassess the need for any restrictions.

Restraints (*Adults and Children*)

DESCRIPTION

Restraints are practices that limit a person's voluntary movement for the purpose of keeping the person from doing serious harm to self or others.

These Guidelines give rules for the use of four types of restraints:

- Physical restraint
- Chemical restraint
- Mechanical restraint
- Other restraints of movement

USE OF RESTRAINTS: GENERAL RULES

Restraints are permitted only in extraordinary circumstances where personal safety is at risk and where positive behavior supports have not yet succeeded. We are continuing to develop positive skills and techniques that decrease the need for restraints. Our ultimate goal is to eliminate altogether the need for restraints.

Emergency restraints are authorized in limited, unforeseen circumstances.

Restraints in a medical context are not covered by these Guidelines (see next page).

When restraints are used, they need to be kept at an absolute minimum in terms of frequency, duration, and physical force.

WHEN USED

Comprehensive plans that involve restraints shall be part of a Behavior Support Plan which is based upon the tenets of positive behavior supports and an individual functional assessment. Staff with appropriate training and skills in positive behavior supports shall be involved in the design and implementation of the plan. There shall be a functional assessment conducted as specified in Attachment E, and a Comprehensive Behavior Support Plan including the components listed in Attachment C.

Restraints may not be used for the purposes of training or changing behavior or for the convenience of staff. The use of restraints by workers paid with developmental services funds is authorized by these Guidelines only:

- on a time limited basis in rare instances, for the purpose of protecting the safety of an individual or others; *and*,
- in the presence of documented evidence that less intrusive attempts to address behavior have not yet succeeded; *and*,
- when the Procedural Requirements described in Part 2 have been followed; *and*,
- when workers who will be using the restraints are trained in their proper use.

Any other use may be considered abuse.

Any time a restraint is used by a Developmental Services paid worker, a Critical Incident Report must be completed and filed (See Guidelines for Critical Incident Reporting).

Restraints (*Adults and Children*) (continued)

The use of restraints in a medical context and mechanical supports are not covered by the guidelines above, and no Critical Incident Reports are required for them. See the Health and Wellness Guidelines (page 7) for additional information. Examples of restraints in a medical context and mechanical supports are:

- Sedation prescribed by a physician or dentist prior to a medical or dental procedure;
- Restraints to control the movement of a person during a time-sensitive, necessary medical or dental procedure;
- Time-limited restraints to promote healing following a medical procedure or injury;
- Devices prescribed by a physician, physical therapist or occupational therapist to maintain body alignment or otherwise support or position a person;
- Devices normally used for safety reasons, such as car seats or seat belts;
- Helmets, when they are used to protect a person from injury during a fall or during a seizure, (but helmets are restraints when used to prevent a person from touching or hitting his head);
- Bed rails when used to keep a person from rolling out of bed (but bedrails are restraints when used to keep a person from getting out of bed when he or she wants to);
- Wheelchair brakes, unless used for the purpose of interfering with a person's mobility; and,
- Mechanical restraints needed to protect an individual known to be at risk of severe injury due to frequent loss of consciousness.

Types of Restraints (*Adults and Children*)

Physical Restraint

DESCRIPTION

Any method of restricting a person's movements by holding of body parts to keep the person from endangering self or others (includes physical escort to lead the person to a place he or she does not want to go).

Exception

Gentle prompts or physical guidance used as part of a teaching activity or other activity of daily living are not considered restraints. Examples:

- Physical supports for the purpose of supporting an unsteady person
- Physical assists for bathing, toileting, dressing

WHEN USED

When physical restraint is necessary to prevent serious harm, the minimum amount of force necessary shall be used.

Excessive use of physical restraint may be considered abuse. Workers who may be using physical restraints must be trained in:

- Emotional self-regulation (e.g., Strategic Self-Regulation)
- Positive behavior supports and de-escalation techniques (e.g., Vermont Safety Awareness Training), and
- The restraint specific to the person (e.g., Safety Mechanics)

General rules about restraint apply (see page 8 of these Guidelines).

Caution: Physical restraints can result in psychological trauma, severe injury, or death.

Physical Restraints (continued)

Restraints Prohibited

The following types of restraint are prohibited under any circumstances:

- Restraints in which the individual lies face down;
- Restraints that have the individual lying on the ground or in a bed with a worker on top of the individual;
- Restraints that restrict breathing;
- Restraints that hyper-extend a joint;
- Restraints that rely on pain for control; and,
- Restraints that rely on a takedown technique in which the individual is not supported and allows for free fall as he or she goes to the floor.

Chemical Restraints

DESCRIPTION

Chemical restraint is the administration of a prescribed medicine when **all** the following conditions exist:

- The primary purpose of the medication is a response to problematic behavior rather than a physical health condition; *and,*
- The prescribed medicine is a drug or dosage which would not otherwise be administered to the person as part of a regular medication regimen; *and,*
- The prescribed medicine impairs the individual's ability to do or accomplish his or her usual activities of daily living (as compared to the individual's usual performance when the medicine is not administered) by causing disorientation, confusion, or an impairment of physical or mental functioning.

Exception:

Medications that help a person sleep during his or her *regular* sleeping hours are not considered chemical restraints.

WHEN USED

General rules about restraints apply (see page 8 of these guidelines).

Other requirements:

In addition to these Guidelines, see the Division of Developmental Services Health and Wellness Guidelines with respect to rules regarding administration of medication (page 12) and psychiatric services (page 17).

Mechanical Restraints

DESCRIPTION

Any items worn by or placed on the person to limit behavior or movement and which cannot be removed by the person. Mechanical restraints include devices such as mittens, straps, arm splints, harnesses, restraint chairs, bed rails, and bed netting. Helmets used for the purpose of preventing self-injury are considered mechanical restraints.

Exception:

See restraints in a medical context and mechanical supports on page 9 of these Guidelines.

WHEN USED

General rules about restraints apply (see page 8 of these Guidelines).

The use of mechanical restraints is permitted *only* to prevent severe self-injury when no less restrictive method of protecting the individual has been demonstrated to be effective.

Use of mechanical restraints may lead to additional problems because people can become psychologically dependent upon them.

Other Restraints of Movement

Locked Perimeter Exits

DESCRIPTION

Locking or otherwise securing the exits of a residence during waking hours so that they cannot be opened from the inside by the individual and for the purpose of protecting the individual from causing severe injury to self or others.

Exception:

Locked perimeter doors to protect an individual's safety at night when staff or caregivers are asleep.

WHEN USED

General rules about restraints apply (see page 8 of these Guidelines).

Other requirements:

Any time the exits of a residence are locked and the individual is inside, there must be at least one Developmental Services paid worker inside with the individual. In any situation where perimeter doors are locked, the record must document in writing that requisite fire safety protections are in effect. Any plan for locked perimeter doors must include a plan for safe exit in a crisis.

Safety Shields In Cars and Locking Seat Belts

DESCRIPTION

A Plexiglas or metal barrier or a locking seatbelt in a vehicle to prevent an individual's movement into the front seat.

Exception:

Age-appropriate child-safety restraints.

WHEN USED

General rules about restraints apply (see page 8 of these Guidelines).

Global Positioning Systems and Other Electronic Tracking Devices

DESCRIPTION

A tracking device is a restraint if it is used to go after and locate a person who presents a risk of elopement or other intentional leaving from supervision.

Exception:

An electronic tracking system is not a restraint if it is used as a safety device to locate a person with a documented history of wandering, becoming disoriented, or getting lost.

WHEN USED

General rules about restraints apply (see page 8 of these Guidelines).

Emergency Restraints

DESCRIPTION

Using one of the restraints previously listed to briefly control behaviors that pose a risk of severe injury when those behaviors were not anticipated.

The following types of restraints are prohibited under any circumstances:

- restraints in which the individual lies face down;
- restraints that have the individual lying on the ground or in a bed with a worker on top of the individual;
- restraints that restrict breathing;
- restraints that hyper-extend a joint;
- restraints that rely on pain for control, and
- restraints that rely on a takedown technique in which the individual is not supported and allows for free fall as he or she goes to the floor.

WHEN USED

General rules about restraints do not apply.

Restraints may be used in an emergency situation provided that they are used:

- on a time-limited basis in rare instances, for the purpose of protecting the safety of an individual or others, or preventing serious property destruction; or
- after less intrusive attempts to achieve safety have failed; or
- if there is not time to attempt less intrusive methods.

If recurrence of the behavior can be anticipated, the individual and the team should meet to consider alternatives to the emergency intervention.

Any emergency use of a restraint must be reported in a Critical Incident Report. If restraints are used as emergency procedures on more than two days within a six-month period, the person's Individual Support Agreement Team shall convene to review the person's need for support. Any further use of restraints must be in accordance with the rules for Restraints, including Procedural Requirements in Part 2 of these Guidelines.

PART 2: PROCEDURAL REQUIREMENTS FOR BEHAVIOR SUPPORTS

Consent

An individual and his or her guardian (if any) *must* be involved in developing a plan for any of the approaches described in these Guidelines (unless the plan is court-ordered). If the individual has a guardian, the plan shall be explained to the individual, even though the individual's consent is not required. Other key members of the person's team should also be involved in developing the plan.

Plans written to carry out a court order do not require the consent of the individual or guardian. Guardian/individual consent is helpful, but is not required for the implementation of court-ordered restrictions. Where restrictions are imposed by court order, a copy of the court order must be in the person's record.

Every effort should be made to develop a plan to which all team members can agree. However, there may be times when an agency will require a behavior support plan, restriction of rights, or plan for restraints as a condition of providing services. If the individual or guardian wishes to receive services, but does not agree with a proposed plan or intervention, the plan must be in writing and must be reviewed by the Professional Review Committee. If the plan is approved by the Professional Review Committee, the individual or guardian can then decide whether he/she will accept services, including the plan. Except for court-ordered services, a guardian or a person without a guardian can refuse services altogether.

Forced medication is **never** permitted. No individual may be administered medication for the purpose of behavior control against his or her consent (see Prohibited Practices on page 21 of these Guidelines).

Planning For Behavior Supports

A plan for any of the approaches described in these Guidelines shall be part of the person's Individual Support Agreement.

FUNCTIONAL ASSESSMENT

A functional assessment is the foundation for a behavior support plan. A functional assessment may be informal and focus on a particular setting or situation, or it may be formal and comprehensive. If a formal, comprehensive assessment will be completed, please refer to Appendix E of this document. The team will need to determine how comprehensive the functional assessment needs to be based upon:

- a. The dangerousness of the behaviors addressed;
- b. The history of past behavior change with this person;
- c. The restrictiveness of the interventions being used; and,
- d. The cost of services addressing the behaviors.

A formal comprehensive assessment, of the type described in Appendix E of this document is always required when restraints are part of a plan.

The following plans are required in these situations:

Situation	Attachment Needed
Person is supported by workers paid with DS funds and receives psychiatric medications which are adequately effective	Psychiatric Medication Support Plan – Attachment A
Person receives psychiatric medications and <ol style="list-style-type: none"> a. it is not adequately effective in alleviating symptoms; <i>or</i>, b. the person or team wants to get rid of or reduce the medication. 	Psychiatric Medication Support Plan – Attachment A and Basic Behavior Support Plan - Attachment B
Person's behavior is dangerous to health or safety	Basic Behavior Support Plan - Attachment B
Person is subject to Restrictions of Rights	Basic Behavior Support Plan - Attachment B
Restraints are proposed or are being used	Comprehensive Behavior Support Plan– Attachment C Quarterly review by team and expert
The cost of services exceeds \$100,000 per year because of behavior supports	Comprehensive Behavior Support Plan– Attachment C
The individual needs supervision for the protection of public safety (e.g., offenders, individuals under Act 248)	Community Safety Plan – Attachment D

Approval By Professional Review Committee

A Professional Review Committee is an internal review committee within an agency or region that includes individuals who are knowledgeable about functional analysis of behavior and positive behavior supports. Committee members should have knowledge and experience in evaluating approaches to ensure the use of the least restrictive alternatives. If chemical restraint is part of the plan, the committee shall include a physician, nurse, or pharmacist. Agencies should strive to include professionals, people with developmental disabilities, or family members who are external to the agency.

The Professional Review Committee must give approval for:

- a. Any proposed behavior support plan that is not agreed to by the person (or guardian, if there is one);
- b. Any proposed restriction of rights that is not agreed to by the person (or guardian, if there is one);
- c. Any measure which restricts a right guaranteed by the Developmental Disabilities Act , specifically a measure that restricts:
 - Privacy, dignity, and confidentiality, or
 - Association with individuals of both genders, or
 - Communication in private by mail and telephone, or
 - Contact with family
- d. Any proposed restraint.

If a plan is presented to the Professional Review Committee, the person and his or her guardian should be invited and encouraged to be present.

Review

The table below summarizes when ISA approval is sufficient, and when Professional Review Committee approval and/or Human Rights Committee review are required.

	Document in ISA	Professional Review Committee approval	State Human Rights Com- mittee review
Positive Behavior Supports only and person/guardian agrees	X		
Positive Behavior Supports only and person or guardian disagrees	X	X	
Restriction of right guaranteed by Developmental Disabilities Act	X	X	
Other restriction of rights and person/guardian agrees	X		
Other restriction of rights and person/guardian disagrees		X	
Restraint		X	X
Court-ordered restriction of rights	X		

Any plan that involves the use of restraints shall be sent to the State Human Rights Committee for review (See [Human Rights Committee Guidelines](#) for details). It must also be reviewed at least every three months by the individual's team and someone with appropriate training and skills in positive behavior supports. The results of the review must be summarized and documented in writing.

Critical Incident Reports

Any use of a restraint, including an emergency restraint, shall be reported in a Critical Incident Report (see [Guidelines for Critical Incident Reporting](#)).

PART 3: PROHIBITED PRACTICES *(Adults and Children)*

The use or application of the following practices is not permitted for any purpose by workers paid with Developmental Services funds. Their use may constitute abuse, and as such may be prohibited by state law.

- A. **Corporal Punishment:** The application of painful stimuli to the body as a penalty for certain behavior or for the purpose of behavior modification. Corporal punishment includes, but is not limited to, hitting, pinching, tickling, shocking, over correction (enforced performance of repetitive behavior), automatic shock devices, and aversive stimuli, such as ammonia spray, water in the face, pepper sauce, damaging or painful sound.
- B. **Seclusion:** The placement of a person alone in a locked room (or area which he or she cannot leave at will) except as authorized in the section Restraints/Locked Perimeter Exits.¹ Doorway barriers (gates) on bedroom doors are considered seclusion if the person cannot pass through them at will.
- C. **Psychological/verbal abuse:** The use of verbal or nonverbal expressions in any form that exposes the individual to ridicule, scorn, intimidation, denigration, devaluation, or dehumanization. Threatening a person with loss of his or her home is considered psychological abuse.
- D. **Restriction of Contact with Family or Significant Others:** Denial of communication or visitation with family members or significant others for the purpose of punishment or behavior modification.
- E. **Denial of Basic Needs:** Denial of sleep, shelter, bedding, or access to bathroom facilities not associated with prescribed medical treatment (e.g., sleep deprived EEG) or withholding of food or drink which is part of a nutritionally adequate diet not associated with prescribed medical treatment. (e.g., fasting before a medical procedure).
- F. **Limiting a person's mobility:** Removal of crutches, glasses, hearing aids, or wheelchair to limit a person's mobility or for the purposes of behavior modification.
- G. **Withholding Funds:** Withholding money that a person has earned or is legally entitled to as a form of punishment or behavioral control. Only a legally authorized person, such as a representative payee or a guardian or an agent appointed by a power of attorney, may control a person's money.
- H. **Forced administration of psychiatric medications:** Administration of psychiatric medications by means of physical force to a person who is refusing these medications.

¹ An exception can be made in situations of serious danger where it is demonstrated that physical or chemical restraints may be harmful to the individual being restrained. Prior consent from the State Human Rights Committee is required.

- I. **Unauthorized use of physical, chemical or mechanical restraints:** Any uses of restraints are not authorized by these Guidelines.

Any worker who learns that an individual with developmental disabilities has been subjected to a Prohibited Practice should report the situation. Workers paid with Developmental Services funds are *mandated reporters* and must report any suspicion of abuse to Adult Protective Services (for an adult) or Department for Children and Families (for a child).

Attachment A
Psychiatric Medication Support Plan

(A plan is required when the person uses psychiatric medications, and is supported by workers paid with Developmental Services funds, except Flexible Family Funding.)

Name: _____ Date plan was last updated: _____

List medications, target symptoms, diagnosis, and prescribing physician:

Indicate parameters for use of medications prescribed "as needed" or PRN:

Describe side effects or red flags that need to be reported to the prescribing physician:

Is long-term use a potential problem? Please describe:

Describe other supports that are helpful for the person's symptoms (or see Behavior Support Plan, if there is one):

Describe plan for data collection, review and monitoring of medication effectiveness, side effects, and dosage (only required for people who receive home supports):

Does the person also need a written behavior support plan? Yes _____ No _____

Signatures:

Individual/Date

Guardian/Date

QDDP/Date

Prescribing Physician/Date (only required for a person who receives home supports or has "as needed" or PRN medication prescribed)

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Attachment B

Basic Behavior Support Plan

Sample outline (attach a detailed explanation using this outline)

Description of the Person

- ✓ What does s/he really enjoy? Dislike?
- ✓ How does s/he communicate and express emotions? How do you know the person is feeling upset, scared, angry, and vulnerable?

Description of Challenging Behavior to be addressed

- ✓ Describe what the behavior(s) looks like and how often it occurs.
- ✓ Describe circumstances/situations/activities that seem to trigger the behavior.

Description of Support and Intervention (include the following as relevant)

- ✓ Describe routines that are important to the person's stability.
- ✓ Describe the kind of supervision/support that is necessary for the person to be safe and successful.
- ✓ If the person is on psychiatric medications, attach or incorporate a psychiatric medication support plan.
- ✓ Describe what others should do when the person is showing signs of being upset, but before the challenging behavior occurs. Describe what others should do when the challenging behavior occurs.
- ✓ Describe any restrictions of rights that are to be used. In considering restrictions of rights, the person's team must, minimally:
 - a. Define the limitations, the circumstances when they are to be used, and the rationale for the limitations
 - b. Fully consider other, less restrictive measures
 - c. Include positive behavior supports which will assist the person in understanding the risk to be avoided and teach alternative ways of ensuring safety
 - d. Fully and continuously explore the need for these restrictions and periodically consider when they can be phased out
- ✓ Describe emotional regulation skills and communication skills the person needs to develop and how to teach the person these skills.

Description of Record Keeping and Review of Progress

- ✓ Describe how to keep track of the person's challenging behavior.
- ✓ Describe how to keep track of progress on new emotional regulation or communication skills the person is learning. (Recommended but not required.)
- ✓ Describe the way the team will review how well the plan is working. Document the review process and change the plan when it needs to be updated.
- ✓ If restrictions of rights are used, describe how and when the team will review the need for restrictions and the plan to phase them out.
- ✓ Date approved by Professional Review Committee, if needed (see page 19).

Required Signatures

- ✓ Individual and date individual signed.
- ✓ Guardian (if there is one) and date guardian signed.
- ✓ QDDP and date QDDP signed.
- ✓ Prescribing physician and date physician signed (only required when psychiatric medication support plan is incorporated and for a person who receives home supports or has "as needed" or PRN medications prescribed).

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Attachment C

Comprehensive Behavior Support Plan

(Required when restraints are used, budget is >\$100,000 for behavior supports, and/or basic plan is not effective)

Sample outline (attach a detailed explanation using this outline)

- ✓ **Person's Name**
- ✓ **Date of Birth**
- ✓ **Date that Support Plan was developed or updated.**
- ✓ **Individuals involved in developing the Support Plan.** Identify the person with training and skills in behavior analysis and positive behavior supports.
- ✓ **Description of the person:** where the person lives, works, and attends school; very brief life history; developmental disability diagnosis (if relevant), co-occurring psychiatric diagnoses (if applicable).
- ✓ **Rationale for team's decision to implement a behavior support plan.**
- ✓ **Description of things (events/activities/objects/people) in life that appear to be enjoyable for the person.**
- ✓ **Description of the results of the Functional Assessment** of challenging behaviors conducted through interview, observation and synthesis of all relevant information (baseline data):
 - a. Description of what the behaviors look like, frequency, duration and intensity;
 - b. Description of any precursor behaviors (lower level behavior which frequently precede the challenging behavior);
 - c. Description of potentially relevant personal and environmental events or features that may affect behaviors (any below that apply):
 - 1. psychiatric diagnosis, psychiatric medications, prescribing physicians
 - 2. medical/physiological factors (health, sleep, diet, psychological and neurological factors, medications)
 - 3. current communication skills
 - 4. schedule, routines, quality of staff interactions
 - 5. degree of choice and control
 - 6. Description of events/situations that predict occurrences of challenging behaviors
 - 7. Description of events/situations in which these behaviors are least likely to occur
 - 8. Analysis of functions that these behaviors serve for the person
 - 9. get/obtain interaction, reaction, desired activity, self-stimulation, other
 - 10. escape/avoid/protest an emotional state, demand/request, activity, person, other
- ✓ **Additional or Other Clinical Assessment of Psychiatric and/or Behavioral Disorder(s).**
- ✓ **Prevention and Intervention Strategies and Crisis Response** (designed using information obtained from assessment). Describe in detail any below that apply, including when they are to be used:
 - a. Sensory-motor approaches for changing arousal levels;
 - b. Environmental manipulations;
 - c. Teaching alternative emotional regulations skills;
 - d. Teaching alternative communications skills;
 - e. Interactional guidelines (how should support people interact with this person);
 - f. Intervention with psychiatric medications (attach or incorporate psychiatric med support plan);

- g. Therapy;
- h. Crisis Response (use of restraints, calling for backup support, calling the police, etc.)
Describe the specific restraints or responses to be used and when each is used;
- i. Processing Episode with the person afterward.
- ✓ **Person responsible for training** all those who will be involved in implementing the plan and performing any restraints.
- ✓ **Description of Record Keeping and Review of Progress:**
 - a. Describe how to keep track of the person's challenging behavior, including Incident Reports and Restraint Report as needed;
 - b. Describe how to keep track of progress on new emotional regulation or communication skills the person is learning;
 - c. Describe the way the team will review how well the plan is working. Document the review process and change the plan when it needs to be updated. Plans that include restraints must be reviewed at least quarterly;
 - d. If restrictions of rights or restraints are used, describe the plan to phase them out.
- ✓ **Required Signatures:**
 - a. Individual and date individual signed;
 - b. Guardian (if there is one) and date guardian signed;
 - c. QDDP and date QDDP signed;
 - d. Prescribing physician and date physician signed (only required when psychiatric medication support plan is incorporated and for a person who receives home supports or has "as needed" or PRN medication prescribed).
- ✓ **Required Approvals**
 - a. Professional Review Committee approval and date approved;
 - b. State Human Rights Committee approval and date approved;

Attachment D

Community Safety Plan/Behavior Support Plan

Sample outline for use with offenders (attach a detailed plan using this outline)

- ✓ **Date plan was developed.**
- ✓ **Summary of who the person is as a person.**
- ✓ **Summary of what the person likes, what makes life worth living.**
- ✓ **Summary of offenses and dangerous behavior/rationale for needing a plan** (when it happened, info source such as police affidavit or SRS report, victim age, gender, relationship, circumstances when offense occurred, location, duration & frequency of offenses, consequences of being caught such as Act 248, criminal conviction, change of placement).
- ✓ **Probation/parole status.**
- ✓ **Guardianship status.**
- ✓ **Summary of court ordered restrictions** (if offender is not supposed to have contact with a specific person, name the person).
- ✓ **Level of supervision and level of agency's responsibility for community safety**
- ✓ **Assessment information.**
- ✓ **Personal risk factors (alcohol, drugs, impulsivity, etc.).**
- ✓ **High risk situations.**
- ✓ **Target populations.**
- ✓ **Other problematic behaviors which are not criminal offenses.**
- ✓ **Stabilizing factors which reduce risk.**
- ✓ **Intervention/treatment information.**
- ✓ **Group therapy, treatment goals and techniques.**
- ✓ **Individual therapy, treatment goals and techniques.**
- ✓ **MH/Psychiatric/Chemotherapy, treatment goals and techniques.**
- ✓ **Interactional guidelines for direct support workers** (how should people structure their interactions and reactions in a non-punitive fashion, how to be friendly but maintain boundaries, etc.; how to have a successful shift/day with the person).
- ✓ **Contracting for safety.**
- ✓ **Risk plans.**
- ✓ **Teaching emotional regulation skills.**
- ✓ **Other coping skills, relapse prevention, social competence.**
- ✓ **Restrictions of Rights** for community safety or the person's safety:
 - a. Home location
 - b. Vocational settings
 - c. Community activity settings
 - d. Curfew
 - e. Alarms, monitors
 - f. Room searches
 - g. Personal searches
 - h. Eye contact
 - i. Body contact
 - j. Intimate relationships

- k. Phone use
- l. Mail
- m. Contact with family
- ✓ **Travel restrictions**
- ✓ **Media restrictions**
 - a. Pornography
 - b. Music
 - c. Video games
 - d. Internet access
 - e. TV
- ✓ **Other restrictions**
 - a. Contact with victim
 - b. Alcohol
 - c. Driving
 - d. Riding a bus
 - e. Possession of/access to wheeled vehicles (bike, four wheeler, snowmobile)
 - f. Animals
 - g. Binoculars/telescopes
 - h. Cameras
 - i. Walkie talkies
- ✓ **Crisis or Re-offense protocol** (how to respond)
- ✓ **Data collection procedures and responsibility**
- ✓ **Review process**
- ✓ **Required signatures**
 - a. Individual and date individual signed
 - b. Guardian (if there is one) and date guardian signed
 - c. QDDP and date QDDP signed

Attachment E

Instructions for Conducting a Functional Assessment

A comprehensive functional assessment must be conducted by or under the supervision of a person with training and skill in behavior analysis and positive behavioral supports. It must be based on direct observation of the individual, interviews with the individual and significant others, including family where possible, caregivers and team members, and review of available information such as assessment reports and incident reports.

A comprehensive functional assessment includes:

- a. 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);
- b. an assessment of the person's likes and dislikes (events/activities/objects/people)
- c. interviews with individual, caregivers and team members for their hypotheses regarding the causes of the behavior;
- d. a systematic observation of the occurrence of the identified behavior for an accurate definition and description of the frequency, duration and intensity;
- e. a review of the history of the behavior and previous interventions, if available;
- f. a systematic observation and analysis of the events that immediately precede each instance of the identified behavior;
- g. a systematic observation and analysis of the consequences following the identified behavior;
- h. analysis of functions that these behaviors serve for the person;
- i. get/obtain: interaction, reaction, desired activity, self-stimulation, other;
- j. escape/avoid/protest: an emotional state, demand/request, activity, person, other;
- k. an analysis of the settings in which the behavior occurs most/least frequently. Factors to consider shall include the physical setting, the social setting, the activities occurring and available, degree of participation and interest, the nature of teaching, the schedule, routines, the interactions between the individual and others, degree of choice and control, the amount and quality of social interaction, etc.

Synthesis and formulation: All the above information should be gathered and reviewed as part of the functional assessments to formulate a hypothesis regarding the underlying causes and/or function of the targeted behavior. (It is recognized that not all behavior has a "purpose," and also that we cannot always determine the purpose or cause of behavior.) The hypothesis should lead logically to the development of the plan.

