Behavioral Services Procedural Guidelines

Division of Intellectual Disabilities
Alabama Department
of
Mental Health

Psychological and Behavioral Services Procedural Guidelines
Levels of Risk (ID-PBS-01)

DATE APPROVED BY ID COORDINATING SUBMITTEE: 2/6/2006 / REVISED TERMINOLOGY 9/23/2010
IMPLEMENTATION DATE: 11/1/2010

PURPOSE:

To provide guidelines for establishing a priority list based on an individual's level of risk. When changes occur in services [e.g., behavior support plan (BSP) format] that cannot be implemented immediately for everyone involved, a priority list should be developed to insure that individuals needing the change first receive the change as quickly as possible. Additionally, the Risk List should be used to assist in the allocation of resources. When an agency is unable to address all persons' needs in a particular situation (e. g.; when initially implementing a new system such as these behavioral guidelines), the agency shall utilize their Quality Enhancement (QE) Plan to indicate the plan for meeting the needs within one year of receiving departmental training. The Risk List should be used as the guide for setting the priorities within such a plan.

DISTRIBUTION:

Partlow Developmental Center and Community Agencies

PROCEDURE:

When	Who	What
1. Initiating	The Facility/Agency Director (or designee)	Should insure that each individual in need of behavioral services is assessed for level of risk.
2. Assessing the level of risk.	The Interdisciplinary Team (IDT)	Should use the risk criteria presented in this guideline to assign persons to the appropriate Risk Level, formulating a Risk List.
3. Formulating the Risk List.	The IDT, with the concurrence of The Facility/Agency Director (or designee).	Persons may be assigned to the risk level at which they meet criteria OR to a higher risk level. They SHALL NOT be assigned to a lower risk category.

When	Who	What
4. The Risk List has been completed AND the agency cannot address all of the persons simultaneously	The IDT	Shall develop a plan for addressing the needs of the persons on the Risk List, starting with those on the "A" List. This plan shall be written into the agency's QE plan.
5. There is a change in psychotropic medication, the BSP components, or the individual's behavior	The IDT	Shall re-assess the person's level of risk & make any necessary changes to the Risk List
6. There is a change in the Risk List	The QDDP or other staff person as assigned by the agency	Shall forward the updated Risk List to the Agency Quality Enhancement (QE) Director.
7. As needed	The QE Director	Shall ensure that the QE plan for addressing the person's behavioral needs is being followed/completed as outlined

RISK LEVEL CRITERIA

CATEGORY A:

This category is considered to be indicative of the **highest level of risk** related to behavioral issues. Persons who meet criteria for this category shall receive the highest priority for addressing their behavioral needs.

Persons shall be assigned to this risk level if **one** of the following has occurred anytime during the past six months:

- Within the past 60-days the individual intentionally injured self or others two times that required treatment by a physician or four times requiring treatment by a nurse.
- Within the past sixty days the individual intentionally injured staff two times that resulted in a service-connected leave.
- The individual has been manually or mechanically restrained once within a six month period.
- Within sixty days the individual has received, for behavioral reasons, two or more STAT psychotropic medications.

- For behavioral reasons, the individual has been placed on enhanced staffing (one-to-one or greater) for seven consecutive days.
- The individual is taking three or more psychotropic medications. All medications, including seizure medications, are considered psychotropic if they are prescribed for behavior control purposes.
- The individual is taking two or more psychotropic medications for the same psychiatric diagnosis.
- The individual has a Behavior Support Plan (BSP) with unusually invasive or restrictive procedures (Level-IV).

CATEGORY B-1: An individual not in Category A, requiring a BSP with psychotropic medication and a restrictive component

CATEGORY B-2: An individual not in Category A, requiring a BSP with psychotropic medication and no restrictive components.

CATEGORY B-3: An individual not in Category A, requiring a BSP with a restrictive component, but not receiving psychotropic medication.

CATEGORY B-4: An individual not in Category A, requiring a BSP that does not include psychotropic medication or restrictive components and the target behavior could result in injury (e.g., aggression).

CATEGORY C: An individual not in Category A or B, requiring a BSP and the target behavior would not result in injury. (e.g., yelling, screaming or noncompliance).

APPROVED:

Catherine Crabtree

Catherine Crabtree
Associate Commissioner for Intellectual Disabilities

9/23/10

Date

PSYCHOLOGICAL AND BEHAVIORAL SERVICES PROCEDURAL GUIDELINES
LEVELS OF INTERVENTION (ID-PBS-02)

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PURPOSE:
The purpose of this guideline is to briefly describe a number of Behavior Support/Analysis (BA) Procedures and to rank them in terms of their restrictiveness. Restrictiveness refers to the degree to which a procedure restricts an individual's rights and/or the procedure's generally perceived intrusiveness. Agencies without easy access to a Behavior Analyst or other person familiar with BA procedures may request training from the state Comprehensive Support Services staff through the Regional Community Services Office.

DISTRIBUTION:
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PROCEDURE:
This guideline categorizes Behavior Support/Analysis Procedures into four levels. Procedures listed in the evel-1 category are considered the least restrictive and procedures listed as Level-4 are the most restrictive. Generally, as the restrictiveness of a procedure increases, the process for approval of use also increases.
This guideline lists Behavior Support/Analysis Procedures as training, intervention, replacement procedures, or environmental adaptations:

1. Training procedures are designed to teach or increase behavior and are considered non-restrictive.
2. Intervention procedures are designed to weaken or decrease behavior. Level-1 intervention procedures do not require a BSP.
3. Replacement procedures are designed to teach a functionally equivalent behavior that will take the place of a target (or inappropriate) behavior. The replacement behavior strategy is generally a formal intervention strategy requiring a functional assessment and would typically be included in a BSP
4. Environmental adaptation procedures are designed to remove triggers of inappropriate behaviors and provide opportunities to engage in appropriate behaviors.

When	Who	What
Using any procedure	Anyone using the procedure	1. Should be aware of the procedure's restrictiveness. Listing of procedures in terms of restrictiveness is presented below. 2. Must be trained in the use of the procedure. 3. Must not allow an individual to injure self, others, or property
Reviewing a procedure not listed in guideline for authorization at Level 1, 2, or 3.	The Director of Psychological & Behavioral Services (DPBS)	Will determine its classification and restrictiveness.
A procedure not listed has been authorized at Level 1, 2, or 3.	The DPBS	Will add the procedure to the listing provided in this guideline. Notification will be sent to members of the Behavior Analysis Task Force and Community Service Offices. Written updates will be provided as soon as possible after changes/additions are made.
Reviewing a Level 4 procedure to use in a BSP	The DPBS or designee	Will review the BSP and respond to the agency within two (2) working days of receipt of the plan for review.
Level 4 procedure is used in an emergency	Agency Staff	Will follow the documentation procedures outlined in the ID community Incident Prevention and Management System (IPMS). Partlow staff will follow facility policy/procedure.
Upon receipt of information regarding emergency Level 4 use	Regional Incident Review Committee	Will review according to the IPMS requirements.
3 or more Level 4 procedures have been used emergently within a 6-month period	Individual's Interdisciplinary Team	Must meet to consider whether the procedure should be written into a BSP. [Note: only rarely would a formal plan not be needed]

Level-1 Procedures:

- In general, these procedures are considered nonrestrictive and may be used by direct care professionals without prior approval or inclusion in a Behavior Support Plan (BSP). However, there are a few exceptions. The exceptions are noted in the descriptions of individual procedures.
- Staff must be trained in the use of these procedures prior to using them.
- Continued and frequent use of Level-1 procedures should indicate to the Interdisciplinary Team (IDT) the possible need for a BSP.
- BSPs using only Level-1 procedures require only the approval of the IDT. They do not require prior approval or review by the Behavior Program Review Committee (BPRC), Human Rights Committee (HRC), or Parent/Guardian, but must be reviewed and updated at least annually.
- Parent/Guardians should receive a copy of, or at least be informed of, the BSP. Notification should be documented.

LEVEL-1 Procedures	
Procedure	Definition
Anger Management Training	A procedure in which an individual is trained to use calming techniques (eg.; taking slow breaths, counting, etc) to replace inappropriate responses to situations they find frustrating/challenging. The training occurs when the person is in a calm state/not exhibiting inappropriate behaviors. The individual is encouraged to identify the times when these techniques might be useful to them, is cued to use them when behaviors begin to escalate, and is positively reinforced when they use one or more of the learned techniques instead of exhibiting a target behavior.
Apology	A procedure which requests an individual who has done something that violates or infringes upon the rights of another person to apologize in an appropriate manner to the offended party. The apology must be given voluntarily.
Backward Chaining	An instructional procedure in which the individual is "put-through" all the steps of the training sequence except the last one, which is trained. Training is started at the last step in the task analysis chain and proceeds to the first step. . In contrast, see forward chaining.

LEVEL-1 Procedures	
Procedure	Definition
Behavior Contracting	A procedure in which the individual makes a contract with the IDT, to meet a behavioral goal, upon which a special reinforcing event is provided.
Behavior Momentum	A method of teaching individuals to comply to requests by making one to three simple, high-probability-of-compliance requests, followed by the targeted request, in an attempt to increase compliance to requests made by staff.
Blocking	See "Response Blocking"
Chaining	An instructional procedure in which the first task analysis step is taught and then linked to the second so that reinforcement is presented after the completion of steps one and two. This process proceeds through the various training steps until the task is completed or the individual reaches his/her maximum level of competency.
Cognitive Rehearsal	A procedure in which appropriate behavior for a specific, or "type" of situation is discussed and/or practiced. The event is described, and appropriate coping responses are discussed and/or rehearsed.
Comfort Statements	Telling an individual in a calm and reassuring voice, that they are safe and you are there to assist them.
Compliance Training	See "Behavior Momentum."
Contingent Reinforcement	Discrete trial training that combines positive reinforcement, cues and prompts to teach a task or set of tasks.
Continuous Reinforcement	A schedule of reinforcement in which every occurrence of a behavior is reinforced.

LEVEL-1 Procedures	
Procedure	Definition
Desensitization Training	A procedure in which an individual learns to cope with fear or anger-provoking situations through controlled exposure to the precipitating stimuli, while an adaptive response is prompted and reinforced. While this procedure deals with aversive variables (e.g., fear of dental procedures), correct implementation would require treatment to begin with variables that are not, or at most mildly, aversive (e.g., visiting the dental office when no procedure is done) and proceed from there. Consequently, the individual should encounter only variables that are mildly fear evoking and the procedure is considered to be non restrictive. This training may only be conducted by personnel who have been trained in the procedure, specific to the individual.
Differential Reinforcement (DR)	Refers to a variety of methods for the delivery of reinforcement. Examples of various types of DR are given below (items marked with *)
*DR High Rates of Behavior (DRH)	Delivering reinforcers for engaging in progressively greater rates of adaptive behavior. It is used when a behavior is occurring, but not as much as desired (i.e., production in a workshop).
*DR of Alternative Behaviors (DRA)	Delivering reinforcers for engaging in a specific appropriate/alternative behavior other than the target behavior.
*DR of Incompatible Behavior (DRI)	Delivering reinforcers for engaging in a behavior that is physically incompatible with the target behavior.
*DR of Low Rates of Behavior (DRL)	Delivering reinforcers for engaging in progressively lower rates of a behavior, until it is at a tolerable level. DRL is indicated when the behavior should be reduced, but not eliminated (i.e., answering questions in class).
*DR of Other Behaviors (DRO)	Delivering reinforcers contingent on the absence of the target behavior. Reinforcement is delivered if the behavior is not occurring at the moment, or if it has not occurred for a specified period of time.
Discrete Trial Teaching	An instructional technique in which training trials having a distinct beginning and end are used. Training trials are generally delivered within a training session. That is, within a specified period of time or for a specified number of trails.

LEVEL-1 Procedures	
Procedure	Definition
Environmental Adaptation	A procedure that makes minor changes to the environment to prevent the occurrence of a maladaptive behavior or to increase the probability of engagement in appropriate behaviors. Some examples: changing seating arrangements, turning down the volume of radio or TV, cooling a room when too hot, going outside, using special wall board or plexiglass windows, or use of assistive technology.
Escorting	Providing physical assistance while moving a cooperative individual from one location to another. The distance moved is not a factor in defining escorting. The defining feature is that the individual is cooperative. That is s/he does not object to being moved and is fully cooperative.
Extinction	Withholding the reinforcer that is identified as maintaining a behavior. This procedure is extraordinarily difficult to implement correctly, and should not be used without a replacement procedure. Issues relating to extinction bursts, spontaneous recovery, and the risks of intermittent reinforcement should be addressed.
Fading	The gradual and systematic removal of prompts (the trainer's help or assistance in completing a task or a task analysis step).
Forward Chaining	An instructional procedure in which training begins with the first task analysis step and proceeds to the last. In contrast, see backward chaining.
Functional Communication Training (FCT)	A type of differential reinforcement of alternative behavior procedure in which a communication response is reinforced to replace the problem behavior.
Hand-Over-Hand	An instructional procedure in which the trainer takes the individual's hands and physically manipulates him/her through the task. For example, taking a person's hands in yours and putting them through the various movements associated with turning a water faucet on and off. To be considered nonrestrictive the individual must be fully cooperative.
Incidental Teaching	Using naturally occurring or unplanned opportunities to teach a specific task or skill.
Intermittent Reinforcement	A schedule of reinforcement in which some, but not all, occurrences of a behavior are reinforced.

LEVEL-1 Procedures	
Procedure	Definition
Planned Ignoring	A procedure in which the individual is given no attention for instances of inappropriate behavior that have been found to be maintained by attention and do not involve risk to the individual, others or property. A type of non-exclusionary timeout.
Positive Reinforcement	The process of providing an item or activity immediately on the occurrence of a behavior that increases the probability of the behavior's occurrence over time.
Problem Solving	A procedure that calls for the individual and staff to develop appropriate strategies for resolving problem situations. This involves discussing alternative responses that may occur in the future. This procedure may only be conducted by personnel trained in the procedure specific for the person.
Prompts	An instructional procedure, in which the individual cooperates, that provides help or assistance in completing a task or a task analysis step. Verbal prompts may range from complete instructions or directions to a vocal sound. Physical prompts may range from complete hand-over-hand assistance to a simple gesture such as tapping the table or raising the eyebrows. Modeling of the desired response may also be used as a prompt.
Redirection	This procedure utilizes the least prompt sequence to displace an individual away from an inappropriate behavior toward a more appropriate or desirable behavior. Redirection should be used to displace "transitional" behavior (Defined as low intensity behavior indicating disinterest, distraction or fatigue.) Redirection may be appropriate for some "disruptive" behavior, but it should not be used following a "target" behavior.
Response Blocking	Preventing the occurrence of a maladaptive behavior by interposing with a protective pad or with one's own limb(s) or body. This procedure is intended to be used when the behavior is mild or moderate in intensity and its frequency (the number of blows or the number of attempts) is relatively low or is of short duration. For behavior that is severe in intensity, and/or high in frequency or duration, see Extraordinary Blocking (Level-2 procedure).
Response Interruption	Use of brief (less than 5 seconds) and intermittent physical holding of an individual's hand(s) and/or arm(s) to stop a target behavior. If holding is longer than 5 sec., it becomes Manual Restraint (a Level 3 procedure).

LEVEL-1 Procedures	
Procedure	Definition
Restoring the Environment	A procedure requesting an individual to restore, to its original condition, the affected area or object. The individual may be requested to clean or pick up items in the disturbed area, replace any stolen article, or otherwise demonstrate socially responsible behaviors which make up for the disruption caused by their behavior.
Role Playing	Having the individual practice appropriate means of responding to problems. It is used to facilitate the effectiveness of problem solving. Also having an individual perform a behavior in a contrived interpersonal situation which is similar to the everyday circumstances under which behavior occurs. This training may only be conducted by personnel who have received training in the procedure.
Self-Monitoring	Teaching an individual to observe, record, and evaluate his/her behavior.
Stimulus Control Training	Changing the circumstances under which a behavior occurs by reinforcing it in the presence of one stimulus and not another.
Talk Times	A procedure of giving scheduled or contingently "earned" social periods with staff during which the individual has complete choice over the topic of conversation. This is used for persons whose perseveration on certain issues becomes problematic, who are overly demanding of staff attention, or who are highly motivated by periods of special attention.
Task Analysis	Breaking a specific task into a number of smaller or simpler training steps or components.
Token Reinforcement	A generalized reinforcer that serves as a medium of exchange for other reinforcers such as objects or activities. Tokens should be appropriate to the individual's age and functioning level. Tokens typically are used in the context of a behavior contract or token economy where the tokens are used to bridge the time delay between the desired behavior and receiving reinforcement. (NOTE: This does not include taking away tokens or points. That is Response Cost, a Level-2 procedure).
Verbal Prompt to Stop	Telling an individual in a calm, but firm voice, to stop. This should not be used repeatedly/in rapid succession and is most likely inappropriate when the function of an individual's challenging behavior is 'attention'.

Level-2 Procedures:

- These procedures are restrictive and may only be used by direct care professionals when they are included in a Behavior Support Plan (BSP).
- Staff must be trained in the use of these procedures prior to using.
- Each BSP containing Level-2 Procedures requires prior approval by the IDT, Chairperson of the Behavior Program Review Committee (BPRC), review by the Human Rights Committee (HRC), and approval/consent from the Individual or Parent/Guardian and must be reviewed and updated at least annually.

LEVEL-2 Procedures	
Procedure	Definition
Contingent Observation	A procedure in which the individual is allowed to remain in the environment and observe other individuals engaging in reinforcing activities. A type of non-exclusionary timeout.
Escape Extinction	Preventing an individual from leaving an area or stopping a task when s/he engages in maladaptive behavior to escape. This procedure becomes Manual Restraint (Level-3) if physical holding beyond Response Interruption is employed.
Extraordinary Blocking	Preventing the occurrence of a severe and sustained aggression to self, others, or property by interposing with a variety of protective pads, clothing, or appliances. The purpose of this procedure is to provide the individual with something that offers no resistance to his/her aggression.
Negative Reinforcement	Procedure in which the removal of something an individual finds personally unpleasant is made contingent upon the occurrence of a behavior targeted for increase for that person.
Positive Practice	A procedure in which the individual is required to practice appropriate behaviors following the occurrence of target behavior. The plan must set a limit to the number of times or length of time the behaviors are repeated.

LEVEL-2 Procedures	
Procedure	Definition
Removal	The use of a transport procedure to move an unwilling/uncooperative individual from one area to another when the purpose of the move is to provide safety to the person being moved (e.g., the individual begins hitting walls in a room with a lot of windows), or to provide a reasonable environment for the remaining individuals (e.g., an individual becomes so disruptive that at least two of his peers are becoming upset or uncomfortable). Using transport procedures to move an individual from one place to another because s/he has an appointment or needs to go home is not considered removal.
Reparation of Property or Restitution	A procedure that requires an individual to pay for all or part of stolen or broken property. This procedure requires a written plan describing how repayment will occur. Consideration of the individual's ability to understand the concept of "paying for the damage" and the amount of payment based on available funds must be given before deciding to use this procedure.
Response Cost	A procedure in which items such as points or tokens are lost contingent on target behavior. Fines represent a common form of response cost.
Restriction of Environmental Access	A variety of procedures that make a change in the normal work or living environments. These procedures are usually designed to prevent or detect maladaptive behaviors. Examples include locked living areas, locks on food or storage cabinets, and special alarms.
Restriction of Mobility	A procedure in which the individual's movement inside or outside of the facility is restricted because of a maladaptive behavior. This procedure does not apply to mobility restrictions associated with the provision of supervision due to skill deficits, cognitive difficulties, medical issues and/or encouragement to keep an individual in a specific location to enhance participation in an activity.
Satiation	A procedure in which a stimulus maintaining the target behavior is presented non-contingently in copious amounts so that the stimulus no longer has reinforcing properties. Examples would be satiation of ripping cloth or paper, or supplying copious amounts of towels for an individual who hoards them.

LEVEL-2 Procedures	
Procedure	Definition
Search	An inspection of an individual or his/her property to ascertain the presence of any item found to pose a risk of injury to the individual or others. Search may also be conducted to ascertain the presence of stolen property. Inherent to the search procedure is the removal of any "inappropriate" items found. There must be sufficient documentation of behaviors that would justify use of this procedure. Searches written into support plans must adhere to the agency 'Search' policy/procedure to prevent rights violations.
Suspension	Not allowing an individual to attend a scheduled activity for a specified period of time due to the occurrence of maladaptive behavior. Suspensions that do not require Level-2 processes and approval are: a. Individuals may be restricted from work on the basis of a workplace disciplinary policy which is universally applied to all employees, and which the individual has accepted as a condition of employment. b. Individuals may be restricted from a scheduled activity or activities to assess the circumstances of a serious behavioral episode. The duration of the investigation should be as short as possible. c. Individuals may be prevented from attending a scheduled activity if that person is exhibiting a targeted inappropriate behavior at the time the activity is to begin. Their participation may also be interrupted if they begin to engage in maladaptive behaviors during the activity.
Timeout - Exclusionary	A procedure in which the opportunity to earn reinforcement is removed or reduced for a specified period of time, contingent upon a target behavior. During exclusionary timeout, the individual is removed from the immediate area (e.g., into the hallway or to their bedroom). NO LOCKED DOORS. Differs from Isolation Timeout (see Level 3 procedures).
Timeout - Non-exclusionary	A procedure in which the opportunity to earn reinforcement is removed or reduced for a specified period of time, contingent upon a target behavior. During non-exclusionary timeout, the individual remains in the same room, and is not visually separated from ongoing activities. Examples include contingent observation, planned ignoring, and the use of a time-out ribbon.
Timeout Ribbon	A variation of non-exclusionary timeout in which a ribbon becomes a discriminative stimulus for receiving reinforcement. Contingent upon inappropriate behavior, the ribbon is removed and all forms of reinforcement are stopped for a specified period.

LEVEL-2 Procedures	
Procedure	Definition
Transporting	Providing physical assistance while moving an uncooperative individual from one location to another. The distance moved is not a factor in defining transporting. The defining feature is that the individual is uncooperative. That is, s/he demonstrates some resistance to the procedure or is upset by it in any way.

Level-3 Procedures:

- These procedures are restrictive and may only be used by direct care professionals when they are included in a Behavior Support Plan (BSP). Some of the procedures may be used in emergency situations and are so designated. Emergency use of these procedures requires an order from a QDDP, Program Director, or Physician. The use of an "Emergency Procedure" three times in a six-month period requires the individual's IDT to meet, within five working days of the third use, to determine if a BSP is needed. The IDT's determination must be documented.
- Staff must be trained in the use of these procedures prior to using them.
- Each BSP containing Level-3 Procedures requires prior approval by the Behavior Program Review Committee (BPRC), review by the Human Rights/Advocacy Committee (HRC), and approval/consent by the Individual or the Parent/Guardian, and must be reviewed and updated at least annually.

LEVEL-3 Procedures	
Procedure	Definition
Mechanically Limiting Access to self	A type of restraint that restricts an individual's access to areas of his/her body by mechanical means. Includes helmets, gloves, mitts or other devices used to prevent access. Does not include devices ordered as protection due to medical conditions (eg.; helmet due to falls from seizure activity or mittens used only until a sutured wound is healed). Does not include mechanical devices intended to restrict movement – see Mechanical Restraints in the Level-4 Section.
Modified Clothing	Clothing that does not restrict movement, but is designed to decrease target behavior by design (e.g., tear-proof clothing) or decrease target behavior by limiting or preventing access (e.g., jumper to prevent digging).
One-on-One Staff Supervision (1:1)	The assignment of a staff person, at least within eyesight, to one individual beyond 1 month specifically to control or modify maladaptive behavior. This is to be differentiated from medical 1:1 and personal care staff/sitters, particularly for individuals who live alone.
Overcorrection	Requiring the individual to restore the environment to better than original condition.

LEVEL-3 Procedures	
Procedure	Definition
Psychotropic Medication	The use of medication(s) to reduce or change behavior associated with psychiatric symptoms is considered a Level 3 intervention. These medications are authorized by the individual's BSP and/or a Medication Plan. A Medication Plan rather than a BSP is required when the individual does not engage in dangerous target behavior(s).
Psychotropic Medication – Emergency Use	The use of medication(s) to control behavior when there is no BSP or Medication Plan. Other strategies of intervention and/or containment have been tried, but were unsuccessful. Authorization for the medication is made by a Physician.
Restraint, Manual – Programmatic Use	Physically holding an individual so there is a restriction of movement that lasts for more than five consecutive seconds. Specific "holding" procedures are authorized by the individual's BSP.
Restraint, Manual – Emergency Use	Physically holding an individual so there is a restriction of movement that lasts for more than five consecutive seconds and there is no BSP authorizing these procedures. This requires reporting via the IPMS procedures.
Restriction of Personal Property	The time-limited removal of an individual's personal property contingent upon a target behavior. The target behavior should have a direct relationship to the restriction (eg., radio is removed for 30 minutes after 3 reminders to turn the volume down to a previously-agreed-upon acceptable level – the loud volume of the radio has caused a threat by the landlord to evict the person – or the volume interferes with roommates' ability to enjoy their own electronic equipment).
Restriction of, Visitors and/or Telephone Calls	A procedure in which, visitors or telephone calls are limited contingent on target behavior. There must be sufficient documentation/data showing the connection between the visits/calls and the target behavior occurrence. There must also be a procedure for addressing a way to regain full access to visitors/phone calls.

LEVEL-3 Procedures	
Procedure	Definition
Timeout – Isolation or Closed-door	A procedure in which an individual is placed in a room specifically qualifying as a Timeout Room that has a door which can be held shut and from which the individual cannot exit unless staff release him/her. The door is equipped with a specialized knob that allows for quick release by the staff person stationed at the door. There are **no locked doors** requiring keys, etc. for release. The individual in Isolation Timeout must be observed by staff continuously in order to prevent any injury from occurring. The length of the timeout must be specified in a formal plan. This procedure may not be used as an emergency procedure. Use of this procedure requires special documentation and authorization/review which should be indicated in agency policy/procedure and in the BSP.

Level-4 Procedures:

- These procedures are considered the most restrictive and must be in a BSP (exception is Emergency Mechanical Restraint, which has an IPMS documentation requirement and a limit regarding number of times it can be used).See specific requirements for use in the definitions of the procedures. Each BSP containing Level-4 procedures must be reviewed by the Director of Psychological and Behavioral Services (DPBS) in the Division of Intellectual Disabilities, the Behavior Program Review Committee (BPRC), the Human Rights Committee (HRC), and approval/consent must be obtained from Individual or the Parent/Guardian. Requests for the use of these procedures should be sent to the Director of Psychological and Behavioral Services (DPBS) at the same time that consent requests are sent to the parent/guardian. The DPBS or designee will review and respond within two (2) working days of receipt of a BSP with a Level-4 procedure. Staff must be trained in the use of approved procedures prior to using.The frequency for review and updating of a BSP with Level-4 procedures will be indicated in the response sent by the DPBS or designee.

LEVEL-4 Procedures	
Procedure	Definition
Noxious or Painful Stimulation	Any procedure using a painful or unpleasant stimulation. Examples include aromatic ammonia, lemon juice, hot sauce, and water mist, etc.
Restraint, Mechanical – Programmatic Use	Restricting an individual's movement by mechanical means and addressed in a formal BSP. Includes arm splints, wrist cuffs, four and five point restraint. Specific mechanical devices are authorized by the individual's BSP. Four and five-point restraint devices must be the quick-release type (eg; Posey stockinette or Velcro wrist/ankle cuffs). Use of this procedure requires special documentation and authorization minimally by professional supervisory personnel.

LEVEL-4 Procedures	
Procedure	Definition
Restraint, Mechanical – Emergency Use	Restricting an individual's movement by mechanical means in an emergency situation (Use of the mechanical devices is not outlined in a BSP). Includes arm splints, wrist cuffs, four and five point restraint. Four and five-point restraint devices must be the quick-release type (eg; Posey stockinette or Velcro wrist/ankle cuffs). Use of this procedure requires special documentation via the IPMS and authorization minimally by professional supervisory personnel. Use of emergency mechanical restraints 3 or more times in a 6-month period requires the IDT to meet and consider whether incorporating its use into a formal BSP is appropriate.
Restraints Not Specified in Level-3	Any manual restraint procedure that is not specifically listed in Level-3.
Sensory Screening	A procedure involving the temporary blocking of one or more of an individual's sensory modalities from receiving stimulation. Sensory screening procedures must ensure for adequate ventilation.

APPROVED:

Catherine Crabtree

Catherine Crabtree
Associate Commissioner for Intellectual Disabilities

9/23/10

Date

Psychological and Behavioral Services Guidelines

BEHAVIOR PROGRAM REVIEW COMMITTEE
ID-PBS-03

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PURPOSE: The Behavior Program Review Committee (BPRC) is one of a number of mechanisms established in Alabama to safeguard the rights and promote the welfare of individuals with intellectual disabilities residing in the Developmental Center and in Community Settings.

The primary purpose of the BPRC is to review and approve Behavior Support Plans that use restrictive intervention procedures in terms of technical acceptability and effectiveness.

In those instances when an individual is receiving psychotropic medication and has not exhibited a target behavior in six months, only a Psychotropic Medication Plan is required. These medication plans must complete BPRC review and approval. In these cases, the BPRC is responsible for a conformation that target behavior is not occurring and that data-based decisions are made regarding the effectiveness of the medication. Psychotropic Medication Plans must be reviewed at least annually by the BPRC.

This Guideline addresses the membership, duties and procedures for the Behavior Program Review Committee.

DISTRIBUTION: Partlow Developmental Center and Community Agencies.

PROCEDURE:

When	Who	What
Forming the BPRC	The Center/Agency's director	Will appoint members to the BPRC.
Appointing a Chairperson for the BPRC	The Center/Agency's director	Will appoint a Board Certified Behavior Analyst, if easily accessible/available, or other professional with at least a master's degree who is qualified by training and experience to evaluate: (1) published behavioral intervention research studies and (2) the technical adequacy of proposed BSPs. When a person with a Master's Degree is not available, the Chairperson must receive training from the Director of Psychological and Behavioral Services for the ID Division. The Chairperson is a voting member of BRC
Appointing voting members for the BPRC	The Center/Agency's director	Voting members should be limited to professional staff with expertise in behavior analysis or experience related to the development of behavior support plans.
Appointing non voting members of the BPRC	The Center/Agency's Director	May appoint consulting professionals such as psychiatrist, pharmacist, physician, nurse, QDDP and/or direct care supervisor to the BPRC.
Processing a BSP.	The QDDP or designated team member	Will send all BSPs requiring review and approval to the BPRC. For greater detail regarding the review requirements, see the Levels of Intervention guideline (ID-PBS-02).
Presenting a BSP	The designated IDT member (usually the BSP author)	1. Will be responsible for presenting the proposed BSP and answering questions during the review. Other IDT members may attend the meeting, but are not required. 2. The presenter cannot vote in the approval process.
Reviewing a BSP	The BPRC	1. Will insure that the BSP is technically adequate, by providing technical and professional assessment of the acceptability and effectiveness of the behavioral techniques employed. 2. Will insure that the BSP complies with applicable policies, standards and regulations

When	Who	What
Reviewing a BSP	The BPRC Chair	Will insure that the proceedings are documented. Notes should be taken regarding the discussion of the BSP and the action taken by the BPRC.
Assessing a BSP	The BPRC	May reach one of four decisions: 1. Approve. Changes may be suggested but not required. 2. Approve with modifications and/or stipulations. 3. Defer a decision due to insufficient information. BPRC must specify the additional information needed. 4. Disapprove. Identify why approval was not granted and provide recommendations.
Approving a BSP with restrictive components as defined by ID-PBS-02	The BPRC	Must specify the length of the approval period (can be no longer than 1 year). All BSPs must be renewed annually.
Intervention approval is required on an emergency basis (e.g. new-admission or an individual discharged from a hospital).	The person responsible for writing the BSP	Contacts the BPRC Chairperson and requests interim approval.
Following approval of a BSP	The BPRC Chairperson	1. Is responsible for notifying the IDT of the BPRC's decision. 2. Is responsible for forwarding the Human Rights Committee a copy of the BSP that is signed/dated by BPRC; specifying the committee's decision and the length of approval.
Interim approval is requested	The BPRC Chairperson	May give approval until the next scheduled BPRC meeting. A note should be made in the BPRC minutes of this approval and its time frame.
Interim approval is granted	The QDDP	Makes a note in the individual's record of the approval and its time frame.

When	Who	What
Revising an approved BSP	The IDT	Must submit the BSP to BPRC when the revision adds to, or alters in any way, a restrictive component of the plan. Revisions do not constitute a new BSP, and should be submitted to BPRC through the Addendum process.
Requested	The BPRC	Will advise the Center/Agency Director in all matters related to behavior management.
Requested	The BPRC	Will review research proposals from a technical vantage point to determine merit and the probability of the goal being achieved.
When deciding on the frequency of BPRC meetings.	The Center/Agency's Director	Will insure that BPRC meets at least quarterly. In order to approve all BSPs within a reasonable time frame, a subgroup of the committee may be identified to meet when BSPs are needing reviewed. They would then report their actions to the full committee at the next meeting.

APPROVED:

Catherine Crabtree

Catherine Crabtree
Associate Commissioner for Intellectual Disabilities

9/23/10
Date

PSYCHOLOGICAL AND BEHAVIORAL SERVICES PROCEDURAL GUIDELINES
DATA COLLECTION, GRAPHING, AND REPORTING (ID-PBS-04)

DATE APPROVED BY ID COORDINATING SUBMITTEE: 2/6/2006 / REVISED TERMINOLOGY 9/23/2010
IMPLEMENTATION DATE: 11/1/2010

PURPOSE:

The purpose of data collection is to provide information that will allow for evaluation of the effectiveness of behavioral interventions/training. Some examples of things for which data are collected include behaviors targeted for reduction, replacement behaviors/skill acquisition, psychiatric symptoms, hours of sleep, weight, toileting, and/or functional assessment results. Formal Behavior Support programming requires a procedure for systematically recording and analyzing behavior data. Before any behavior program is implemented, baseline data should be collected on the person's target behaviors. Baseline information will provide staff with a clear picture of the frequency of targeted behaviors and help dictate the design of the treatment plan. Systematic collection and analysis of data is important in tracking the progress of a treatment plan. The purpose of these guidelines is to provide minimum requirements of data collection, graphing, and reporting.

The following section identifies the **minimum requirements** for providers who contract with the Division of Intellectual Disabilities:

(1) Behaviors targeted for reduction - Requirements = **Data Collection, Quarterly Graphing of Data (more often if individual's needs require it), Quarterly Reporting, and Modification of Plan if not effective.** The behaviors targeted for reduction should be defined in observable, measurable terms; specific sources of data should be identified for the collection of the behavioral data (e.g.; data sheets, Incident Reports, daily log, etc.).

(2) Replacement behaviors/skill acquisition related to behavior programming – Requirements = **Data Collection, Quarterly Reporting, and Modification of Plan if no progress.** Data should be collected for any training programs identified as an objective in the individual's Person-Centered Plan. The method of data collection should be identified in the plan. Graphing of these data can be beneficial and is encouraged, but is not required.

Psychiatric symptoms – Requirements = **Data Collection, Quarterly Reporting of Effectiveness of Psychotropic Medication(s).** The agency should identify the symptoms for which psychotropic medications are prescribed and identify the method of data collection that is to be utilized and analyzed for effectiveness. Graphing of psychiatric symptom data is encouraged, but is not required.

Community agencies may choose to graph and report any data from additional sources. It is recognized that doing this has the potential for the provision of better quality services for people supported. However, data collection and graphing of these data are not a requirement for meeting the minimum community standards at this time.

Training can obtained from the Comprehensive Support Services team in order to insure understanding and competency in implementing the requirements of the guideline. Community agencies can request this assistance by contacting the Regional Community Services office for their area.

DISTRIBUTION:

Partlow Developmental Center and Community Agencies.

DATA COLLECTION:

The table below lists and defines some of the most common types of data collection related to behaviors targeted for reduction and describes when they are most often recommended.

Type	Definition	When Recommended For Use
A-Antecedent B-Behavior C-Consequence	Type of frequency count of events occurring prior to, during, and after a behavioral episode.	Best used for low frequency behaviors. This kind of information may be available on Incident Reports or in a Daily Log as well as via a separate data sheet.
Frequency Count	Every occurrence of target behavior is counted over a designated time period.	When the total sum of the target behavior over time is required, as in baseline data. It is best to use a specific data sheet, but the information can be obtained from Incident Reports or Daily Logs.
Interval Recording	Divides the observation period into equal time periods and requires the person recording to mark whether or not the behavior occurred during each interval.	When the target behavior occurs with high frequency. Requires a data sheet.

Type	Definition	When Recommended For Use
Time Sample Recording	Similar to interval recording, but does not require constant attention by person recording data. Behavior is only periodically sampled. Observation periods are divided into specific times.	When personnel or time constraints are involved or when target behaviors only occur during specific time periods. Requires a data sheet.

Some behaviors targeted for reduction may require that other types of data be collected. For example, it can be beneficial to collect data regarding the **duration** (a record of length of time for each episode) of a targeted behavior in which a person engages for extended periods of time. Likewise, it may be important to collect data regarding the **severity** (a rating of the amount of damage or injury resulting from a particular behavior). For some behaviors targeted for reduction, the person's team might decide to collect data on several dimensions. This is not required, however, to meet the minimum standards.

Training should be provided to persons collecting data. Data should be collected across time, people, and circumstances.

Required only for behaviors targeted for reduction. The table below lists and defines some of the different types of graphing that can be used for graphing behavioral data and also indicates the circumstances when the particular graphing method can be most useful.

Type of Graph	Definition	When Appropriate to Use
Bar Graph	Used to show relationships between groups	Fast way to show big differences between items being compared.
Line Graph	Used to show continuing data; how one thing is affected by another.	Can be used to show the effect of an independent variable on a dependent variable
Circle (pie) Graph	Used to show how a part of something relates to the whole.	Can be used to show percentages effectively
Scatter Plots	Pre-defined time intervals plotted to record occurrences of problem behavior	Can be used to identify patterns.

*Choice of graphing system is left up to the provider.

Once collected, data for behaviors targeted for reduction should be summarized in graph form at least quarterly. **Sophisticated data/graphing equipment/programs are not required. Graphs may be manually constructed**. The most current graphs of behavioral data should be provided to the person's physician/psychiatrist when the person has a consult related to medication review or due to behavioral problems.

REPORTING:

Formal reporting of progress related to behavior support and/or psychotropic medication plans is required. Although it is optimal to review behavioral/psychiatric data often (weekly), summaries of these data are required in written report form at least quarterly. Report formats are left to the discretion of the provider/agency.

Reports should:
1. Summarize the behavioral/psychiatric symptom data.
2. State whether the data indicate that the intervention(s), to include psychotropic medications, are effective or whether the person is showing progress based upon the data. If there is no progress or the behaviors/symptoms have worsened, there should be a statement explaining why this has occurred (if known). If there is no progress in 3 months, the behavior support plan should
3. Include a graph or graphs of targeted reduction behaviors (TRBs).

APPROVED:

Catherine Crabtree

Catherine Crabtree

Associate Commissioner for Intellectual Disabilities

9/23/10

Date

PSYCHOLOGICAL AND BEHAVIORAL SERVICES PROCEDURAL GUIDELINES
BEHAVIOR SUPPORT PLAN
(CONTENT and PROCESSES)
(ID-PBS-05)

DATE APPROVED BY ID COORDINATING SUBMITTEE: 2/6/2006 / REVISED TERMINOLOGY 9/23/201
IMPLEMENTATION DATE: 11/1/2010

PURPOSE:

To provide minimum requirement guidelines to care givers in the State of Alabama for Behavior Support Plans for the provision of behavioral services to individuals with challenging behavior and intellectual disabilities/developmental disabilities.

DISTRIBUTION:

State Operated Developmental Center and Community Agencies.

OVERVIEW:

The intent of a Behavior Support Plan (BSP) is to provide a process that direct care staff can use to change or eliminate the undesirable behaviors and increase the menu of preferable behaviors a person can use to get what he or she wants or to avoid what he or she does not want. The BSP must also guide staff in dealing with situations of danger to the person or others and of property destruction.

A Person Centered Plan (PCP) includes a description of what the person wants and needs and of what is wanted for the person, and is developed in a separate process. The BSP is implemented to remove barriers to reaching the goals of the PCP.

CONTENT OF A BEHAVIOR SUPPORT PLAN

The BSP should:

- Define target behaviors and provide objective data that indicate the severity, frequency, and settings of problem behaviors and problematic medical events.
- Provide prevention strategies and information that will enable staff to create an environment that encourages desirable behavior and removes triggers for undesirable behavior.
- Describe the conditions for use of procedures to terminate behaviors dangerous to the person or others.
- Describe the proposed methods for training replacement behaviors, reinforcing desired behaviors, and reducing undesired behaviors in enough detail to allow staff to implement the program. (These methods may be included in the Person Centered Plan and referred to in the BSP.)
- Specify both adaptive and problem behaviors in concrete terms so that the reader will know when goals have been reached.
- Describe the criteria for successful completion of the goals of the BSP.
- Describe the conditions for review (by whom, how often) and possible modification of the program and the medication regimen and of progress made by the person.
- Refer to technical literature, if appropriate, that provides insight and procedures relevant to the program.
- Provide signatures indicating approval of the program by responsible personnel and informed consent by the individual and by the guardian as appropriate.

Functional Behavior Assessment

Components of the behavior program are based on assumptions derived from a functional behavior assessment (FBA) — an assessment of what the behaviors exhibited by the person actually get for him or her, and of the conditions under which they occur.

The FBA serves as the basis for assuming the functions of maladaptive behaviors, for developing procedures to reduce them, and to teach or train new behaviors and reinforce existing desirable behaviors. The BSP should reference the results of an FBA.

A number of forms and instruction manuals are available as aids in conducting a functional behavior assessment.

The **antecedent-behavior-consequence (ABC)** assessment requires that each episode of problem behavior and the environmental events that precede and follow the behavior be recorded.

The **scatterplot analysis** permits comparison of the occurrence of problem behavior with time of day and activity variables.

The ***Functional Analysis Interview Form (FAIF)** is a 45- to 90-minute structured interview designed to identify behavioral function. The FAIF produces detailed information on the problem behavior, potential maintaining variables, functional alternative responses, and previous treatment attempts, among other categories.

The **Questions About Behavioral Function (QABF)** is a 25-item questionnaire scored on a 4-point scale that is used to identify behavioral function. In addition to assessing escape, attention, tangible, and nonsocial reinforcement, the QABF examines other variables such as physical distress and social avoidance.

The **Functional Assessment Screening Tool (FAST)** is used to develop a quick view of most obvious behavioral functions.

The forms and procedures above and others may be modified to meet the requirements of various providers, locations, and individuals.

If assistance is needed, the Director of Psychological and Behavioral Services should be contacted.

*O'Neill, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). *Functional Assessment and Program Development for Problem Behavior, 2nd Edition.* Pacific Grove, CA: Brooks/Cole.

Summary of BSP Content (not necessarily in this order/format):

Name: Document the name of the person for whom the program is written.

Level of Program: Indicate the level of the BSP (based on the Level of Intervention Guideline -ID-PBS-02). The type(s) of procedures utilized in the plan (i.e.; psychotropic medications, physical restraint, etc) determine the plan's level.

Date Implemented: Document the date the program was started

Functional Assessment Summary: Indicate type of functional assessment completed and date completed. Also identify the hypothesized function for each of the target behaviors (e.g, attention, escape, sensory stimulation, tangible) as indicated by the Functional Assessment. Additional information can be included in this section but is not required e.g., specific triggers to target behavior, typical settings and situations in which target behaviors occur, medical or physical factors which contribute to target behaviors.

Baseline data (if available) **and method of data collection**

Settings and arrangements to promote program success: Describe specific strategies staff should use to prevent target behaviors from occurring. Examples of strategies include environmental manipulations and changes in interaction styles.

Target Behaviors and Replacement Behaviors: List the challenging behaviors the program addresses and the operational definition and reduction strategies for each. List replacement behaviors the program is attempting to increase and the reinforcement strategies. If procedures have been developed to teach replacement behaviors, describe them and the method of tracking progress. If procedures are described in the Person Centered Plan, refer to them in the BSP. There is no need to duplicate the description of the procedures in the BSP.

Reactive Strategies Procedures: Describe specific strategies care providers should use when target behaviors occur. Strategies should identify how to keep the person and others safe while minimizing the person's access to reinforcement.

Relevant Literature as appropriate

APPROVED:

Catherine Crabtree 9/23/10

Catherine Crabtree **Date**
Associate Commissioner for Intellectual Disabilities