

Behavior Specialist Behavior Plans

**A description of supports available for
people with intellectual disabilities who may
have mental health challenges or present
significant challenging behaviors**



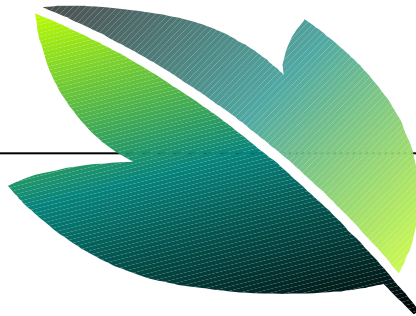
Behavior Consultation

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Getting Started: Finding a Behavior Specialist

Behavior Support

Behavior support services are provided by professionals who may self identify as Behavior Specialists, Behavior Support Specialists, Behavior Consultants, Applied Behavior Analysts, Behavior Analysts or something similar.

Behavior support services include functional behavioral assessment; the development of strategies to support the individual based upon the assessment; the provision of training to individuals, staff, parents and caretakers. Standards for best practices and planning for Behavior Supports are the focus of this booklet.

Locating a Behavior Specialist:

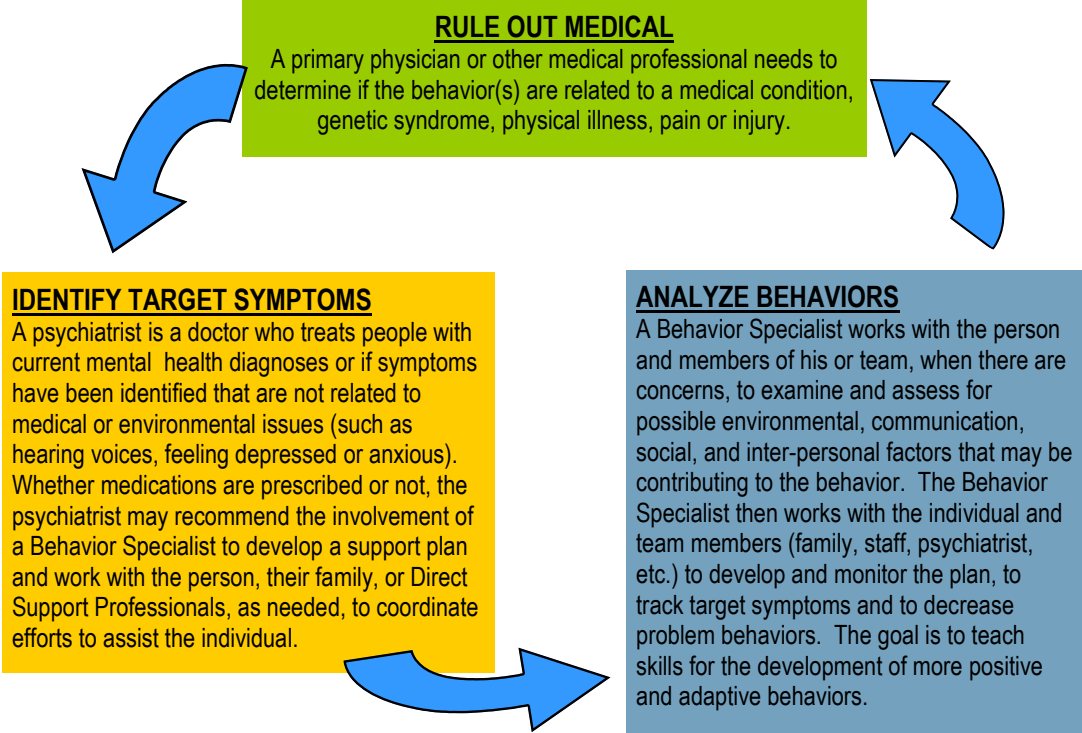
- Contact your Supports Coordinator (SC)
- Ask your local MR or Intellectual Disability/ Developmental Disabilities Program
- Use the HCSIS Services & Supports Directory (SSD) at www.HCSIS.State.pa.us
- Contact Philadelphia Coordinated Health Care (PCHC) who will submit a request to the Behavior Specialist Forum

(PCHC does not endorse or recommend any particular behavior specialist but does provide the members of the forum an equal opportunity to respond to each request.)

What Should Be Done When Behavior Is of Concern?



A three step approach is recommended when behaviors occur that interfere with a person’s relationships and their ability to function at home, in the community, and/or at work. Before taking these steps, it is important to clearly define the behaviors so that all involved can understand the specific concerns. (ex: Instead of “John gets agitated” it is better to say, “John breathes heavily and trembles when anyone gets within 2 feet of him, and he will yell and slap the person in the face.”) Once the behaviors are clearly defined and communication with the person has taken place, the following steps should guide the process.



What Can A Behavioral Specialist Do For You?

1. Inform you of his/her consultation process (how he/she works, his/her philosophy, etc.)
2. Schedule meetings and appointments around the needs of the person or agency
3. Complete a functional behavioral assessment (formal or informal)
4. Involve the individual, staff, family, etc. in formulating a plan
5. Spend time observing and interacting with the individual in the environment and situations where problems occur
6. Observe interactions between the person and his/her staff and/or family and use the information to help formulate needed support strategies
7. Develop a good relationship with the individual and the people supporting him or her
8. Write a thorough Behavior Support Plan that is easily understandable to all who will read it, using specific details and examples
9. Provide training to all people involved in the person's life regarding the Behavior Support Plan as well as the skills and knowledge needed to implement the plan
10. Use a framework of Positive Approaches when working with people
11. Be flexible and creative, with a willingness to make changes to the plan when necessary
12. Ensure that failure to follow the plan, as written, is not the cause of poor outcomes; adjustment should address problems within 3 months
13. Be a good team player using effective and respectful communication with all team members
14. Relay information to the psychiatrist/physician (verbally or in the form of timely documentation) regarding frequency of target symptoms, and help the team understand the relationship between behaviors and target symptoms of illness
15. Assist staff in collecting data that will be helpful by designing user friendly data collection form(s)
16. Analyze the data on a regular basis and help the team understand it
17. Update and distribute plans in a timely manner, before documented deadlines pass



What is a Good Behavior Plan?



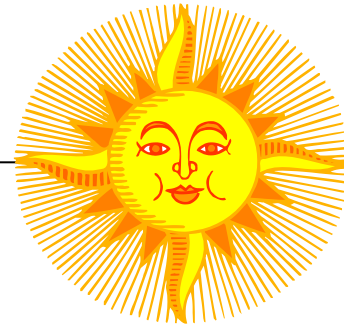
These are the areas that should be included in a good behavior support plan (BSP). A good plan should always flow with a reasonable clinical order.

1. **The cover page should clarify for whom the plan was written, including identifying information, when the plan was written and who authored the plan.**
2. The plan should clearly include the person involved and how they helped in creating the BSP.
3. Family members and or **people who provide direct support should be included** in developing the plan and credited with authorship in some manner on the cover or within the plan to enhance ownership and commitment.
4. The plan should include **background** enough information to give the reader “a feel” for the person; who they are, likes, dislikes, skills, former home/placements, friends/family relationships, vocational/educational history, other activities, etc.
5. Objectives or **goals should be clearly stated** and must support why the plan is needed. Goals should address target symptoms of a mental illness and/or challenging behaviors.
6. The BSP should include a **clear description of the target symptoms or challenging behavior** as well as the frequency. The description should be presented in specific behavioral terms. Avoid using general terms such as anxiety, aggression, and agitation as these are not specific descriptions of behaviors. Instead, the plan should clearly define what anxiety or aggression or agitation looks like (what can be seen, touched, heard, or smelled) for the specific person. The most recent DSM-IV Multi-axial classification should be included when a psychiatric condition has been diagnosed by a physician or psychologist.
7. The BSP should address setting events, triggers, and other antecedents to the target symptoms or challenging behavior. Antecedents and setting events are those conditions, signs, symptoms, or medical conditions that might be present prior to the initiation of the specifically described target symptom or challenging behavior. These conditions may also be known as triggers. (There are *always* antecedents; we just might not see or recognize them!)



What is a Good Behavior Plan? continued

8. A **diagnostic review** should be a part of a good BSP. The diagnostic review should include all current diagnoses, medical and psychiatric, as well as current medications (include dose/time). The list should include specific target symptoms i.e., the psychiatric symptoms that medication is trying to address. (Depression is not a symptom; crying is.) How are the diagnoses and symptoms related to the behavior?
9. A **functional assessment** should be included to identify the function or purposes the behavior serves, what is being communicated and the triggers of problematic behaviors.
10. A description of **interventions** should be included. This should detail strategies for the individual, staff or other supporters to perform before, during, and following the behaviors. It is best if each strategy is linked to specific behavior. For example, "When Joe does _____, he should (or be encouraged to) do _____ and staff should _____. A format of "do's and don'ts" is acceptable. Consideration should be given to 'grouping' interventions specific to one type of behavior.
11. **Data collection** is needed to determine if behavior interventions and psychoactive medications (if prescribed) are working. Specific challenging behaviors and/or target symptoms of mental illness that are being tracked should be clearly identified and defined. Readable graphs are encouraged for identifying the status of behaviors over various time periods.



12. If the person has a history of **crisis reactions**, guidelines for staff action during the crisis, in response to crisis, as well as recuperation and debriefing procedures should be added.
13. Use language and recommendations that encompass **Positive Approaches** to ensure that respectful interaction with the person is reflected throughout the plan.
14. **“Everyday” language** should be used so that all who read the plan and data collection forms can understand and follow with ease.
15. Use **BOLD type**, underlining, bullets and even **color changes** (when the team is given color copies) to make plans easier to read and follow.
16. Lastly, spelling and grammar are important!



Behavior Specialist Forum



The Behavior Specialist Forum consists of clinical professionals who provide behavior support services through assessment, planning, staff training, family supports and therapeutic services for people with intellectual and developmental disabilities.

Philadelphia Coordinated Health Care, the Southeast Health Care Quality Care Unit, facilitates the assembly of these professionals from the Southeastern region of Pennsylvania to meet regularly, to share best practices, discuss barriers to service delivery, and to participate in activities of professional development and peer networking. The forum meets bi-monthly after standard work hours and is open to all interested professionals. Contact PCHC to attend the next meeting.

This booklet is a product of the professional collaboration of the members of the forum. It defines the role of the Behavior Specialist and the essential components of a “good support plan.” The goal of this booklet is to increase awareness of the services included in “Behavior Support” with an understanding of what qualities to expect.



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For more information or for behavioral health / medical topic training call PCHC at 215-546-0300 or visit us at www.PCHC.org