South Carolina Department of Disabilities
And
Special Needs

Behavior Support Services Standards

Effective December 1, 2009

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The mission of the South Carolina Department of Disabilities and Special Needs (DDSN) is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention. Consistent with the agency's mission, the intent of DDSN Waiver Behavior Support Services is to provide people with an Intellectual Disability or a Related Disability (ID/RD), Autism, Traumatic Brain Injury (TBI), Spinal Cord Injury (SCI), and Similar Disability (SD) the supports needed in order for them to meet their needs, pursue possibilities and achieve their life goals.

DEFINITION

Behavior Support Services are those services which use current, empirically validated practices to identify causes of, intervene to prevent, and appropriately react to problematic behavior. These services include initial assessment for determining need for and appropriateness of Behavior Support Services; behavioral assessment (i.e., functional assessment and/or analysis) that include direct observation, interview of key persons, collection of objective data; analysis of behavioral/functional assessment data to determine the function of the behaviors (and later to assess success of intervention and any needed modifications); and behavioral intervention, based on the functional assessment, that is primarily focused on prevention of the problem behavior(s) based on their function.

Behavior Support Services must not be provided in a group setting or to multiple waiver participants at once.

For further clarification of the definition approved by the Center for Medicare and Medicaid Services (CMS), please consider this amplified version of the definition (*italicized* content added):

Behavior Support Services are those services which use current, empirically validated practices to identify causes *(functions)* of *[target behaviors], prevent the occurrence of problem behavior, and* intervene to *teach appropriate, functionally equivalent replacement behavior*, prevent, and appropriately react *(therapeutically)* to problematic behavior. These services include*:*

a) initial *[behavioral]* assessment for determining

(1) *the* need for and appropriateness of Behavior Support Services; behavioral assessment (i.e., functional assessment and/or analysis) that includes direct observation *(and collection of antecedent-behavior-consequence data), an* interview of key persons, *a preference assessment,* collection of objective data *(including antecedent-behavior-consequence data*); analysis of behavioral/functional assessment data to determine

(2) the function of the behaviors (and later to assess success of intervention and any needed modifications);

b) and behavioral intervention *(including staff/caregiver training)*, based on the functional assessment, that is primarily focused on *replacement and* prevention of the problem behavior(s) based on their function

c) *and an assessment of the success of the intervention through progress monitoring that includes analysis of behavioral data, any changes (including medication) and any needed modifications.*

PHILOSOPHY

Positive behavior support recognizes that people exhibit problem behavior because it serves a useful purpose for them in their current situation. The focus of positive behavior supports begins with understanding the function of the problem behavior. Once it is known why the problem occurs for a consumer, procedures can be developed to teach and promote alternatives that can replace the problem behavior. The goal is not just to eliminate the undesirable behavior. The focus should be to create environments and patterns of support for the person that make the problem behavior irrelevant, ineffective or inefficient. The key outcome of positive behavior supports should be an improvement in quality of life for the person that includes the replacement of problem behavior(s) with appropriate alternatives that serve the same purpose. It is the philosophy of DDSN that people will be free from any serious risk to physical and psychological health and safety at all times, including during the development of a Behavior Support Plan (BSP). Procedures used to insure safety should not be misunderstood to substitute for procedures to provide positive behavior supports.

Those who develop Behavior Support Plans (BSP) must know the values, theory and practices of positive behavior support as provided in *Functional Assessment and Program Development for Problem Behavior: A Practical Handbook* by O'Neill, Horner et. Al. (Brookes/Cole Publishing Company, 1997) and other similarly recognized guides to effective, evidence-based practices in positive behavior support.

The provision of waiver-funded Behavior Support Services must comply with the following DDSN departmental directives and standards:

- 600-05-DD Behavior Support, Psychotropic Medications, and Prohibited Practices
- 535-02-DD Human Rights Committee
- 535-07-DD Obtaining Consent For Minors and Adults

	STANDARDS	GUIDANCE
1	Behavior Support Services may only be provided by those who have met and continue to meet specified criteria as indicated by approval as a provider of Behavior Support Services under the Medicaid waiver.	The individual provider's name is on the current DDSN list of approved providers of Behavior Support Services. This is administratively reviewed.
2	Providers of Behavior Support Services must satisfy specified continuing education requirements.	Evidence of sufficient CEU's (i.e., minimum of 20 during the two-year approval period) approved by the Behavior Analyst Certification Board has been provided. This is administratively reviewed.
3	As part of the foundation for behavior support plan development, indirect assessment must be conducted by the provider that includes: a) Record review of DDSN Support Plan and, if they exist, existing behavior support plan and supervision plan. b) Interview using the Functional Assessment Interview Form (O'Neill, et al., 1997) or another empirically validated functional assessment instrument – such as the QABF (Questions About Behavioral Function, Matson & Vollmer, 1995) – with two or more people who spend the most time with the consumer (can include the consumer). Must be completed within 30 days of referral/authorization and include (or be supplemented by additional assessment documentation which includes) the following: 1. Description of problem behavior 2. Listing of ecological and setting events that predict the occurrence and/or non-occurrence of the behavior 3. Listing of possible antecedents that predict the occurrence and/or non-occurrence of the behavior 4. Listing of possible consequences (access, escape/avoid, automatic) that maintain the problem behavior 5. Record of information on the efficiency of the problem behavior 6. List of functional alternatives the person currently demonstrates	Written information in the BSP and/or assessment file indicates that each component of the assessment was conducted. a) Does the Support Plan reflect the need for behavior supports? b) A completed Functional Assessment Interview form or other empirically validated functional assessment instrument (and, if necessary, supplemental assessment documentation) containing the 10 items in 3-b must be in the file. If the QABF (or other empirically validated functional assessment interview tool) is used there must be information provided in the assessment results (via a note) that specifies where in the behavior support file information on each component of 3b (1 – 10) is located.

	7. Description of the person's communication skills 8. Description of what to do and what to avoid in teaching 9. Listing of what the person likes (potential reinforcers) 10. Listing of the history of the problem behavior(s), previous interventions, and effectiveness of those efforts c) Development of summary statements based on the *Functional Assessment Interview* (contains information on setting events, antecedents, problem behavior, and consequences)	c) These must be specified in the functional assessment document and kept in the file. See Appendix B.
4	Direct Assessment must be conducted by the provider to verify the indirect assessment information. This includes: Observational data collection forms and/or observational summaries that represent <u>two or more sessions</u> using A-B-C recording in direct observation for a minimum of: 1) <u>3 or more total hours or</u> 2) <u>20 occurrences of the target behavior(s)</u>. If no problem behavior is observed, observational information must be summarized to describe contexts that support the non-occurrence of target behavior. If observational data do not verify the indirect assessment information, then the summary statements must be revised to correspond to the direct assessment data.	A summary must be included in the functional assessment (document) that includes the relative frequency of specific antecedents and consequences for individual problem behaviors. This can be either a table or narrative format. The functional assessment is a document that can be separate from the BSP (conclusions referenced in the BSP) or included in the BSP. In either case, the entire functional assessment document must be available for review. Standards 3 and 4 constitute the required content of the functional assessment document. If during the provider's observations no target behaviors are observed, the provider must either include summarized A-B-C data from staff observations or conduct additional observations that do include occurrences of the target behavior(s).
5	Behavior Support Plans must contain: a) Description of the consumer: 1) Name, age, gender, residential setting, 2) Diagnoses (medical and psychiatric), 3) Intellectual and adaptive functioning, 4) Medications (medical and psychiatric),	a) The BSP should include brief, specific descriptions of each item <u>and how they relate, or don't relate, to issues of behavior support</u>.

	5) Health concerns, 6) Mobility status, 7) Communication skills, 8) Daily living skills, 9) Typical activities and environments, 10) Supervision levels, 11) Preferred activities, items, and people, and 12) Non-preferred activities, items, and people.	
	b) Locations where BSP will be implemented and identification of program implementers.	b) Specified in BSP
	c) Description of Problem Behaviors and Replacement Behaviors are defined in terms that are observable, measurable, and on which two independent observers can agree.	c) Definitions of problem behaviors and replacement behaviors meet criteria as shown in Appendix C.
	d) Summary of direct assessment results.	d) Summary statements per problem behavior based on A-B-C data must be included in the BSP. These statements provide the hypotheses about the context and/or maintaining function of the behavior. They include the likely antecedent, behavior, and consequence information. See example in Appendix B. Reliability coefficients (while not required) would be appropriate here.
	e) Objectives for each problem behavior, including: 1) Consumer's name, 2) Measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time)	e) See examples in Appendix D.
	f) Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment	f) See Appendix E (Competing Behavior Model, adapted from O'Neill, et al, p. 82)
	g) Objectives for each replacement behavior, including: 1) Consumer's name, 2) Measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and	g) See examples in Appendix D.

	4) Criteria for completion (performance and time). h) Support Procedures 1) Setting Event/Antecedent Strategies 2) Teaching Strategies 3) Consequence Strategies 4) Crisis Management Strategies 5) Data Recording Method 6) Data Collection Forms	 h) 1) Antecedents identified in the assessment must be addressed in the intervention (e.g., changing a difficult task). 2) Teaching strategies must be consistent with behavioral principles and teach desired/replacement behaviors (e.g., teaching a response to ask for help). 3) Reinforcement procedures to increase/maintain appropriate behavior must be included (can be in teaching procedures). Withholding reinforcement for problem behavior may also be specified. 4) Crisis management strategies must include strategies to ensure the safety of the consumer and others. This should include techniques from a competency-based curriculum to prevent and respond to dangerous behavior (e.g., MANDT, PCM, etc.) if such behaviors are exhibited by the consumer. 5) The data recording method must describe where, when, how and how often behavioral data are to be collected. Must also include: occurrence of problem behavior, occurrence of replacement behavior, and the data recording method (i.e., frequency, duration, latency, or percent of trials). 6) The data collection forms must include: consumer name, date(s) of data collection, location of data collection, operational definition for the problem behavior and the replacement behavior, instructions for data collection, an organized format to collect numerical data, and signature or initials of Direct Support Professionals (DSP's)/caregivers who collect data.
6	Behavior Support Plan Implementation a) DSP(s)/caregivers responsible for implementing a BSP must be fully trained to: 1) collect behavioral data (see standard #5-g-5 & 6), and 2) implement the BSP procedures	a) no guidance needed

	b) Procedures for training DSP(s)/caregivers on implementation must include: 1) written and verbal instruction, 2) modeling, 3) rehearsal, and 4) trainer feedback. c) Documentation of DSP(s)/caregiver training must accompany the plan and must include: 1) consumer name, 2) date of initial training, 3) date of additional DSP(s)/caregivers training, 4) names and signatures of DSP(s)/caregivers trained, and 5) name of trainer and/or authorized secondary trainer. d) Fidelity procedures completed by the Behavior Support provider must occur quarterly and must document <u>direct observation of DSP(s) and/or caregiver(s) implementing procedures according to the plan</u>. Documentation must include: 1) consumer name, 2) name(s) of DSP(s)/caregiver(s) being observed, 3) date, location and time (including duration) of observation, 4) description of procedures observed, 5) directions and/or description of DSP/caregiver performance, 6) signature of observed caregiver(s), and 7) signature of the observer.	b) Procedures for training DSP(s) and/or caregivers must be documented in either the BSP, training materials, or training documentation. c) Documentation of DSP/caregiver training must be present to indicate training prior to the effective date/implementation date of any addendum/amendment to the BSP. Documentation must specify: 1) training on observation and behavioral data collection system and on treatment procedures, and 2) retraining on 1 and/or 2 if needed. See sample in Appendix F. d) If opportunities to observe 1) antecedent, teaching, or consequence strategies for acceptable behavior, 2) response strategies to problem behavior, or 3) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s)/caregiver(s) practicing the BSP procedures by role-play with the Behavior Support provider acting the part of the consumer. If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity checks should, on a rotating basis, be conducted in each setting addressed by the plan. See sample sheet in Appendix G.

7	Progress monitoring must occur at least monthly and rely on progress summary notes that include: a) Graphs that are legible and contain: 1) Title related to behavior measured, 2) X- and Y-axis that are scaled and labeled 3) Labeled gridlines 4) Consecutive and connected data points, 5) Legend for data points (when more than one type is used), and 6) Phase lines and labels for changes (i.e., programmatic, environmental, medical, and/or medication changes) b) Visual analysis that includes description of the level, trend, and variability of each behavior along with discussion related to programmatic, environmental, medical, and/or medication changes c) Future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance, and d) If fidelity procedures (see standard #6-d) reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for three (3) consecutive months, then a meeting with the DSP(s)/caregiver(s), Behavior Support provider, and others on the support team as appropriate must be conducted to revisit the Functional Assessment and its summary and to determine the benefits of revisiting, modifying or augmenting BSP procedures or of enhancing DSP / caregiver training.	Monitoring is reflected in the monthly progress note. a) Graph must be in the file and contain elements in 7a) 1 – 6. See sample black & white copy compatible graph in Appendix H. A color graph is acceptable as long as the provider makes color copies available to all members of the support team. b) The progress note should describe these items related to the desired outcome in the objective. c) The progress note should describe these items related to the desired outcome in the objective. d) This would be documented by a dated, titled meeting sign-in sheet identifying the consumer, the reason(s) for lack of progress, and the revisions to BSP procedures that are to be implemented and DSP(s)/caregiver(s) to be trained for the revision, or justification for no revision. Signature sheets must be in the file. Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s)/caregiver(s) is sufficient, and no team meetings or plan modifications are required.

APPENDIX A

Support Plan Criteria Glossary

A-B-C Recording: A form of direct, continuous observation in which the observer records a descriptive, temporally sequenced account of all behavior(s) of interest and the antecedent conditions and consequences for those behaviors as those events occur in the client's natural environment.

Caregiver: Family members, friends or others who provide custodial care and are not paid for so doing

Direct Support Professional (DSP): paid day/residential program staff members, house managers, teachers, therapists, etc.

Conditional probability: The likelihood that a target behavior will occur in a given circumstance; computed by calculating

(a) the proportion of occurrences of behavior that were preceded by a specific antecedent variable, and

(b) the proportion of occurrences of problem behavior that were followed by a specific consequence.

Conditional probabilities range from 0.0 to 1.0; the closer the conditional probability is to 1.0, the stronger the relationship is between the target behavior and the antecedent/consequence variable.

Desired behavior: Socially acceptable behavior targeted for increase.

Duration: A measure of the total extent of time during which a behavior occurs

Frequency: A ratio of count per observation time; often expressed as count per standard unit of time (e.g., per minute, per hour, per day) and calculated by dividing the number of responses recorded by the number of standard units of time in which observations were conducted; used interchangeably with rate.

Functional behavioral assessment: A process for gathering information that can be used to maximize the effectiveness and efficiency of behavioral support. It is complete when the five (5) main outcomes have been achieved:

1. A clear *description of the problem behaviors*, including classes or sequences of behaviors that frequently occur together

2. Identification of the events, times and situations that *predict* when the problem behaviors *will* and *will not* occur across the full range of typical daily routines

3. Identification of the *consequences that maintain the problem behaviors* (that is, what functions the behaviors appear to serve for the person)

4. Development of one or more *summary statements* or hypotheses that describe specific behaviors, a specific type of situation in which they occur, and the outcomes or reinforcers maintaining them in that situation

5. Collection of *direct observation data* that support the summary statements that have been developed

Functional analysis: An analysis of the purposes (functions) of problem behavior, wherein antecedents and consequences representing those in the person's natural routines are arranged within an experimental design so that their separate effects on problem behavior can be observed and measured; typically consists of four conditions; three (3) test conditions – contingent attention, contingent escape, and alone – and a control condition in which problem behavior is expected to be low because reinforcement is freely available and no demands are placed on the person.

Level: The value on the vertical axis around which a series of behavioral measures converge.

Phase label: Labels, in the form of single words or brief descriptive phrases, are printed along the top of the graph and parallel to the horizontal axis (also referred to as condition labels).

Phase line: Vertical lines drawn upward from the horizontal axis on a graph to show points in time at which changes in the independent variable occurred (also referred to as condition change lines).

Replacement behavior: A socially-acceptable, equivalent behavior that could produce the same consequence as the problem behavior.

Response latency: A measure of the elapsed time from the onset of a stimulus (e.g., task direction, cue) to the initiation of a response.

Scatterplot: A type of graph that plots instances of recorded behavior according to when they occur. It is used to help identify environmental stimuli that may be influencing the behavior.

Summary Statements: Specific hypothesis statements for each distinct context or maintaining function of the behavior. Typically states the suspected or determined antecedent, behavior, consequence contingency.

Trend: The overall direction taken by a data path. It is described in terms of direction (increasing, decreasing, or zero trend), degree (gradual or steep), and the extent of variability of data points around the trend. Trend is used in predicting future measures of the behavior under unchanging conditions.

Variability: The frequency and extent to which multiple measures of behavior yield different outcomes.

Definitions were taken in part from the following texts:

1. Cooper, J.O., Heron, T.E., and Heward, W.L. (2007). *Applied Behavior Analysis (2nd ed.)*. Prentice-Hall.

2. O'Neill, R., Horner, R., Albin, R., Sprague, J., Storey, K. & Newton, J. (1997). *Functional Assessment and Program Development for Problem Behavior: A Practical Handbook* (2nd ed.). Brooks/Cole Company, Pacific Grove, CA.

3. Mayer, G.R., Sulzer-Azaroff, B., & Wallace, M. (2012). *Behavior Analysis for Lasting Change*, 2nd Edition. Sloan Publishing, Cornwall-on-Hudson, NY.

APPENDIX B

Summary Statements

Setting Event (Function)	Antecedent	Problem Behavior	Consequence

APPENDIX C

Target Behavior Operational Definitions: Appropriate Examples and Inappropriate Examples

A. Definitions: Appropriate Examples

1. Verbal Aggression: Cursing, threatening to harm others, calling others derogatory names, or all three behaviors

2. Self-Injury: Biting own wrist and/or own hand

B. Definitions: Inappropriate Examples

1. Verbal aggression: Calling people bad names

2. Self-Injury: Any behavior that hurts himself

APPENDIX D

Objectives: Appropriate Examples and Inappropriate Examples

A. Objectives: Appropriate Examples

1. Becky will emit two (2) or fewer occurrences of *verbal aggression* per week when asked to return to her work station for three (3) consecutive months by 9/1/14.

2. Bobby will emit eight (8) or fewer incidents of self-injury per month when asked to engage in activities related to his service plan for three (3) consecutive months by 12/31/14.

3. Bobby will *wait* instead of emitting physical aggression during 90% or more opportunities per week for three (3) consecutive months by 12/31/14.

B. Objectives: Inappropriate Examples

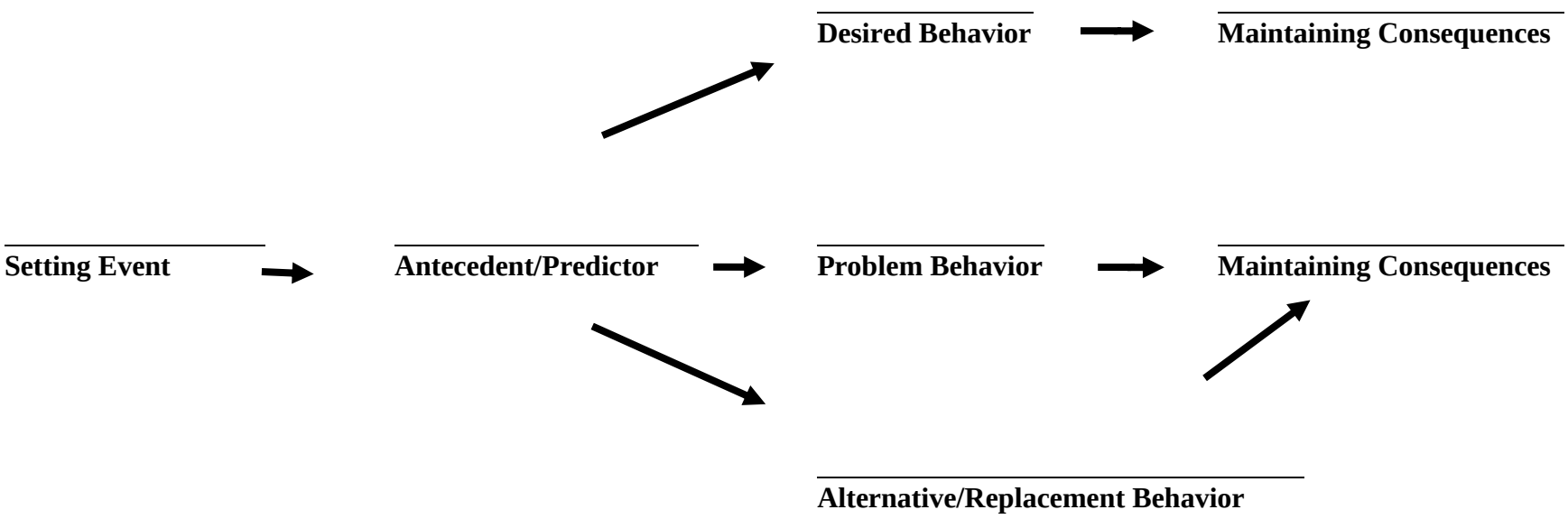
1. Becky will reduce her episodes of self-injury by the end of the year.

2. Bobby will not exhibit verbal aggression when he gets frustrated 10 times per month or less for 12 months by 12/31/13.

APPENDIX E

Competing Behavior Model
Adapted from O'Neill et al., 1997

Diagram of a Summary Statement and Competing Behavior Paths



APPENDIX F

Sample Training Documentation Sheet

Supported by XYZ Community Support Agency

1. Person supported by this Behavior Support Plan: _____

2. Date of *observation/behavioral data system training* for Direct Support Professionals (DSP's)/caregiver(s) on this BSP: _____

3. Date of *initial procedure training* for DSP(s)/caregiver(s) on this BSP: _____

4. Date(s) of *additional training(s) for* DSP(s)/caregiver(s) on this BSP: _____

5. Name of BSP author: _____

6. Name of primary trainer: _____

7. Name(s) of authorized secondary trainer(s) (if any): _____

Type of training conducted on this date: _____ (check below as appropriate)

☐ Training on collecting behavioral data and/or observation system
☐ Training on BSP procedures
☐ Retraining on data
☐ Retraining on BSP procedures

_____ _____

Direct Support Professional/Caregiver Name (please print)

DSP/Caregiver Signature

APPENDIX G

Sample Fidelity Procedures Documentation Sheet

1. Consumer Name: _____

2. Names of Direct Support Professionals (DSP's)/caregivers being observed:
   _____
   _____
   _____

3. Date of Observation: _____

   a. Location: _____

   b. Time (Duration): _____

4. Description of Procedures Observed (Must describe and **not state "refer to BSP"**):

   _____

   _____

   _____

   _____

5. Procedures a) implemented correctly and b) needing improvement: _____

   _____

   _____

   _____

6. Signature of Observed DSP(s) / caregiver(s): _____

7. Signature of Observer: _____

*Note: The *Fidelity Checklist*, adapted from the Observation/Staff Feedback Skills Checklist from the Carolina Curriculum on Positive Behavior Support can be used for steps 1 – 5 if specific procedures observed are listed on the fidelity checklist.

APPENDIX H

Sample Graph of Target Behaviors