BEST PRACTICE STANDARDS FOR BEHAVIOR SUPPORT

Updated: 6-2022

The following standards pertain to the practices of persons designated by DBHDD as behavior support service providers. They constitute a description of best practices associated with determining the need for, planning, designing, implementing, and providing behavior support services.

A. Responsibility as a behavior support provider

1. Providers conform to the legal and ethical codes of their profession.
2. Providers are responsible for all aspects of the behavior support process across all situations and environments in which identified target behaviors occur.
3. Providers engage in professional development activities to improve their behavior support skills (e.g., attending conferences and workshops, reading journal articles, taking courses, obtaining mentorship).
4. Providers only accept responsibility for cases that require behavior support activities that are within the provider's scope of competence and when the provider has sufficient time and resources to provide high quality services.

B. Developing behavior support goals

1. Goals are necessary whenever an individual's challenging behavior:
    a. Has led to recent significant physical injury to the individual or others or poses a risk of doing so.
    b. Has led to recent significant damage to property.
    c. Interferes with the accomplishment of the individual's goals.
    d. Has led to repeated changes in placement or is preventing the individual from living in his/her desired residence or participating in desired community activities.
    e. In the past 12 months, has required the use of restrictive procedures (e.g., restraints), emergency services, or crisis services (i.e., placement in a crisis home, provision of mobile crisis services or admission to a crisis stabilization unit).
    f. In the past 12 months, has led to arrest, detention, or intervention by law enforcement.
2. Goals are also necessary whenever an individual's skill deficits place him/her at significant risk or prevent him/her from attaining a fulfilling life.
3. Goals aim to increase the individual's ability to interact appropriately and effectively in the least restrictive, natural environment and are consistent with the individual's long-term ambitions.
4. Goals are used to generate specific objectives that identify observable behavior and the conditions under which it should occur. These objectives are realistic, measurable, and attainable, and they lead to fully effective, satisfactory outcomes

C. Assessing behavior

1. Providers use the results of a functional behavior assessment (FBA) to develop treatment for challenging behavior and identify replacement behavior(s). An initial FBA is conducted to determine the function(s) of challenging behavior and whether behavior intervention is necessary and appropriate.

2. Providers ensure that the FBA procedure and results are (a) summarized in the behavior support plan, (b) regularly reviewed by the provider, and (c) updated whenever data suggest there may have been a change in the function of the challenging behavior or the conditions under which it occurs.

3. At a minimum, an FBA involves providers reviewing records and data, conducting structured interviews with caregivers, and observing the individual in situations in which the challenging behavior occurs. If necessary to identify the function, providers may conduct an interactive functional analysis involving the systematic manipulation of environmental conditions but only when the provider has the required training. If the challenging behavior warrants an experimental analysis, but the provider does not have the required competence to conduct one, he/she requests appropriate assistance.

4. When FBAs identify challenging behavior that may be related to medical or physical issues (e.g., pain, seizures, diabetes, dementia), providers ensure that the individual is referred for evaluation and treatment by an appropriate medical professional.

5. Providers use the results of adaptive/life skills assessments to develop interventions to address skill deficits. These assessments include structured interviews with caregivers and direct observation of the individual's performance.

6. When individuals move to a new setting, providers review the individual's prior assessments to determine whether the results are still valid, or a new assessment needs to be conducted. Providers clearly document the steps taken in the review and the outcome of the review.

D. Measuring behavior

1. Providers ensure that direct observation data are collected for both the challenging and replacement target behaviors for as long as behavior supports are in place. The provider and/or staff the provider trains to competence may collect data.

2. Providers collect baseline data on the occurrence of the target behavior(s) before starting an intervention so that the effects of the intervention can be properly evaluated.

3. Providers measure the most relevant dimension of behavior and schedule sufficient observations and data reviews to provide a clear and up-to-date picture of changes in the target behavior.

4. Providers plot challenging and replacement behavior data on graphs at least once a month; more frequent graphing is indicated for more frequent or severe challenging behaviors. Providers construct graphs so that long-term changes in behavior can be evaluated. Providers continually analyze these graphs to guide decisions about the course of the intervention.

5. Providers share graphed data with all members of the individual's treatment team and ensure team members can interpret graphed data.

E. Designing and implementing interventions

1. Providers develop and implement behavior support plans in a timely fashion. This time frame may vary based on a number of variables, but it is expected that absent extenuating circumstances, the plan would be fully implemented within 90 days.

2. Providers develop individualized intervention procedures for challenging behavior(s) based on the identified function of the challenging behavior(s), to the extent possible, and they use the applied research literature to ensure their procedures are empirically supported.

3. Providers select interventions that:

    a. Include the least intrusive and/or restrictive procedures likely to be effective,

b. Produce minimal unwanted side effects, and

c. Include reinforcement-based procedures as a preferred alternative and/or supplement to more restrictive procedures.

4. Providers arrange reinforcement for desirable behavior that serves as a replacement for the challenging behavior (i.e., replacement behavior).

5. Providers evaluate reinforcers used in skills building or behavior support programs to increase the likelihood they will be effective in changing target behaviors. Evaluation typically includes initial preference assessment and ongoing data analysis to determine the reinforcement value. Unhealthy reinforcers are avoided to the extent possible.

6. Providers involve the individual or his/her guardian or legal representative in selecting goals and developing interventions. Providers obtain informed consent prior to implementing the behavior support plan.

7. Behavior support plans (BSPs) clearly describe the individual, assessment results, objectives for both challenging and replacement behaviors, rationale for interventions selected, intervention procedures for both challenging and replacement behaviors, data collection procedures, staff training methods and fidelity monitoring techniques. (See sample BSP template for detailed list of information that should be included in written BSPs).

F. Training caregivers

1. Providers train caregivers responsible for implementing the behavior support plan (BSP) to collect behavioral data and implement plan procedures. Providers conduct training with all caregivers across all settings until caregivers can competently implement the plan. The level of accepted competence is defined in each individual BSP.

2. Providers use Behavior Skills Training as the preferred method for training caregivers to implement BSPs.

G. Evaluating the effectiveness of interventions

1. If no improvement is noted based on formal monitoring of the target behavior data on at least a monthly basis, the provider develops and implements an action plan designed to improve progress.

2. Providers monitor caregivers' adherence to BSP requirements by directly observing caregivers implementing the BSP in all settings. The provider revises the plan and repeats caregiver training as necessary when fidelity suggests improvement is needed.

3. Providers review evidence that the behavior change represents a functional outcome for the person

H. Discontinuation of behavior supports services

1. Behavior supports remain in place until restrictive procedures are no longer employed, and goals are met.

2. When graphed data indicate goals have been met, the provider discontinues intervention or takes steps to systematically fade procedures until ongoing interventions can be successfully implemented without the provider's oversight.

References

- https://www.bacb.com/wp-content/uploads/2022/01/Ethics-Code-for-Behavior-Analysts-220316-2.pdf
- http://www.apbs.org/files/apbs_standards_of_practice_2013_format.pdf
  Provider handbook