

BEST PRACTICE STANDARDS FOR BEHAVIORAL SUPPORTS

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The following standards constitute a description of best practices associated with determining the need for, planning, designing, implementing, and providing behavioral support services. These practices are well-established in the field of Applied Behavior Analysis and should be adhered to by all professionals delivering behavioral supports.

A. Responsibility of behavior professionals

1. Providers should conform to the legal and ethical codes of their profession.
2. Providers of behavior supports are responsible for all aspects of the behavior support process—assessment, plan design, training implementers, monitoring implementation, fading and discontinuation of services.
3. Behavior professionals should obtain ongoing continuing education to improve their skills in behavior analysis.
4. Professionals accept responsibility for treatment of only those individuals who exhibit challenging behaviors in their scope of competence or obtain appropriate mentorship/training from others who have the needed education, training and experience.
5. Behavior supports are implemented across all situations or environments where identified target behaviors occur.

B. Developing behavior supports goals

1. All goals of behavioral supports involve increasing the person's ability to interact appropriately and effectively in the least restrictive, natural environment. Therefore, goals address the development of skills that permit the person to improve his/her quality of life, depend less upon others who provide needed supports, participate in the community, or engage in appropriate social interactions with others.
2. Behavior support goals are consistent with the individual's long-term goals, sufficiently important in terms of their impact on quality of life for the person and realistic in terms of the individual's ability to master the necessary skill(s) in a reasonable time frame.
3. Goals are used to generate specific objectives that identify an observable behavior that can be measured. These objectives are realistic, measurable, attainable, and lead to fully effective and satisfactory outcomes.
4. Behavioral supports interventions are necessary whenever a person's challenging behavior:
 - a. Has led to recent significant physical injury to that person, others or poses a risk of doing so,
 - b. Has led to recent significant damage to the property of that person or others,
 - c. Interferes with the accomplishment of his or her goals,
 - d. Has led to repeated changes in placement or is preventing individual from living in his/her desired residence, or participating in desired community activities,
 - e. Has required the use of restrictive procedures (e.g., restraints) or emergency/crisis services more than three times in 12 months.
5. Behavior supports interventions are necessary whenever the individual has skill deficits that place that individual at significant risk, or prevent the individual from attaining his/her goals.

C. Assessing behaviors

1. Behavioral supports programming designed to address challenging behaviors is guided by an assessment of the functions served by the problem behavior and identification of skills that could replace the challenging behavior.
2. Behavioral supports interventions must be preceded by appropriate medical assessment of physical conditions that might contribute to the challenging behavior.
3. An initial functional behavioral assessment is conducted to determine the causes of the challenging behaviors and if behavior intervention is necessary and appropriate. This assessment is summarized in the behavior support plan, regularly reviewed by the behavior professional and updated whenever data suggest a change in the function of the challenging behaviors or the circumstance in which it occurs.
4. Functional behavioral assessments include, at a minimum, a review of records, structured interviews with caregivers, review of available data and observations of the individual in situations when the challenging behaviors occur. Systematic manipulation of environmental conditions may also be completed, if needed, when the behavior professional has the skills to do this safely.
5. Behavioral supports programming designed to address skill deficits includes a recent assessment of the person's skills. Assessments of adaptive behavior are based on direct observation of performance rather than on reports of informants.

D. Measuring behaviors

1. Direct observation data are collected and graphically displayed on an ongoing basis for as long as behavior supports are in place. Data may be collected by staff trained by the behavior professional or by the behavior supports provider(s).
2. Behavioral supports interventions begin by measuring the occurrence of the target behavior so that the effects of the intervention can be clearly evaluated.
3. The schedule of observations is sufficient to provide a clear and up-to-date picture of changes in the target behavior.
4. Observational data are plotted on graphs on no less than a monthly basis; more frequent graphing is indicated with more frequent or severe challenging behaviors. These graphs are continually reviewed and analyzed by the behavioral professional to guide decisions about the course of the intervention.
5. Graphed data are available to all members of the individual's treatment team.

E. Designing and implementing intervention procedures

1. Intervention procedures are individualized and selected based on the identified function of the challenging behavior(s) and applied research literature that provides empirical evidence for efficacy and justification for their use.
2. Interventions use the least intrusive and/or restrictive procedures likely to be effective and are selected to produce minimal unwanted side effects.
3. Behavior supports interventions addressing challenging behaviors include reinforcement-based procedures as a preferred alternative and/or supplement to more restrictive procedures, although timely effectiveness remains a key consideration.
4. Behavioral supports programming addressing challenging behavior includes arranging reinforcement for desirable behavior, including behavior that may serve as a replacement for the challenging behavior.

5. Reinforcers used in skills building or behavioral supports programs are evaluated for effectiveness to increase the likelihood they will be effective in changing target behaviors. Evaluation may include initial preference assessment and ongoing data to determine the reinforcement value. Unhealthy reinforcers are avoided to the extent possible.
6. The individual or his/her surrogate is involved in selection of goals and developing interventions. Informed consent is obtained prior to implementation of the behavior support plan.

F. Training caregivers

1. Caregivers responsible for implementing the BSP are fully trained to collect behavioral data and implement plan procedures.
2. Training caregivers includes provision of written instructions, modeling, rehearsal of procedures, and trainer feedback.
3. Competency based training of caregivers across all settings is continued/repeated until caregivers demonstrate proficiency in plan implementation.

G. Evaluating the effectiveness of interventions

1. The effectiveness of behavioral supports interventions is monitored on a regularly scheduled basis by behavior professionals.
2. Oversight monitoring involves, at minimum, monthly review of graphed data to evaluate progress toward program objectives.
3. Behavior service providers monitor adherence to program requirements by directly observing plan implementation in all settings.
4. A review of evidence that the behavior change represents a functional outcome for the person should be included in scheduled monitoring of the behavior plan.
5. When graphed outcome data indicate the program objectives are not being met in a timely manner, adjustments are made to the procedures to increase effectiveness

H. Discontinuation of behavior supports

1. When graphed data indicate the program objectives have been met, the intervention is discontinued or steps are taken to systematically fade intervention.
2. Behavior supports remain in place until restrictive procedures are no longer employed and program objectives are met.

References

- <https://www.bacb.com/wp-content/uploads/2017/09/170706-compliance-code-english.pdf>
- http://www.apbs.org/files/apbs_standards_of_practice_2013_format.pdf
- <https://bacb.com/asd-practice-guidelines/>