

POLICY AND PROCEDURE CONCERNING PLANS FOR DEVELOPING ADAPTIVE BEHAVIORS

I. PURPOSE:

This policy and procedure is implemented in order to assure compliance with regulations: Title 175 Ch. 3 005.05E (including all subsections), Title 205 014 (including all subsections), and Title 480 3-003.

II. AUTHORITY:

This policy and procedure has been implemented with the approval of the Governing Board and/or its designee.

III. PROCEDURAL DIRECTIVES:

A. **Need for Program/Intervention Plan**

IPP teams and staff must develop and implement a support program/intervention plan for individuals supported by the agency who engage in the following types of activities more than three times in a six month period:

- Injury to self
- Activities that threaten his/her safety
- Activities that threaten the safety of others
- Activities that bring negative attention to him/her self, and thus create obstacles to becoming more independent
- Activities that interfere with the person's ability to take part in everyday activities
- Activities which require the implementation of *Imminent Physical Danger* directives as outlined in *Appendix E*.

NOTE: A program/intervention plan must be in place at all times while an individual is taking medication for behavior modification, mental illness or depression. If a medication is ordered and a program/intervention plan is not currently in place, the IPP Team must meet to authorize strategies to be utilized while the program/intervention plan is being developed, using *Appendix G- Adaptive Behavior Program Outline*.

An intervention plan may be written in the following situations:

- There is no function/purpose of the behavior that can be determined other than as a symptom of a documented mental illness. This would include but is not limited to, depression, schizophrenia, ADD, ADHD, bi-polar, OCD, dementia, etc.
- Medication is prescribed for behaviors but they occur less than 3 times in a 6 month period, and are low intensity

- Other situations involving behaviors with low frequency and low intensity (for example, criterion has been met on a program)

The determination to write an intervention plan can only be made in consultation with the Chairperson of the Human and Legal Rights Committee.

B. Strategy Options

If an individual engages in **any** of the activities listed previously three or more times in a six month period, the IPP team will need to meet. The team will discuss the incidents and various strategy options to address the issue(s). Options may include, but are not limited to:

- Environmental changes
- Revision or termination of current programs
- Medical and psychological evaluations
- Counseling
- Person-centered planning tools
- Intervention plan (see *Appendix A – Intervention Plans*)
- Support program.

If the frequency of unwanted behaviors increases while there is an intervention plan in place and the team believes that the intervention plan is still appropriate (**and** the Chairperson of the Human and Legal Rights Committee concurs), the plan must be revised. The revised plan must then be sent to the Human and Legal Rights Committee for review.

C. Analysis of the Function/Purpose of the Behavior

The focus of an analysis is to understand the structure and function/purpose of the behavior(s) in order to teach effective alternatives and/or to make changes in the environment of the person.

1. Information Gathering:

Assessment tools will be selected to provide information based on what is known from the documented incidents. Tools may include, but are not limited to:

- Functional Analysis
- Antecedent/Behavior/Consequence baselines
- Motivational Assessment Scale
- Personal Observation Assessment

The information gathered must include the answers to the questions:

- How does the person communicate?
- When does the unwanted behavior occur?
- Where does the unwanted behavior occur?
- With whom does the unwanted behavior occur?

- What do we know about the person's history that might affect this unwanted behavior? (i.e., where did the person grow up?)
- With whom has the person lived in the past? Have there been any losses, changes, or significant events in the recent past? In the more distant past?
- How does the person spend his/her time?
- Who makes the decisions about how time is spent, especially during those times when the unwanted behavior occurs?

The Team will determine the amount of time needed to gather the information, not to exceed 2 calendar months.

2. Analysis of Information Gathered:

The IPP team will meet to review the information collected. The team will look for patterns. A pattern may involve such issues as same people, time of day, activity, antecedent, location, consequences, etc.

If a pattern is apparent, the team will evaluate possible options to break the pattern. Options may include but are not limited to:

- environmental changes
- revision or termination of current support programs
- implementation of additional support programs
- increased choice in design of schedule
- intervention plan or support program.

If no pattern is apparent, the team will further analyze each incident separately. The team will focus on identifying what the person may have been trying to communicate through the behavior, keeping in mind that **all behavior is a form of communication.**

If no function/purpose can be determined other than as a symptom of a documented mental illness, an intervention plan may be written, after the Chairperson of the Human and Legal Rights Committee concurs with the decision.

Whether or not a pattern is apparent, the team may gather any additional information needed to assist in the assessment process. The Team will determine the amount of time needed to gather this additional information, keeping in mind that a program or intervention plan must be implemented within 4 months of the initial meeting.

D. Goal/Support Program Development

The IPP team will use the information gathered during the assessment process to develop a goal statement. During this meeting, all decisions regarding

program development must be made. No final program development decisions will be made separate from the team.

The team will define the unwanted behavior(s); identify the function/purpose of the behavior; develop lists of common situations/themes for expression of the function(s)/purpose(s) of the behavior(s), and identify possible preventive measures.

Possible adaptive behaviors which serve the same purpose as the unwanted behaviors will be discussed. Adaptive behaviors may involve shaping something that the person already does or teaching a new response. An adaptive behavior must be an alternate behavior to the unwanted behavior. It is a behavior that the person could use by conscious choice when he/she would have displayed an unwanted behavior.

The team will identify one or more of the adaptive behaviors to focus on for skill development. A plan to teach each identified adaptive behavior will be defined. The teaching component must be proactive and must include information about the skill to be demonstrated.

Responses to each adaptive behavior will be determined.

Responses to each unwanted behavior, including intervention strategies which protect people from harm and interrupt the unwanted behavior, will be determined.

The team will determine what information needs to be recorded on an ongoing basis to evaluate the effectiveness of the support program. Examples of information which needs to be recorded, as required by regulation, includes:

- number of times the alternate behavior is utilized
- number of times the unwanted behavior is displayed
- any additional information as desired by the team such as what level of intervention was implemented and when and where unwanted behavior(s) occur.

The written support program will contain the information discussed by the team and may be recorded on *Appendix G - Adaptive Behavior Program Outline Form*, for interim approval. The program will be routed to the Service Coordinators within 14 days.

A member or members of the team will be designated to write the program, utilizing the following Support Program Forms (*Appendix A – G of the Policy and Procedure Concerning Support Programs*):

- SP 1 - Support Program Form
- SP 1a- Support Program Form (if needed)
- SP 2 – Task Analysis Form

- SP 3 – First Objective Methodology Form
- SP 4 – Subsequent Objective Methodology Form
- SP 5 – Baseline of Alternate Behaviors
- SP 6 – Program/Intervention Plan Orientation Sheet
- SP 7 – Support Program/Intervention Plan Signature Sheet

E. Program/Intervention Plan Authorization

The completed program/intervention plan must be presented for review at the next scheduled Due Process Committee meeting for approval. The Committee will review the program/intervention plan and take action.

Programs/intervention plans which do not receive approval must be returned to the IPP team.

Programs/intervention plans which include restrictive procedures such as time-out, restraint, or use of psychotropic medication must be forwarded to the Human and Legal Rights Committee for final approval (see *Policy and Procedure Concerning Human and Legal Rights Committee; and Appendix A - Intervention Plans, Appendix B – The Use of Psychotropic Medication and Appendix D – Restrictive Procedures*), at least 1 week prior to the next meeting.

If final approval cannot be received within 30 days of the authorization, interim approval may be received from the appropriate chairperson(s).

F. Implementation

Before implementing the program/intervention plan, each staff person must:

- read the complete methodology
- contact the supervisor for any clarification or explanation needed
- be aware of the responsibility to implement the program/intervention plan **exactly as it is written**
- sign and date the SP 6 Program/Intervention Plan Orientation Sheet

The program/intervention plan must be implemented within thirty (30) calendar days of the authorization by the IPP Team.

G. Review

- a. The complete adaptive behavior program or intervention plan will be reviewed, at least annually, by the individual's IPP team and the Due Process Committee. The team will review progress (are the alternate behaviors increasing? Are the unwanted behaviors decreasing?) and determine whether the goal, objectives, and methodology continue to provide appropriate support.

- b. Adaptive behavior programs/intervention plans which were originally reviewed by the Human and Legal Rights Committee (involve restrictive methodologies, including the use of psychotropic medications) will be forwarded to the Human and Legal Rights Committee after the IPP team review and the Due Process Committee review, if it has been two years since the last Human and Legal Rights Committee review.

If the team and the Due Process Committee reviews a rights restriction with the adaptive behavior program/intervention plan, the completed Rights Restrictions form (see *Appendix B of the Policy and Procedure Concerning Individual Rights*) will also be forwarded to the Human and Legal Rights Committee if it has been two years since the last Human and Legal Rights Committee review. The area program will forward these documents **within fourteen (14) calendar days after the IPP meeting.**

- c. All reviews will be documented on the Support Program/Intervention Plan Signature Sheet (SP 7).

H Revision:

Proposed changes in long term goals, intervention plan titles and added restrictions must be approved by the IPP team, then reviewed and approved by the appropriate Committees prior to implementation. Other changes may be made by the program author (or other staff as authorized by the area management team) without any additional committee(s) approval. The Services Coordinator must be informed of any revisions.

I. Completion/Termination:

- 1. Upon successful completion of the support program, staff will continue to utilize the reinforcement/intervention to assist the individual to maintain his/her adaptive behaviors.
- 2. The completed/terminated program/intervention plan will be filed in the individual's master file (day or residential, as applicable).

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