



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Developmental Disabilities Services

Title: Behavior Support Plans

Approved By: 
Division Director

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Replaces: Behavior and/or Mental Health Support

I. **PURPOSE:**

To ensure that the philosophies of person centered, positive behavior supports form the foundation of service delivery to individuals funded by the Division of Developmental Disabilities Services (DDDS) in the community.

II. **POLICY:**

To ensure that individuals with Intellectual Disabilities and those on the Autism Spectrum who are eligible for DDDS and would benefit from psychiatric and behavior support interventions are supported with the most proactive and least restrictive interventions. The use of Seclusion and Aversive Interventions are strictly prohibited.

III. **APPLICATION:**

DDDS Community Services Employees
DDDS Authorized Service Providers

IV. **STANDARDS:**

A. A Behavior Support Plan shall be developed to support an individual in any of the following circumstances:

1. An individual exhibits behaviors that pose a threat to his or her health or safety, or to the health and safety of others.
2. Behavior Modifying Medication is prescribed to affect or alter the thought process, or a behavior.
3. When the use of any restrictive control is recommended for the individual.

B. Components of a Behavior Support Plan will include:

1. DSM or ICD 10 Diagnosis, if applicable.
2. Behaviors exhibited by the individual that are identified as target behaviors to decrease or increase.
3. The individual's communication abilities identified in the Functional Assessment Summary.
4. Background information relative to pertinent behavior and/or psychiatric history.

5. Measurable support goal(s).
6. Proactive supports.
7. Adaptive Learning.
8. Individual Rights Restrictions (see Use of Restraints and Restrictive Procedures for Behavior Support Policy Standards Use of restrictive and/or planned restraint interventions)), if applicable.
9. Environmental modification designed to support the individual, if applicable.
10. Statement of Support monitoring of effectiveness.
11. Medical clearance, if appropriate.
12. Fade out plan.
13. Risk Benefit Analysis.

C. Behavior Modifying Medications that are utilized to mitigate symptoms associated with the following disorders and interventions would be exempt from the PROBIS process:

1. Insomnia
2. Alzheimer's/ Dementia
3. End of Life/ Hospice Care
4. CP/Neurodegenerative Disorders
5. Herbal Medications
6. Seizure Disorders
7. Movement Disorders

D. Positive Behavior Supports should be used as the primary approach to prevent and/or reduce challenging behavior, and increase positive behaviors. The plan may include restrictive interventions only as needed. The planned restrictive procedure must clearly detail under what circumstances it should be initiated and discontinued.

E. A Behavior Support Plan using restrictive interventions must be part of a collaborative planning process involving input from the Individual, Health Care Surrogate, Guardian and his or her support team. Restrictive interventions must be approved by DDDS-PROBIS prior to the use of the intervention.

F. Behavior Support Plans must be reviewed and approved by PROBIS at least annually or more frequently based upon the individual and his or her support team.

G. All Authorized Provider Staff who are working with the individual must demonstrate working knowledge of the implementation and data tracking of the behavior support plan.

H. The following are prohibited practices:

1. Aversive Interventions
2. Seclusion
3. Denial of nutritionally adequate diet (withholding meals)
4. Chemical restraint

5. Any behavior treatment strategies that are not supported by empirical evidence
 6. Any restrictive interventions that intend to control, manage, or change behavior that is not part of an approved Behavior Support Plan
 7. Mechanical Restraints
 8. The use of Bed Rails
 9. The use of Enclosed Cribs
 10. The use of Behavior Modifying Medications without a formal assessment and diagnosis of a corresponding mental health disorder by a medical professional
 11. Health related supports used as an intervention, restrictive procedures or mechanical restraint
- I. Restitution may only be used in the following circumstances:
1. The Behavior Support Plan includes the use of restitution, and has been approved by the Support Team, Health Care Surrogate, the Individual and /or Family Member/Guardian.
 2. The individual has an understanding of the restitution protocols and purpose so that he or she can accept their responsibility and learn from restitution protocol.
 3. The restitution protocols are clear not arbitrary.
 4. The property damage is not due to the Authorized Providers neglect.
- J. The individual, Health Care Surrogate, and /or guardian must give written informed consent to any planned restrictive intervention or use of behavior modifying medication.
- K. Behavior Support Plans must be based on an understanding of the person, include a functional assessment of targeted behaviors, and must be based on the least restrictive and most effective interventions to address behaviors.
- L. Behavior Support Plans must clearly identify the proactive strategies that will be used to minimize the need for restrictive control procedures and include data driven outcomes.
- M. Behavior Support Plans must contain a plan to fade each restrictive element.
- N. If the use of an Emergency Crisis Intervention is used the guardians must be notified immediately after the crisis is resolved. The support team must meet within 5 business days to discuss the individual's plan and circumstances surrounding the use of the intervention and develop or modify the Behavior Support Plan. An EMBIS report must be completed by the Behavior Analyst during this time. (refer to the Restraints and Restrictive Procedures Policy).
- O. All uses of planned restraints and any emergency crisis interventions shall be documented in the designated area of the individual's case record.

- P. All Authorized Providers shall have and implement written policies and procedures for behavior support that: use person centered positive behavior support techniques; include the prohibition of aversive practices, and include safeguards for the use of restrictive interventions.

V. DEFINITIONS:

Aversive Interventions

Interventions intended to inflict pain, discomfort and/or social humiliation or any intervention as perceived by the person to inflict pain, discomfort or social humiliation in order to reduce behavior. Examples of aversive interventions include, but are not limited to, electric skin shock, liquid spray to one's face and strong, non-preferred taste applied to the mouth. (NASDDDS Research Committee-11/11/2014)

Behavior Modifying Medications

Any chemical agent used for the direct effect it exerts upon the central nervous system to modify thoughts, feelings, mental activities, mood, or performance. These are often categorized as follows: antipsychotic, antidepressants, mood stabilizers, antianxiety agents, stimulants, and sedative/hypnotics.

Behavior Support Plan

A person-focused, positive behavior intervention document of behavior and/or mental health supports developed from a functional assessment based on a foundation of positive, proactive values to aid the individual in striding towards his/her goals and objectives in life with minimal interference from behaviors that impede his/her progress.

Chemical Restraint

A single dose of a medication administered in response to an unanticipated urgent situation, with the intent of immobilizing an individual and managing an already occurring event such as aggressive behavior that is placing the individual or others in imminent danger of physical harm. (Board of Nursing 2014)

Emergency Medical/Behavior Intervention Strategies Form (EMBIS)

A standardized form used to document the use of an Emergency physical restraint, and/or a behavior intervention strategy approved in the plan such as a planned emergency physical restraint, or a planned emergency PRN medication intervention.

Emergency/Crisis Intervention

The unplanned use of an intervention that is deemed necessary to address an emergency/crisis. An emergency is defined as an unanticipated and already occurring event that is placing the individual or others in imminent danger. Only those Crisis Interventions techniques included in a DDDS approved crisis intervention curriculum shall be used.

Environmental Restrictions/ Modifications

Includes the use of a device or other piece of equipment to modify or discourage an undesirable target behavior. Examples of these may include the, door/window alarm (for elopement), locks placed on generally accessible items or personal belongings such as food storage units and sharp objects.

Functional Behavior Assessment

Is an instrumental process to gaining an understanding of why problem behavior occurs. The goal is to identify what the person is trying to communicate and/or identify medical and psychiatric issues. (NASDDDS Research Committee-11/11/2014)

Health Care Surrogate

Means the individual who has the highest priority to act for the patient under Delaware law. Delaware law presumes a person has decision-making capacity until a physician determines that a patient does not have decision-making capacity. The hierarchy under Delaware Law to act as the authorized-representative for a person without decision-making capacity is as follows:

- The court-appointed Guardian, only with the appropriate authority;
- The patient's most recently appointed Agent in an Advance Health Care Directive or Health Care Power of Attorney, only with the appropriate authority;
- If there is no Guardian or Agent or if the designated Guardian or Agent is unavailable, or if the patient revoked an Advance Health Care Directive pursuant to 16 Del.C. § 2504, the Surrogate Statute applies and will allow either the individual named by the patient prior to losing decision-making capacity or if none, the individual recognized by the Surrogate Statute, 16 Del.C. § 2507, to act. <http://delcode.delaware.gov/title16/c025/index.shtml>.

Health Related Supports

Supports ordered or designed by a Therapist and approved by a Physician for the purposes of treating a medical disorder/condition, or preventing injuries that could occur because of a medical condition. Health Related Supports (such as wheelchair seatbelts or harnesses, splints, helmets, mitts) must first have the permission of the individual prior to application; therefore, it cannot be forced upon him/her. In addition, Health Related Supports are required to be designed so that the individual can freely remove the device and/or staff, family/guardian can assist in the removal of the device at the individual's request. Using Health Related Supports as Mechanical Restraints for the purposes of addressing behavior challenges is prohibited.

Human Rights Committee (HRC)

A group of people who are not employees of DDDS who provide monitoring to assure the protection of legal and human rights of Individuals with Intellectual Disabilities. The membership may include physicians, lawyers, parents or other volunteers. A DDDS employee shall act as a liaison between HRC and the regional offices.

Informed Consent

The consent of a patient to the performance of health care services by a health care provider who has informed the patient both verbally and in writing, to an extent reasonably comprehensible to general lay understanding, of the nature of the proposed

procedure or treatment and of the risks and alternatives to treatment which a reasonable patient would consider material to the decision whether or not to undergo the treatment. The patient must understand the information provided by the health care provider. (Title 16, Chapter 55, subsection 5530 (b))

Mechanical Restraint

The use of any equipment, material, or mechanical device attached or adjacent to an individual's body that he/she cannot remove easily that restricts the freedom of movement or normal functioning of the whole body or a portion of the body. Mechanical restraints do not include the use of medically necessary devices for the purposes of physical support or prevention of injury because of a medical condition.

Physical Intervention

Any manually applied physical intervention taught in a DDDS approved Crisis Intervention Curriculum that requires the body positioning of an individual restricting the freedom of movement or normal access to one's own bodily movements in which the individual cannot release himself/herself easily. All medical conditions must be taken into consideration when applying a Physical Intervention. Health Related Supports, for the purpose of this policy, are not considered Physical Interventions.

Planning / Support Team

Includes individuals and the people who are important in their lives, at the very minimum, all planning and support teams shall include the individual who is receiving supports, his or her guardian if applicable, and the persons who the individual request to be involved in the individual planning process.

Positive Behavior Supports

An integrated approach to teach an individual adaptive and socially appropriate skills and competencies. Supports may include teaching strategies and/or environmental supports to increase adaptive behaviors. These approaches must treat individuals in a respectful, age-appropriate manner, and should be built into the individuals daily life. (NASDDDS Research Committee -11/11/2014)

PRN Medication Intervention

A single dose of medication administered in response to an unanticipated urgent situation given on an as needed basis as a strategy to prevent or decrease a psychiatric crisis or behavior issue as written in a Behavior Support Plan and ordered by a medical professional. A PRN cannot be used to immobilize the individual. (See Chemical Restraint)

Peer Review of Behavior Intervention Strategies (PROBIS)

The DDDS approved peer review committee, appointed by the Division Director or designee, charged with the review and approval of the Behavior Support Plan. Individuals on the PROBIS committee should have knowledge and experience in the field of psychology, behavior science, and or practical experience with developing Behavior Support Plans.

Restitution

Returning to the proper owner property or the monetary value of loss. (West's Encyclopedia of American Law, edition 2)

Restrictive Intervention

Restrictive intervention is defined in the Disabilities Act to mean 'any intervention that is used to restrict the rights or freedom of movement of a person with an intellectual disability including chemical restraint, mechanical restraint and seclusion'. (Disability Act 2006)

Risk Benefit Analysis

A method that addresses the question of whether a risk is "acceptable." This question is raised in the context of clinical decision-making: the analysis requires a comprehensive estimation and evaluation of risks and benefits, highlighting the trade-offs between the two that inform a decision maker. Such analysis also entails a careful quantification of the costs associated with a proposed program for reducing or avoiding risks. (In part - New England Journal of Medicine, April 2002; 346)

Seclusion

The involuntary confinement of an individual alone in a room, enclosure, or space that is either locked or, while unlocked, physically disallows egress. (Adopted Statutory Authority: 14 Delaware Code, Section 122(d) (14 Del.C. §122(d))

VII. REFERENCES:

- Behavior Analyst Manual
- Behavior Modifying Medications Procedure
- Disability Act 2006
- 14 Delaware Code, Section 122(d) (14 Del.C. §122(d))
- Human Rights Committee Policy
- Incident Reporting Policy
- NASDDDS Research Committee: 11/11/2014
- PROBIS Policy
- Restraints and Restrictive Procedures Policy
- Surrogate Statute, 16 Del.C. § 2507
- DHSS Policy Memorandum #37
- West's Encyclopedia of American Law, edition 2.
- New England Journal of Medicine, April 2002; 346