



Contents





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A **behavior plan** is simply a way to document how to support a person consistently.

This includes all environments such as:



What are the components of an assessment?

Informal assessments:

- History
- What interventions have been tried in the past (communication, less restrictive measures, medical interventions, etc.)
- Interview/conversations/observations completed
- Background/reason for referral
- Person's perspective on what would be most helpful for them
- Team's/family perspective
- Observable description of challenging behaviors
- Therapy and medical evaluations



Formal assessments: (SIS, ABS, FBA,

etc.)

- Description of skills/positive social behaviors
- Description of the change in need/



Define the target behavior (Why do we need additional support? What risk does the person present to self and others?)

Prioritize challenging behaviors and describe using observable terms.

Example:

"Kathryn bites staff and others on the arm and draws blood"

"Kathryn strikes staff and others with a closed fist"



"Kathryn strikes staff and others with an open fist"

Based on what the person says and what the data indicates, why is this behavior occurring and what can we do to help?

Setting event - conditions that exist prior to the immediate antecedent that may impact the way the person responds to us

Example: Kathryn is experiencing allergies and her favorite staff called off today.

Immediate antecedent (trigger) – The event that occurs immediately preceding the behavior

Example: Fill in staff ask Kathryn to put her shoes on.

Challenging Behavior - Behavior that is dangerous

Example: Kathryn slaps staff with an open hand

Response from others (consequence/maintaining, etc.) – The way others react to the challenging behavior

Example: Fill in staff leaves room and does not ask Kathryn to put on her shoes again

Strategy/function - The motivation behind the challenging behavior

Example: Kathryn slapped staff to avoid taking direction from fill in staff

Feeling - The experience of the person which causes the person to use a specific strategy

Example: Kathryn feels afraid of fill in staff

Need - Basic human needs we all share which are most likely unmet during times of challenging behavior

Example: Kathryn's need for safety is not met because she does not feel well and there is a stranger in her home

Consider how we might test the hypothesis

Example: Does Kathryn strike at preferred staff when they ask her to put her shoes on? If the answer is yes for this example then we may want to consider a different hypothesis, but if the answer is no then the hypothesis may be correct. It is important to remember that people may engage in the same challenging ways for different reasons and at different times.

- Ask...
- What are the expanded interactions, activities, and/or training that will be provided?
- When, where, and how will this occur?
- What information will we collect to determine the effectiveness?
- How can we adjust what we do to help meet the person's needs?
- Are there things supporters can learn to be most helpful?
- Is there a skill the person has, or new things they would like to learn which could replace the challenging behavior?
- How do direct supporters need to be supported and what is most helpful for them?
- How can new skills be recognized by the person as effective?
- What is the most helpful way to monitor progress, receive feedback from the person and how often will the team revisit

When we are writing the outcomes we need to define the conditions under which the new skill will occur.



We should define the new skill, and indicate how progress will be measured.



Example: When Kathryn feels unsafe in the presence of new staff, she will hand them the break card 4 out of 7 times in one month.

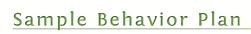


The **ultimate goal** of a behavior plan is to provide new skills which will lead to greater independence and less restrictions in the person's life. Ultimately our hope is to support the person in achieving meaningful opportunities and autonomy.

A behavior plan should include the eventual reduction and discontinuation of the enhanced supports.

Ask...

- What information are we collecting to ensure effectiveness of the plan?
- How will we know progress is being made?
- What steps do we need to take to ensure the reduction and discontinuation of the behavior plan?





Community Health Connections Functional Behavior and Needs Assessment

Name: Date:	Completed by:
	ART I: HISTORY AND ASSESSMENT
People involved in assess	ment process:
Interview/conversations/ol	bservation completed:
Background/reason for ref	ferral:
	what would be most helpful for them, what they hope to come
Team/family perspective:	
Observable description of	challenging behaviors:
Description of skills/positiv	ve social behaviors:





A. Overview of Medical Information

Medication

Name	Dose/frequency	Diagnosis	Side effects/ possible effect on behavior

Medical/physical problems (gastrointestinal problems, seizure disorder, heallergies, thyroid etc):	
Medical/physical conditions which may cause pain or alteration of mood (a arthritis, blood sugar, seizure disorder etc):	
Dietary or eating problems:	
Sleeping patterns/reason for disruption in sleep:	



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B. Overview of Support, Skills and Behavioral Health Information		
Support (what kind, where, different settings, ratio's etc):		
Meaningful relationships for the person:		
Ways in which the person lives a meaningful life:		
Development/psychosocial information/trauma etc:		
Communication (in what way does the person communicate needs, wants, feelings and what does it look/sound like? Does the person use a specific communication method and do they always have access to it?):		
Psychiatric Diagnoses:		





<u>SYMPTOM CHECKLIST/BEHAVIORAL MANIFESTATION OF SYMPTOMS:</u>

(Capture a picture of what the person may look like at best and worst and during emergent symptoms, consider how long the various periods last and how quickly changes may occur.)

Worst:	 	
Emergent Symptoms:		
Best:		

C. ENVIRONMENT

Are activities predictable, does the person know what to expect clear to the person who they will be spending their time with and etc:	
Does the person get a chance to make choices about what he/s day? (what to wear, choice of activities, choice of friends, staff, honey etc)	
Do people in the environment understand the person's means o communicate in a way the person understands?	
How much choice does the person have in living/work environm their time with?	ent and who they spend





D. BEHAVIOR

Define specific immediate antecedent events that predict when the behavior is most likely and not likely to occur.

Settings that are most and least likely to trigger problem behavior:
Most Likely:
Least Likely:
Times that are most and least likely to trigger problem behavior:
Most Likely:
Least Likely:
Activities that are most and least likely to trigger problem behavior:
Most Likely:
<u> </u>
Least Likely:
Describe something you could do or say that almost always results in problem behavior. (Certain tone of voice, particular words or phrases etc):

	cribe what you do to improve the likelihood that activities or other things will go well n you are with the person:
	cribe things you might do to avoid interfering with or disrupting an event or activity n you are with this person:
tried 1.) ₋	is no longer present. Include information about any interventions that have been in the past and how effective those interventions were at the time:
2.) ₋	
3.)	
4.)	
5.)	
6.)	
9.)	
10.)	
,	





PART II: HYPOTHESIS

occurring and what can we do to help? (see next page for grid that can be used to outline hypothesis):
-
-

Immediate Antecedent (trigger)
Behavior
Response from others (Consequence/maintaining etc)
Strategy/function
outlogy, runous.
Feeling
Need





HYPOTHESIS

What have we learned about the context of the person's life? (Satisfaction, self determination, health and safety, Relationships, inclusion, pertinent history etc):
In what ways do these things contribute to the person's ability to respond to us? (Slow triggers, unmet needs etc):
What have we learned about what/who is helpful for the person?
Based on what we have learned, why does the behavior happen? (The same behavior can have different meanings at different times):
What is the function/how is this a strategy for the person?
How does this strategy help to address unmet needs?
How can we adjust what we do to help meet these needs?
Are there things supporters can learn to be most helpful?

Are there skills the person has, or new things they would like to learn which replace the behavior? (Keep in mind that a complex approach may not be explacement must be as easy/easier to do as the behavior itself and the perdetermine the skills they want to learn):	effective, the rson should
How do direct supporters need to be supported and what is most helpful for	them?
Can new skills be recognized by the person as effective?(what can we do to "reinforce" Keep in mind that if the skills work to get a need met it may be re enough as is):	
What is the most helpful way to monitor progress, receive feedback from th how often will the team revisit the plan?	





PART III: SUPPORT PLAN

Overview: hypothesis statements	
During/when	,may
In order to	because he/she may be
feeling Because he/she needs	_

B. Overview: Support Plan

Antecedent/ setting event interventions	Feelings	Needs	Alternative skills for person and staff	Interventions	Long term supports	Person who is responsible for monitoring and implementation





Overview: Outco	omes
Target Behavi	or:
Hypothesis:	
During/when_	, may
In order to	ne may be feeling
	he needs
	e objective should include the conditions which will exist, the vior and a criterion for our expectation.
During/when_	(condition-what will we do, the environment etc)
	(what is the expected behavior?)
With	criteria)
out of	(сптепа)
times within_	period.
Overview: Time (Describe how success and ho	frame long we will support this person with the goal, how we will measure ow will we know what are doing is working?)
	ontinuation stail how we plan to discontinue use of the behavior supports, howem?)

Adapted From:

Kansas Institute for Positive Behavior Support. Functional Behavior Assessment Interview Form. October 2002

Legare, G. Integrated Holistic Assessment and Comprehensive Support Plan. PDSS Consulting, LLC. Milford, Pa April 2002



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