

Policy and Procedure # 325

Positive Behavior Support

| Approval: | Effective Date: | 5/9/24 |
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POLICY:

Positive Behavior Support is an approach to address challenging behaviors that focus on changing the physical and interpersonal environment and a person's skill deficits so that the person is able to get their needs met without having to resort to challenging behavior. Positive Behavior Support is based on respect, dignity, and personal choice. It helps to develop effective ways of meeting a client's needs to reduce challenging behaviors. Different people will require different positive supports. It is the philosophy of EFI to provide clients an opportunity to have positive life experiences and form and maintain relationships by creating opportunities to learn skill development, provide access to healthcare, receive treatment for mental illness and be protected from harm.

REFERENCE: Chapter 71A RCW

WAC 388-101-3840

DDA Policy 5.14, 5.15, 5.16, 5.17

PROCEDURE:

- 1. Positive Behavior Support Plans (PBSP's) are required when challenging behaviors interfere with a client's ability to have positive life experiences and form and maintain relationships.
- 2. PBSP's are specifically required when:
 - a. The use of certain restrictive procedures is planned or used. Refer to DDA Policy 5.15, Use of Restrictive Procedures, for more information and requirements.
 - b. A client is taking psychoactive medications to reduce challenging behavior or treat a mental illness that is interfering with the client's ability to have positive life experiences and form and maintain relationships. Refer to DDA Policy 5.16, Use of Psychoactive Medications, for more information and requirements.
 - c. Certain physical interventions are planned or used. Refer to DDA Policy 5.17, Physical Intervention Techniques, for more information and requirements.
- 3. When challenging behaviors are identified, a Functional Assessment (FA) process should be initiated. A written FA and PBSP must be finalized within 90 days. The FA process should include data collection.
 - a. The FA and the PBSP must be reviewed and revisions implemented as needed. At a minimum, documentation of an annual review and update (as is necessary) by the service provider is required.



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- b. Data collection must include:
 - i. Identifying and tracking of replacement behavior by employees utilizing Therap
 - ii. Recording data on the implementation of the PBSP and its effect
 - iii. Any use of restrictive procedures
 - iv. The type and frequency of data collection and monitoring by the Supervisor
- c. A written FA must have the following sections:
 - i. Description and Pertinent History
 - ii. Definition of Challenging Behaviors
 - iii. Data Analysis/Assessment Procedures
 - iv. Summary Statement(s)
- 4. The PBSP Supervisor must send completed copies of FAs and PBSPs to client's Case Resource Manager (CRM) for inclusion in the client record.
- 5. Distribution of PBSPs
 - a. A copy of the client's current PBSP must be available in Therap for all employees to access.
 - b. A copy must be sent to the employment or day program provider if the client is receiving these services.
 - i. The employment/day program provider must implement the PBSP as written if appropriate to the employment/day program setting and communicate with the residential provider regarding any proposed modifications for use in the employment/day program setting.
 - ii. Similarly, if the employment/day program develops an FA and a PBSP for a client, the employment/day program provider should consult with the residential provider. The employment/day program provider must send the final FA and PBSP to the DDA CRM and the client's residential provider.

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