



## Behavior Treatment Plans Training Day 2019

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# LEARNING OBJECTIVES

- Understand that positive approaches are highly effective when properly implemented
- Develop enhanced skills when reviewing or implementing treatment plans
- Awareness that a comprehensive FBA is central to the development of effective behavior change strategies

# WHY POSITIVE PLANS

- More person centered
- Easier to implement
- DCH requirement
- BMC issues
- Positive interventions usually attain desired outcome
- Staff and consumer resistance

# Need for positive interventions

- People with developmental disabilities
- A severe and persistent mental illness
- Or individuals that are dually diagnosed
  
- These individuals have been mistreated misunderstood and in many instances have been subjected to dehumanizing, humiliating, and painful conditions.

- These things were often done in order to obtain “effective” treatment outcomes
- What is the cost????

# Important considerations when developing behavior change strategies

- Environmental issues
- Consumers past history  
environmental/clinical
- Medical/physiological issues

# Functional behavioral assessment

- Assessment vs. analysis

# FUNCTIONAL BEHAVIORAL ASSESSMENT

- The process of acquiring knowledge about consumers before intervening in their lives



# FUNCTIONAL BEHAVIORAL ASSESSMENT

- It is a process for systematically describing difficult behaviors
- The process defines environmental factors, and setting events that are essential in predicting future behavior

# FUNCTIONAL BEHAVIORAL ASSESSMENT

- This process is central to the development of effective behavior treatment

# IMPORTANT BELIEFS

- All behavior is purposeful
- Every person is unique and brings a unique history to the challenging situation
- The most effective way to help a consumer change their behavior is to come to an understanding of the reasons/motivation driving their behavior

# HISTORICAL MISTAKES WHEN ANALYZING BEHAVIOR

# ASPECTS OF A FUNCTIONAL BEHAVIORAL ASSESSMENT

- Develop a clear description of the behavior in question *what does this mean to you*
- Frequency
- Intensity
- duration

# ASPECTS OF A FUNCTIONAL BEHAVIORAL ASSESSMENT

- What does the behavior look like *describe in observable terms*
- Are there particular sounds that occur in conjunction with the behavior
- Does the behavior occur in isolation or do other behaviors occur with it

# ASPECTS OF A FUNCTIONAL BEHAVIORAL ASSESSMENT

- Can you tell /predict when the behavior will occur (warning)
- How long has it been a problem

# EXAMINE ROUTINES

- When does the behavior usually occur
- When is the behavior most likely not to occur
- Does the behavior occur with particular individuals
- When do you most often see desirable behavior (*very important question*)



# RATIONALE

- Why is this behavior considered a problem (is the behavior harmful to self or others)
- WHO IS THE BEHAVIOR A PROBLEM FOR?????????????? BE SPECIFIC

# STRENGTHS AND NEEDS

- What skills does the consumer have that could be used in the behavior change process

# LIKES /DISLIKES

- What does the consumer enjoy
- What does he /she dislike
- Look for preferences
- How can the consumer connect with others a be part of the larger environment

# VALUES/CULTURE

- Must be examined in relation to the behavior

# ENVIRONMENTAL FACTORS

- Does the behavior occur in some settings more than others (gather specific information regarding the settings)

# MOTIVATION

- What does the behavior gain for the person
- Many behaviors occur for the purpose of escape or avoidance

# INTERVENTION/LEARNING HISTORY

- REMEMBER many of the consumers have a long history of hospitalization/institutionalization
- What has been attempted in the past (be thorough)
- What has the consumer learned through their behavior

# INTERVENTION/LEARNING HISTORY

- Frequently positive behavior goes “unnoticed” only “bad” behavior receives attention



# LEARNING STYLE

- How does the consumer learn the best
- Seeing
- Feeling
- doing

# RELATIONSHIPS

- Who does the consumer have the best relationship with. This is important when challenging behaviors occur

# PUNISHMENT

- Why it doesn't work work!!!!!!!
- *“PUNISHMENT TENDS TO REINFORCE THE BEHAVIOR OF THE PUNISHER RATHER THAN CHANGE THE BEHAVIOR OF THE PERSON BEING PUNISHED”*

• B.F. Skinner

# PSYCHOSOCIAL REHABILITATION CONCEPTS

- Normal rhythm of life
- Skills acquisition
- Challenging behavior

# TEACH DESIRABLE/USEFUL BEHAVIORS

- We are all creatures of habit to some extent
- Many consumers rely heavily on routines
- Some people become extremely frustrated when routines change
- Need for predictable routines
- How do we establish change using positive methods?

# BUILD NEW HISTORY OF SUCCESS

- Errorless learning
- Find **some** aspect of behavior to reinforce
- Reinforce successful approximations

# BUILD A NEW HISTORY OF SUCCESS

- Set realistic expectations
- Must be extremely clear about expectations

# DEVELOPING A BEHAVIOR TREATMENT PLAN

IMPORTANT  
CONSIDERATIONS &  
QUESTIONS



# DEVELOPING A BTP

- Why
- who is problem for STAFF, guardian, parent, other consumers, public
- How long has behavior been present (be specific)

# DEVELOPING A BTP

- Look beyond stated reason for referral
- Don't think that as a result of referral a BTP must be developed
- Frequently changes can be made that will affect the identified without developing a BTP

# DEVELOPING A BTP

- Critical information gained through functional assessment will be a core component of BTP development
- Involvement of treatment staff (group home staff) a must
- Never develop a BTP without thorough treatment staff involvement

# DEVELOPING A BTP

- Treatment staff must be involved in problem identification, analysis, and behavior treatment plan development
- Treatment staff must be involved in the total BTP development process
- Treatment staff must buy into the BTP otherwise it will never work

# DEVELOPING A BTP

- BTP must be straight forward easy for staff to understand, execute, and collect data
- Consider if it can be implemented across shifts, across environments
- Must not be too lengthy
- Development of a cheat sheet important consideration if setting uses (relief staff) frequently

# DEVELOPING A BTP

- Talk with as many staff as possible.  
Sometime problems appear different  
across shifts

# DEVELOPING A BTP

- WHAT SHOULD PLAN INCLUDE
- Demographic information
- Including medications, reason for referral,
- Target problem behavior(s)
- Assessment of problem from functional assessment

# BTP INTERVENTION STRATEGY

- PROCACATIVE PROCEDURES
- This will basically provide the step by step strategy of intervention
- Who does what when be specific consider intervention across environments
- Often proactive and reactive plans are discussed



# DEVELOPING A BTP

- Include special consideration/medical problems
- Plan should include reason/objective for the intervention
- Include background info

# DEVELOPING A BTP

- Define target behaviors
- Specify intervention strategy step by step
- Identify special considerations/issues
- Training protocol
- Data collection procedures

# DEVELOPING A BTP

- FUNCTIONAL ASSESSMENT INFORMATION
- PLAN FOR IMPLEMENTATION
- ALLOW FOR FINE TUNING REVIEW AND RETRAINING

# Issues Related to Challenging Behaviors

Kalamazoo Public Schools  
Kalamazoo Community Mental  
Health

# Why Deal With Problem Behavior

- Problem behaviors create barriers for a person attaining the best possible quality of life
- Problem behaviors affect relationships, family, peers, school, community
- Problem behaviors reduce chances for full community involvement

# How Does Functional Analysis Fit

- If behavior is purposeful you must ask questions
- Where does the problem occur?
- When is the problem worse?
- When does the behavior not occur?

# EXAMPLE

- During weekdays a binge eating rarely occurs before 4pm, and is progressively more likely to occur from 4-9pm.
- This statement constitutes a functional analysis
- It simply describes the form of the relationship between time of day and binge eating

# Don't Focus On Behavior Reduction

- This approach does not teach new behavior
- It also provides the opportunity for other undesirable behaviors to replace the behavior(s) of concern
- Punishment does not work!!



# Characteristics of a Behavioral Assessment

- Behavioral assessment is a hypothesis-generating and testing procedure
- It is a treatment-oriented form of assessment
- The behavior of the individual must be described in reliable operationalized terms

# Behavior is Purposeful

Challenging behavior is purposeful in that it is an adaptive response that results in the gaining of a desired action or effect.

-Carr et al., 1994

# Consider This Example

- A teenage girl was referred to you for numerous conduct problems, one of which involved staying out late at night unsupervised. You visit the home and it was unkept, smelled, and you suspect her mother has psychiatric issues. (*behavior is purposeful*)

# Terms Not To Use

- The person shows compulsive behaviors
- The child shows non-compliant behaviors

# Antecedents vs. Establishing Operations

- Antecedents– a stimulus which immediately precedes the behavior and changes the probability of the behavior.

# Example

- If a colleague said to a socially anxious person “are you going out with us tonight?” and the person immediately became tense the question from the colleague would be an antecedent.

# Establishing Operations

- Is the process that establishes a stimulus as a reinforcer, punisher, or changes the value of a reinforcer. (Michael, 1982).

# Example

- If a child is left alone for a long time this might establish social attention as a reinforcer; likewise, if a child has eaten a large meal this attention might reduce the value of even a favorite candy as a reinforcer.



# Purpose of the Clinical Hypothesis

- To make multiple predictions about the child's behavior
- It also provides an assessment for treatment design using the hypothesis derived during assessment to design an intervention.

# Driving Force of Functional Analysis

- To develop and test hypotheses that will be the basis of the subsequent intervention

# Contemporary Treatment Model

## Objectives

- Reduce barriers to the achievement of the person's goals
- Identify all antecedent and establishing operations relevant to target behavior(s)
- Provide appropriate realistic intervention strategies
- Teach the person effective coping and appropriate communication skills

# A Dynamic Therapeutic Model

- Development of trust is key to breaking the cycle of challenging behavior
- Meeting needs reinforces person's sense of trust

# Dynamic Treatment Model

- No single therapeutic intervention is sufficient.
- Must involve all appropriate interventions as identified in assessments and the plan of service

TREATMENT APPROACHES  
FOR INDIVIDUALS WHO  
EXHIBIT PROBLEM  
BEHAVIORS

# LEARNING OBJECTIVES

- Understand that positive approaches are highly effective when properly implemented
- Develop enhanced critical review skills in reviewing or implementing treatment plans
- Understand that a comprehensive FBA is central to the development of effective behavior change strategies

It is the policy of MDCH that  
the agencies and their  
subcontractors will refrain from

- Use of aversive
- Intrusive
- Restrictive
- Techniques for the purpose of treating  
controlling or managing problem  
behaviors



# Policy consistent with 1997 Federal Balanced Budget Act

- Beneficiaries in PIHPs have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation

# BEHAVIOR TREATMENT PLANS REQUIRING SPECIAL CONSENT

- **AVERSIVE TECHNIQUES--** those techniques that require the deliberate infliction of unpleasant stimulation to achieve their effectiveness
- **PROHIBITED IN MICHIGAN!!!!!!!**

# Special consent

- Intrusive techniques—those techniques that impinge upon the bodily integrity or personal space of the recipient to achieve treatment, management or control of a problem behavior

# SPECIAL CONSENT

- Restrictive techniques—those techniques, which when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code and federal Balanced Budget Act

# DEFINITIONS

- Evidence-based practice: the integration of the best research evidence with clinical expertise and consumer values, or clinical interventions or practices for which there is consistent scientific evidence showing that they improve individual outcomes.

# DEFINITIONS

- Positive Behavior Supports: A set of research strategies used to increase “quality of life” and decrease problem behavior by teaching new skills and making changes in a person’s environment

# DEFINITIONS

- Problem Behaviors: Violent or self-destructive behaviors that result in serious physical injury to self or others or substantial property damage

# DEFINITIONS

- **RESTRAINT:** Means implementation of any of the following for the purpose of limiting an individual's freedom of movement or normal access to one's body
- Physical management
- Mechanical restraint
- Drug used as a restraint



- **SECLUSION:** the placement of an individual in a room alone where egress is prevented by any means

# HOW IS A BTP DEVELOPED

A BTP must be developed through a person-centered planning process and be approved by the individual, or his/her guardian on his/her behalf if one has been appointed, or the parent with legal custody of a minor

# WHAT PLANS MUST CONTAIN

- Plans that are forwarded to the committee for review shall contain the results of assessments performed to rule out past trauma, physical, interpersonal and environmental causes of the problem behavior. In addition, the plans shall contain evidence, including amount, scope, (frequency, intensity) duration, of prior attempts to change behavior

# FUNCTIONS OF THE “COMMITTEE”

- Expediently review and approve (disapprove) in light of current evidence-based practice or treatment guidelines
- All behavior treatment plans utilizing aversive, intrusive or restrictive techniques

# COMMITTEE FUNCTIONS

- Review and approve all behavior treatment plans that involve use of psycho-active meds. When they are used for behavior control purposes and where the target behavior is **not due to an active psychotic process**

# COMMITTEE FUNCTIONS

- For each approved plan, set and document a date to re-examine the continuing need for the approved procedures. This review shall occur at least (quarterly) this will change

# COMMITTEE FUNCTIONS

- Be familiar with litigation involving the use of behavior modification

# COMMITTEE FUNCTIONS

- Keep all committee meeting minutes, and clearly delineate the actions of the committee



# COMMITTEE FUNCTIONS

- BTP becomes part of IPOS

# COMMITTEE FUNCTIONS

- Ask that a committee member who has prepared a behavior treatment plan for review, recuse themselves from decision making

# COMMITTEE FUNCTIONS

- Annually track the use of aversive, intrusive and restrictive techniques by person, and numbers of interventions, the data on the use of such techniques must be available for MDCH review.

# FUNCTIONS OF COMMITTEE

- The generalized use of token economies if the contingent removal of tokens is part of the plan
- Those techniques requiring special consent as defined in section 11 of this technical requirement

# LETS DISCUSS EVIDENCE-BASED PRACTICE

- Must follow accepted criteria for evaluating evidence-based practices and practice guidelines such as those published by the American Psychiatric Association