**Positive Behavior Supports Assessment Guide**

**“Positive Behavior”** refers to the skills a supported individual has or may learn that increase their likelihood of satisfaction and success across all settings and endeavors. **“Positive Behavior Support”** refers to the skills those supporting an individual have or may learn to expand and enhance opportunities for mutual satisfaction and success. The combined **“Positive Approaches”** informs all aspects of support and services with the intention of enhancing quality of life, based on:

* Supporting the individual to explore and pursue a life they enjoy and find meaningful.
* Supporting the individual to be as independent as possible.
* Supporting recovery from trauma.
* Defining and pursuing goals of their choosing with assistance as needed.
* Learning and practicing alternative means for expressing displeasure, pain, or other communicative intent.
* Behavior is understood from a functional perspective.
* Teaching, modeling, encouraging, and reinforcing desirable behavior.
* Using effective prevention and intervention strategies when challenging behavior occurs.

The Behavior Support Consultant (BSC) has the essential responsibility for identifying key aspects of positive behavior and positive behavior support. They lead the continuous discovery of antecedent conditions-the who, what, where, and when of all behavior; the why regarding motivation and behavioral function; and generate prevention and intervention strategies. Their contribution is documented primarily through the Positive Behavior Supports Assessment (PBSA) and Positive Behavior Supports Plan (PBSP).

**Positive Behavior Supports Assessment (PBSA)**

The PBSA documents the BSC’s identification and analysis of the personal attributes and interpersonal, environmental, and activity factors that influence positive and challenging behavior. The PBSA describes the essential findings upon which behavioral interventions and positive support are based. The findings are based on observation and/or interviews with the individual, their family, and other team members; a review of available documents; and a functional behavioral assessment. The PBSA contains references to information sources addressing the individual’s history, background information, current life circumstances, and describes his/her current behavioral challenges. The BSC is encouraged to highlight and/or briefly reiterate historical information and events that continue to shape the individual’s experience, perception, and behavior.

**A. Referral information**

1. Reason for referral: Describe the challenges, obstacles to support, and questions posed by the referral source.

2. Differential Diagnostic considerations: Describe any medical and/or psychiatric issues that have been considered, and either ruled out as causative factors or that are still under consideration as contributing factors.

3. Referral source: Identify referring individual, their role with the individual and whether they represent the Interdisciplinary Team (IDT)

4. Individuals/Professionals contributing information: Describe varying perspectives and where consensus and/or disagreement may occur among contributors. Record review: List documents reviewed (including dates produced) and highlight any continuing need for historical documents; in recommendations indicate any other assessments that may be needed now or in the future to inform treatment issues further.

**B. Relevant Domains**

The following outlines the essential information considered when identifying factors assessed to increase the likelihood of positive behavior and/or decrease the likelihood of challenging behavior and factors assessed to increase the likelihood of challenging behavior and/or interfere with positive behavior. Factors assessed to prompt concerns meeting clinical criteria for on-going BSC must be embedded throughout the PBSA. (Draft criteria attached below)

Information gathered is expanded upon and uniquely highlighted in each subsequent section of the PBSA.

1. **Individual Attributes** describes the person from an holistic perspective representing past and current experience and status. Personal assets, strengths, and liabilities should be included. Information in readily available documents may be referred to, attached, or cited rather than repeated. The suggested items are neither exclusive nor exhaustive but may be considered for most individuals. The information gathered will be considered when the PBSP is developed.
	1. Communication. Expressive and receptive communication capacity, styles, unique methods, and motivation to engage with others.
	2. Social competence. Relationships and associated social skills including those displayed with family, friends, and paid supports. Describe who, what and why the individual is drawn to some individuals and avoidant of others. Intimacy and sexuality issues must be identified.
	3. Biological and/or physiological factors. Describe identified syndromes, an examination of trauma, wellness, acute and chronic emotional and/or physical pain, and mental health issues. Identified Axis diagnoses must be included with reference to the diagnostician and the BSC impression of the accuracy of included or neglected diagnoses. Psychotropic medications must be noted with prescribing intent and effectiveness when available. The impact on the person’s current status and functioning, from the BSC perspective, should be included.
	4. Problem-solving capacity and means. How does the person resolve conflict, cope with novel activities and settings and generalize learning?
	5. Intellectual status. This should exceed reported levels of cognitive ability/disability and include an assessment at how the person organizes information about their world and whether that organization is useful to them in desirable ways. Identify particular areas of strength as well as limits.
	6. Self regulation. Describe how, where, and from whom the person seeks comfort or management when distressed.
	7. Emotional status. Describe the person’s emotional repertoire and typical expression.
	8. Cultural issues. Ethnicity and race are important factors for some individuals. For others, the culture of their community, family, and institutional settings may be more relevant.
	9. Spiritual beliefs. This should exceed religious convictions and practices to larger issues of how the person considers nature, the arts, and aesthetics.

1. **Environmental Factors** considers the nature of the places available to the individual throughout their day. The following may be considered for most individuals and will be critical for others.
	1. A complete description of the settings the person finds physically and psychologically safe.
	2. Optimal density of people.
	3. Noise and light stimulation and reaction
	4. Opportunities for movement versus in-place activities.
	5. Opportunities to exercise independence.
	6. Opportunities to engage in participatory activities.
	7. Perceived level of satisfaction.
2. **Activity Factors** consider the options and expectations held for the person throughout their day. Questions to consider include:
	1. Whether the person is supported to make and follow through on choices?
	2. Is there a balance between familiar routines and more challenging expectations?
	3. Are desired outcomes appropriate and compatible with longer ranging individual preferences and quality of life issues?
	4. Do support providers understand the person’s dominant learning style and can they adapt their interactions/
	5. Does the person derive a sense of meaning or purpose from their activities?
3. **Assessment of Effectiveness Indicators**

The Office of Behavior Support (OBS) contends that enduring behavior change is contingent upon thorough consideration of the following Effectiveness Indicators. We base this on over a decade of analyzing the factors that consistently emerge as critical to increasing positive behavior and/or decreasing challenging behavior. We considered observed, reported, inferred, and documented information in reaching the Effectiveness Indicators. The collective findings are heavily, but not exclusively, based on individuals receiving support in New Mexico. The PBSA serves as a foundation for considering the indicators while the PBSP provides guidance toward pursuing the following:

1. **Community Integration/Quality of Life Effectiveness Indicator**
2. **Skill Development Effectiveness Indicator**
3. **Challenging Behavior Effectiveness Indicator**
4. **Interdisciplinary team Effectiveness Indicator**

1. **Community Integration/Quality Life Effectiveness Indicator:**

The BSC explores the current opportunities an individual has to participate in a range of experiences, events, and settings with a variety of people according to his/her interests, skills, and pace. The most varied and effective range of resources is available through authentic, individualized community integration. However, the same standards of individual interest, preferences, and tolerance are applied when considering roles and activities at home and in segregated settings. The individual’s overall satisfaction with their usual and exceptional events is considered.

The BSC findings are reported in a brief narrative or list citing essential motivators and factors drawn from and expanding on the Basic Information above that are specific to community participation and quality of life consistent with the individual’s ISP goals and objectives. This will serve as a reference to the who, what, when, where, and how a expectations and daily opportunities for participation are determined.

Please consider the following questions while interviewing the individual, or their proxy.

1. What kinds of things do you do on your own that you enjoy?
2. What do you need or get help to do?
3. Are there things you have to do that you prefer not to?
4. Who are your friends?
5. What do you do together?
6. What do you talk about with your friends?
7. Who helps you do things and have friends?

The following worksheets, developed for the Friends and Relationship curriculum, are useful tools to inform this section as well.

1. I Am Somebody Worksheet
2. Self-reliance Skills Worksheet

1. **Skill Development Effectiveness Indicator:**

OBS observes an inverse relationship between skill and behavior. Individuals with on-going support and opportunities to use existing skills and directed teaching strategies to learn new adaptive skills demonstrate the most dramatic and enduring behavioral changes. The BSC guides staff and family to continually set the stage for desired existing behavior and skill development that enhances all adaptive domains, most critically communication and social skills. Ideally, this may also include specific substitute behaviors that satisfy the motivating function of challenging behaviors.

1. **Challenging Behavior Effectiveness Indicator:**

The BSC describes the individual’s current patterns of challenging behavior and recommends a hierarchy of direct intervention. Three critical considerations are an analysis of antecedent conditions specific to a behavior; a thorough description or data derived baseline of the intensity/severity, frequency, episode duration, and intervals between episodes; ***and,*** a proposed assessment of the adaptation or function that the behavior represents to the individual. This serves as a reference to how and why certain patterns of relating and behavior are established and maintained. The proposed adaptation or function is supported by observation, report, and/or data. The BSC describes the starting point from which progress and support effectiveness will be determined. The individual’s family and staff capacity to understand and observe factors contributing to challenging behavior is enhanced as well. Ideally, the individual and full IDT contribute to identifying which behaviors to specifically address and/or whether to consider behavior with similar functions to be grouped according to outcome severity as determined by if and how it interferes with the person’s quality of life. (See attached descriptions of distracting, disruptive, and destructive behavior).

1. **Interdisciplinary Team Effectiveness Indicator:**

The goal of enhanced quality of life is founded on underlying values that are essential to positive approaches. The foundation values are:

1. Supports and services are person-centered and rely on specialized and generic resources.
2. Individual rights and dignity are respected and protected.
3. Individuals are protected from undue health and safety risks and are free from abuse, neglect, coercion, and exploitation.
4. Behavior is understood from a broad ecological context.

The BSC contributes to the IDT’s holistic understanding of the individual from a current and historical perspective that guides team planning and subsequent support. The individual’s family and staff will have enhanced confidence and capacity for responding to challenging behavior as well. This is observed regardless of impact on traditional behavioral topographies. The BSC is responsible for assessing the IDT’s current perspective and understanding regarding relationship, environmental, and activity issues. Team strengths reflecting perspectives, practices, and understandings the BSC finds are consistent with positive behavior support should be noted. Perceived team perspectives, practices, and understandings inconsistent with Positive Approaches should be identified. The needs are then addressed in the PBSP.

1. **Initial Impressions and Recommendations**

The BSC is responsible for summarizing their assessed impression of the individual’s status, positive support needs, and facilitating a discussion with IDT members. Again, the BSC and team must refer to the Clinical Criteria for on-going services to determine whether prior approval should be requested. The PBSA will be the principal document supporting that decision.

**Attachment A-Distracting, disruptive and destructive behavior**

*Distracting Behavior*-Meansbehavior that others find annoying, “pesky,” negative, and undesirable that do not imminently cause significant harm. These behaviors may occur at a frequency and intensity that maintaining family and peer relationships and retaining staff are compromised. Distracting behavior may also exclude participation and presence in community settings. Active examples include perseverative questioning and comments, offensive language or gestures, constant touching, and unusual self-regulating behavior. Passive examples include refusing to participate in activities, refusing to enter/exit vehicles or settings, and physical and personal withdrawal.

*Disruptive Behavior*-Means behavior that interrupts habilitation, creates a potential vulnerability for the individual, is potentially harmful to self or others, and calls significant negative attention to the individual. Disruptive behavior suspends desired support for the individual and their peers. Support is increasingly organized around intervention and management with decreasing attention to enhancing positive behavior and pursuing habilitation goals identified in the Individual Support Plan (ISP). Examples include verbal aggression, including threats and patently obscene and offensive language; risky decisions about health and safety; self neglect, including extremely poor personal hygiene; problematic choices of friends and/or sexual partners; financial disregard; illicit drug and alcohol abuse; minor property damage; and chronic refusal of services required to satisfy Medicaid DD Waiver regulations.

*Destructive Behavior*- Means behavior that results in physical injury and/or great emotional harm. The individual, peers, staff, family, and community members may be jeopardized. A typical result is that support is increasingly reactive and designed to control the person and their behavior. The individual is usually given fewer relationship options, activities, and environment choices due to the real or perceived risk. Examples range from reparable tissue damage to potentially lethal acts. The extreme episodes may be intermittent or chronic. Some episodes of substantial property damage, such as fire starting, are also included.

**Attachment 2-Clinical Criteria**