

SUBJECT: **Developing, Approving and Monitoring Behavior Programs** NO: **C- 172**
REVISION DATE: March 22, 2018
EFFECTIVE DATE: January 7, 2011
INTENDED USER(S): Arizona Training Program at Coolidge

Purpose:

- 1.0 To establish procedures for development, review, implementation and monitoring of Behavior Programs at the Arizona Training Program at Coolidge (ATPC) in accordance with federal Conditions of Participation for the ICF/IID program and the Division of Developmental Disabilities (DDD) rules and regulations.
 - 1.1 Behavior programs will be developed utilizing the least restrictive procedures necessary while promoting the acquisition and development of skills for increased independence and self-management for the individual.

Definition:

- 2.0 In this document, the term "Behavior Program" refers to a program designed for an individual that defines procedures to reduce or eliminate inappropriate behaviors and to teach new adaptive (replacement) behavior(s) that promote the individual's growth and independence.
 - 2.1 If an individual is prescribed a behavior modifying medication intended to address exhibition of an inappropriate behavior(s),
 - 2.1.1 The individual must have a behavior program approved by the ISP Team that includes the use of this medication(s) as a behavior modifying procedure;
 - 2.1.2 When a behavior plan is required, the plan must comport with Article 9 which states:
 - 2.1.2.1 The ISP team shall submit to the PRC and Human Rights Committee any behavior treatment plan which includes
 - 2.1.2.1.1 Techniques that require the use of force;
 - 2.1.2.1.2 Programs involving the use of response cost;
 - 2.1.2.1.3 Program which might infringe upon the rights of the client pursuant to applicable federal and state laws, including A.R.S. § 36-551.01;
 - 2.1.2.1.4 The use of behavior-modifying medications;
 - 2.1.2.1.5 Protective devices used to prevent a client from sustaining injury as a result of the client's self-injurious behavior;

Policy:

- 3.0 All program services at ATPC are designed to promote the growth, development and independence of individuals receiving services at the facility.
 - 3.1 Individuals and their legal guardians are encouraged to participate in all ISP Team program development activities.

- 3.2 All program services and supports are designed to promote self-determination and self-management to the extent possible and choices of the individual are a central element considered in planning these services and supports.
- 4.0 The following behavior intervention techniques are prohibited:
 - 4.1 The use of time out rooms;
 - 4.2 The use of overcorrection;
 - 4.3 The application of painful or noxious stimuli;
 - 4.4 Physical restraints, including mechanical restraints, when used as a negative consequence to a behavior;
 - 4.5 The use of response cost;
 - 4.6 Any other technique/practice which would cause pain, discomfort or emotional distress.
 - 4.7 The use of behavior modifying medications is prohibited, except as specified in DDD Rule R6-6-910, if:
 - 4.7.1 They are administered on an “as needed” or “PRN” basis; and/or
 - 4.7.2 They are in dosages which interfere with the individual’s daily living activities; and/or
 - 4.7.3 They are used in the absence of a Behavior Program.

Procedure:

- 5.0 If an individual exhibits an inappropriate behavior(s) that poses a danger or risk of danger to self or others, a functional behavior assessment of the identified behavior(s) will be conducted by the Psychologist/Behavior Analyst.
 - 5.1 The results of that assessment will be presented to the ISP Team to determine if the individual requires a Behavior Program.
- 6.0 If the ISP Team determines that a Behavior Program is necessary, the Psychologist/Behavior Analyst will develop the program.
 - 6.1 The Behavior Program will be based on positive techniques and will incorporate more intrusive/restrictive procedures only after less restrictive/intrusive techniques have been tried systematically and demonstrated to be ineffective.
 - 6.2 The Psychologist/Behavior Analyst will solicit input from
 - 6.2.1 The individual (if possible),
 - 6.2.2 Staff who are knowledgeable/familiar with the individual,
 - 6.2.3 The individual’s legal guardian, and
 - 6.2.4 Other members of ISP team to assist with the development of the Behavior Program.

- 6.3 The Behavior Program will identify both the inappropriate behavior(s) to be addressed and will include an appropriate replacement behavior targeted for each targeted inappropriate behavior.
- 6.4 The ISP team will have final approval for all Behavior Programs that use only positive techniques and no behavior modifying medications.
 - 6.4.1 All other Behavior Programs will be sent to the Program Review Committee (PRC) and the Human Rights Committee (HRC) for review and approval. Approved programs will then be sent to the Superintendent (or designee) for review and signature.
 - 6.4.2 Minutes of PRC meetings will also be sent to the Superintendent, with a copy to the chairperson of the HRC.
- 7.0 The Psychologist/Behavior Analyst is responsible to monitor the implementation of the Behavior Program.
 - 7.1 The Psychologist will complete a monthly progress note that describes the individual's response to the program and any recommendations to be considered by the QIDP/ISP Team and submit the progress note to the QIDP/Support Coordinator according to a pre-approved schedule.
- 8.0 Program Changes:
 - 8.1 The PRC will approve, approve with recommended changes, or disapprove the program based only on documented rights restrictions, intrusive techniques, or use of behavior modifying medications or protective devices.
 - 8.1.1 The PRC shall review and respond in writing within ten (10) working days of reviewing a Behavior Program submitted by the Psychologist/Behavior Analyst.
 - 8.1.2 Upon approval by the PRC, the chairperson will forward the original document and the PRC report to the QIDP/Support Coordinator, the Psychologist/Behavior Analyst and Superintendent.
 - 8.1.3 If the guardian did not give consent for the program at the ISP team meeting, the QIDP/Support Coordinator will send, via certified mail, a copy of the program with a signature sheet asking for their signature (if they agree or if they do not) and return within 14 days.
 - 8.1.4 If it is not returned, there must be documentation of all attempts to obtain guardian's signature (e.g. possibly a home visit).
 - 8.2 Approved programs with missing or inconsistent information will be returned by the Psychologist/Behavior Analyst to the PRC chairperson for signature approval within five (5) working days.
 - 8.3 If disapproved by the PRC, the chairperson will forward the disapproval notice to the QIDP/Support Coordinator, the Psychologist/Behavior Analyst and the Superintendent.

- 8.3.1 The Psychologist/Behavior Analyst will revise/redevelop the Behavior Program and submit the revised program to the ISP Team for review and approval within 15 working days of receipt of the disapproval notice.
 - 8.3.2 If the ISP team approves the revised program, the Psychologist/Behavior Analyst will send the revised Behavior Program to the PRC for approval.
- 9.0 Upon receipt of approval of the initial or revised Behavior Program from the PRC, the Psychologist/Behavior Analyst will submit the program to the HRC.
- 9.1 The HRC will review the program and provide written recommendations to the appropriate Psychologist/Behavior Analyst with a copy to the QIDP/Support Coordinator, the Superintendent and PRC.
- 10.0 The Psychologist/Behavior Analyst will be responsible to address each of the recommendations from the HRC and notify the QIDP/Support Coordinator and Superintendent of the changes made to address the recommendations.
- 10.1 Documentation of the changes will be retained with the Behavior Program in the individual's record and will be addressed by the QIDP in their next monthly QIDP Program Review.
- 11.0 The Psychologist/Behavior Analyst is responsible to notify the PRC of any of the following issues:
- 11.1 Any Tardive Dyskinesia positive test results within 15 working days of completed tests.
 - 11.2 Changes in type of behavior modifying medication or behavior modifying medication dosage increases.
 - 11.3 Any recommended change in a Behavior Program previously approved by the PRC.
 - 11.4 Any program adding a behavior modifying medication when there had previously been none will require PRC approval and guardian consent prior to implementation of the Behavior Program.
- 12.0 In case of an emergency where the individual is considered a danger to self and/or others, a behavior modifying medication may be prescribed and administered as directed by the physician, prior to receiving PRC approval.
- 12.1 If the medication is prescribed as detailed above, approval from the guardian must be received before the medication is administered.
 - 12.2 If the medication is prescribed by a physician and administered prior to implementation of a Behavior Program, the Psychologist/Behavior Analyst and

QIDP/Support Coordinator must be immediately notified of the need to develop a Behavior Program.

- 12.3 The Psychologist/Behavior Analyst must submit the Behavior Program to the ISP Team within 15 days of the date the medication was prescribed and first administered and, if approved, submit the program to the PRC within 30 days of the date the medication was prescribed and first administered.
- 13.0 Adding a rights restriction will require PRC approval and guardian consent prior to implementation.
- 14.0 The Psychologist/Behavior Analyst will submit a program status report (include: data summary of progress and how continued follow-up will be done) to the PRC when requesting discontinuation of a Behavior Program after the ISP Team has determined the appropriateness of discontinuation.
 - 14.1 Upon approval for program discontinuation from the PRC and written consent from the guardian, the formal program will be discontinued.
- 15.0 Upon disapproval from program discontinuation from the PRC, the chairperson must notify the QIDP/Support Coordinator, the Psychologist/Behavior Analyst and the Superintendent that the existing Behavior Program should be continued or revised.

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