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2 **100 ~~DEFINITIONS AND APPLICABILITY, DEFINITIONS, AND~~**
3 **GUIDING PRINCIPLES**

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5 REVISION DATE: TBD, 1/16/2019

6 REVIEW DATE: 11/29/2023

7 EFFECTIVE DATE: JULY 31, 2014

8 REFERENCES: A.R.S. § 36-551; A.A.C. R6-6-901

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11 **APPLICABILITY**

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13 The Behavior Supports Manual is to be used in conjunction with
14 Arizona Administrative Code Title 6, Chapter 6, Article 9, Interventions for
15 Unsafe and Inappropriate Behaviors, R6-6-901 through R6-6-911, (Article
16 9). Article 9 governs the Division’s policies and administration of a
17 comprehensive statewide system for behavioral interventions, and
18 establishes the structure of developing, approving, implementing, and
19 monitoring Behavior Plans.

20 All policies in Chapter 900 of the Behavior Supports Manual apply to
21 staff, whether state employed or contracted; and programs operated,
22 licensed, certified, supervised, or financially supported by the Division
23 requiring interventions for Unsafe and Inappropriate Behaviors. This
24 includes:

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- Planning Teams;

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- Program Review Committees;
 - Independent Oversight Committees responsible for developing, reviewing, approving, and implementing Behavior Plans for Division Members;
 - Community Residential Settings (group homes, adult developmental homes, child developmental homes, day programs, work programs); and
 - Direct Support Professionals providing support to a Member, including Family Members as paid providers.

37 **DEFINITIONS**

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1. "Abuse" means the same as "Abusive Treatment" under A.R.S. 36-569.
 2. "Article 9" means the Arizona Administrative Code Title 6, Economic Security, Chapter 6, Division of Developmental Disabilities, Article 9, Interventions for Unsafe and Inappropriate Behaviors.
 3. "Article 9 Instructor" means an individual approved by the Division to conduct training as outlined in R6-6-906.
 4. "Article9/Prevention and Support Lead Instructor Advisory Committee" means a group of certified Article 9 and Prevention and Support Instructors from Qualified Vendor Agencies, Training Agencies in the

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50 field of developmental disabilities, and Division Trainers who have
51 successfully completed the requirements to be considered Lead
52 Instructors and subject matter experts in the topics of Article 9,
53 Positive Behavior Support, and Physical Intervention techniques.
- 54 5. “Aversive Intervention” means a technique intended to inflict pain,
55 discomfort, or social humiliation to modify behavior.
- 56 6. “Behavior Plan” means an integrated, individualized, written plan
57 which may be based on a Behavioral Health Professional’s provisional
58 or principal diagnosis and assessment of behavior and the treatment
59 needs, abilities, resources, and circumstances of a Member, that
60 includes one or more treatment goals and one or more treatment
61 methods.
- 62 7. “Behavior Plan Writer” means the person designated by the Planning
63 Team to write the Behavior Plan.
- 64 8. “Behavioral Health Professional” means:
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66 a. An individual licensed under A.R.S. § 32, Chapter 33, whose
67 scope of practice allows the individual to:
- 68 i. Independently engage in the practice of behavioral health
69 as specified in A.R.S. § 32-3251, or

- 70
- 71 ii. Except for a licensed substance abuse technician, engage
- 72 in the practice of behavioral health as specified in A.R.S. §
- 73 32-3251 under direct supervision as specified in A.A.C.
- 74 R4-6-101;
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- 76 b. A psychiatrist as specified in A.R.S. § 36-501;
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- 78 c. A psychologist as specified in A.R.S. § 32-2061;
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- 80 d. A physician;
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- 82 e. A behavior analyst as specified in A.R.S. § 32-2091;
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- 84 f. A registered nurse practitioner licensed as an adult psychiatric
- 85 and mental health nurse; or
- 86 g. A registered nurse with a psychiatric-mental health nursing
- 87 certification or one year of experience providing behavioral
- 88 health services.
- 89 9. “Business Day” means Monday through Friday, excluding state and
- 90 federal holidays.
- 91 10. “Chemical Restraint” means medication administered as a method of
- 92 restricting a Member’s freedom of movement, physical activity, or
- 93 access to the Member’s own body that is not routine treatment for a
- 94 Member’s medical or behavioral health condition.

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- 96 11. "Community Residential Setting" means a residential setting in which
- 97 Members with developmental disabilities live and are provided with
- 98 appropriate supervision by the Service Provider responsible for the
- 99 operation of the residential setting. Community Residential Setting
- 100 includes a child developmental home or an adult developmental home
- 101 operated or contracted by the department or the department's
- 102 contracted vendor or a group home operated or contracted by the
- 103 department as defined in ARS 36-551 (15).
- 104 12. "Electronic Tracking Device" means an electronic or mechanical device
- 105 which permits the tracking of the movement of a person or object as
- 106 defined in 18 U.S. Code § 3117.
- 107 13. "Emergency Measures" means the one-time use of Psychotropic
- 108 Medications or Physical Intervention in an Emergency Safety
- 109 Situation.
- 110 14. "Emergency Safety Situation" means unanticipated Unsafe Behavior.
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- 112 15. "Family Members" means relatives of a Member in the context of what
- 113 family members may get paid to provide services to the Members
- 114 a. Spouse
- 115
- 116 b. Adult children/Step Children

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118 c. Son/Daughter in law
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120 d. Grandchildren
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122 e. Siblings/Step-siblings
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124 f. Parents/Step Parents/Adoptive parents
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126 g. Grandparents
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128 h. mother/father in law
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130 i. brother/sister in law
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132 16. “Forced Compliance” means a procedure in which a Member is
133 physically made to follow a direction or command.
134 17. “Functional Behavior Assessment” or “FBA” means a comprehensive
135 assessment consisting of different observations of the member in one
136 or more settings, with one or more caregivers; and includes a
137 comprehensive review of historical documents (e.g., Planning
138 Documents, medical and behavioral health evaluations, progress
139 reports, Individualized Education Program, data collection), indirect
140 and direct assessment, and recommendations for treatment.
141 18. “Inappropriate Behavior” means a Member’s actions which a
142 Behavioral Health Professional, Service Provider, or the Planning Team
143 reasonably believes to be are impeding an Member’s ability to interact

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145 in a socially acceptable manner as detailed in behavioral goals put
146 forward in the Planning Document.
- 147 19. "Independent Oversight Committee" or "IOC" means the entity
148 established under A.R.S. § 41-3801.
- 149 20. "Least Intrusive" means the level of intervention necessary,
150 reasonable, and humanely appropriate to the Member's needs, which
151 is provided in the least disruptive or invasive manner possible.
- 152 21. "Mechanical Restraint" means any type of mechanical device used to
153 restrict an individual's freedom of movement or normal access to the
154 individual's body; excluding medically prescribed Protective Devices
155 used to protect an individual from harm or serious injury.
- 156 22. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
- 157 23. "Neglect" means the deprivation of food, water, medication, medical
158 services, shelter, supervision, cooling, heating, or other services
159 necessary to maintain a vulnerable adult's minimum physical or mental
160 health as specified in A.R.S. § 46-451(A)(7).
- 161 24. "Overcorrection" means a group of behavior management procedures
162 designed to reduce Inappropriate Behavior, and includes:

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164 a. Requiring a Member to improve the environment to a state
165 better than existed prior to the occurrence of the Inappropriate
166 Behavior; or
167 b. Requiring a Member to repeatedly practice a behavior by
168 engaging in effortful behavior directly or logically related to
169 repairing damage caused by the Member’s behavior as a tactic to
170 evoke behavioral change.
- 171 25. “Physical Intervention” means a technique used on an emergency
172 basis by an individual who is providing care or service to a Member to
173 restrict the movement of the Member by direct physical contact to
174 prevent the Member from seriously harming self or others.
- 175 26. “Planning Document” means a written statement of services that is
176 separate from the Behavioral Plan and shall be provided to a Member,
177 including Habilitation goals and objectives, that is developed following
178 an initial eligibility determination and revised after periodic
179 reevaluations.
- 180 27. “Planning Team” means a group of people including:
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182 a. The Member;
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184 b. A Responsible Person;

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186 c. The Support Coordinator;
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188 d. Other State of Arizona Department of Economic Security staff, as
189 necessary; and
190 e. Any person selected by the Member, Responsible Person, or the
191 Department.
- 192 28. “Positive Behavior Support” means a set of research-based strategies
193 used to increase quality of life and decrease challenging behaviors
194 by understanding the relationships between a person’s behavior,
195 communication, and aspects of their environment.
- 196 29. “Prevention and Support” means specific techniques and preventative
197 strategies used by trained personnel during an Emergency Safety
198 Situation.
- 199 30. “Program Review Committee” or “PRC” means the assembly of
200 designated individuals that review and approve Behavior Plans meeting
201 the criteria outlined in Article 9 prior to implementation.
- 202 31. “Prohibited Technique” or “Red Light Techniques” means a technique
203 that the Division does not allow to be used in any setting, under any
204 circumstance.

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206 32. "Pro Re Nata" or "PRN" means administered as circumstances require
207 but not on a regular schedule.
- 208 33. "Protective Device" means a type of device used to reduce the
209 likelihood of self-injurious behavior, such as helmets, gloves, or arm
210 pads, and requires a prescription.
- 211 34. "Psychotropic Medication" means a behavior-modifying medication that
212 affects a Member's mental status, behavior, or perception.
- 213 35. "Quorum" means, for purposes of this policy, the attendance of or
214 input from at least three PRC panel members.
- 215 36. "Qualified Health Care Professional" means an individual with the
216 authority to prescribe medication under A.R.S. Title 32.
- 217 37. "Response Cost" means a Restricted Technique sometimes associated
218 with token economies, designed to decrease Inappropriate Behaviors,
219 in which reinforcers or items/activities that a Member has already
220 earned are removed as a part of a Behavior Plan.
- 221 38. "Responsible Person" means the same as defined in A.R.S. § 36-551.
222
- 223 39. "Restitution" means the act of paying or compensating for property
224 loss or damage in order to learn alternative behaviors. It does not

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226 include voluntary compensation by a parent or guardian; and may not
227 infringe on an individual's rights protected by A.R.S. § 36-551.
- 228 40. "Restricted Technique" or "Yellow Light Technique" means a technique
229 that must be included in an approved Behavior Plan prior to
230 implementation.
- 231 41. "Rights Restriction" means a limitation to the rights of a Member due
232 to a specific assessed need in order to support the health, safety, and
233 well-being of the Member or others.
- 234 42. "Seclusion" means restricting a Member to a room or area, through the
235 use of locked doors or any other device or method that precludes the
236 Member from freely exiting the room or area, or that a reasonably
237 prudent person would believe precludes the Member from freely
238 exiting the room or area. This does not include, in the case of a
239 community residence, restricting a Member to the residential site,
240 according to specific provisions of a Planning Document, Qualified
241 Health Care Professional's orders, temporary law enforcement
242 directive, or court order.

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244 43. “Service Provider” means any individual or entity as defined in A.R.S.
245 36-551 as well as Division staff who administer direct services to
246 Members.
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- 248 44. “Support Coordinator” means the same as “Case Manager,” as defined
249 in A.R.S. § 36-551.
- 250 45. “Target Behavior” means a specific behavior selected for change in
251 terms of increasing or decreasing the behavior.
- 252 46. “Unsafe Behavior” means a Member’s action or activity, whether
253 intentional, unintentional, or negligent, that causes a risk of imminent
254 harm to the Member or others.

GUIDING PRINCIPLES

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259 Behavior Plans should be developed incorporating the following guiding
260 principles:

Person-Centered Planning

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263 The Support Coordinator utilizes a person-centered approach to
264 maximize member direction and to support the Member in making informed
265 decisions so they can lead and participate in the planning process to the
266 fullest extent possible. The Person-Centered Service Plan (PCSP) is a written
267 plan developed through an assessment of functional needs that reflects the

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269 services and supports (paid and unpaid) that are important to and important
270 for the Member in meeting their identified needs and preferences for the
271 delivery of services and supports.

272 Person-centered thinking influences and guides the way we listen and
273 respond to people. If someone on a Member's Planning Team is thinking in a
274 person-centered way, they will encourage and empower the Member's
275 control over their own life. Person-centered thinking also ensures that
276 people are recognized and valued for contributions to their community,
277 whether those contributions are in the past, current, or in the future.

278 Person-Centered Thinking takes a strong stance that nobody is broken: the
279 disability is just one attribute of the person and does not need to be fixed.

280 The person-centered thinking approach:

- 281 • Builds on the member's strengths, choices and needs.
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283 • Identifies ways to be involved in the community and socially
284 active.
285 • Promotes independence and inclusion.
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288 **Positive Behavior Support**

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290 Positive Behavior Support offers strategies to modify the environment
291 and modify interactions with Members to:

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- Prevent the occurrence of challenging behaviors;
 - Teach skills to replace challenging behaviors;
 - Outline responses to challenging behaviors to reduce the likelihood that these behaviors will reoccur in the future; and
 - Offer proactive and functional strategies to promote a positive lifestyle change.

301 Positive Behavior Support is based on four principles:

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1. An Understanding that people (even caregivers) do not control others but seek to support others in their own behavior change process.
 2. A Belief that there is a reason behind all challenging behavior, that people with challenging behavior should be treated with compassion and respect, and that they are entitled to lives of quality and effective services.
 3. The application of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of challenging behavior.

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314 4. A Conviction to continually move away from the threat/and or
315 use of unpleasant events to manage behavior.

316 **Trauma Informed Care**

317 Trauma-informed care shifts the focus from “What’s wrong with you?”
318 to “What happened to you?” A trauma-informed approach is an
319 understanding of the need to have a complete picture of a member’s life
320 situation — past and present — in order to provide effective services with a
321 healing orientation.

322 Trauma-informed care seeks to:

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325 • Realize the widespread impact of trauma and understand paths
326 for recovery;
327 • Recognize the signs and symptoms of trauma in patients,
328 families, and staff;
329 • Integrate knowledge about trauma into policies, procedures, and
330 practices; and
331 • Actively avoid re-traumatization.

332 **Key Principles of Trauma-Informed Approaches***

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335 1. Safety
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337 2. Trustworthiness

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339 3. Transparency
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341 4. Collaboration & mutuality
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343 5. Empowerment
344
345 6. Voice & choice
346
347 7. Peer support
348
349 8. Resilience & strengths-based
350
351 9. Inclusiveness & shared purpose
352
353 10. Cultural, historical, and gender issues
354
355 11. Change process
356
357 **Adapted from the Substance Abuse and Mental Health*
358 *Services Administration's SAMHSA "Trauma-Informed*
359 *Approach."*

360 **Understanding Behavior**

361 Planning Teams continuously assess the role of medical factors and
362 how they may influence a member's behavior. If a member begins displaying
363 a new target behavior, the Member's planning team considers the following
364 questions:
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- 366 1. Is the behavior a symptom of pain or a medical condition?
367
368 2. Is the behavior resulting from a lack of skills?

- 369
- 370 3. Is the behavior resulting from something occurring in the
- 371 immediate environment?
- 372 4. Is the member's quality of life meaningful? (How is their
- 373 relationship with others? What is their living situation like? Are
- 374 they making their own personal choices?)
- 375 5. What does the member get from the behavior?
- 376
- 377 6. Does the member want to escape? If so, what is the behavior
- 378 helping them escape?
- 379 7. What does the behavior help the participant avoid?
- 380
- 381 Behavior is everything a person does. It refers to all behavior and is
- 382 not exclusive to challenging or unsafe behavior. Behavior includes events
- 383 that are observable and measurable by others.
- 384 There are four principles of behavior:
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- 386 1. Almost all human behavior is learned.
- 387
- 388 2. All behaviors occur for a reason and serve a purpose for the
- 389 person.
- 390 3. Behaviors continue to occur if they are effective.
- 391
- 392 4. Behaviors stop occurring because they are ineffective.
- 393
- 394 There are four functions of behavior:

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396 1. Escape/Avoidance: To escape something that is currently
397 happening or to avoid something that is aversive to the person
398 and that is about to happen.
- 399 2. Attention: To gain attention from others, can be positive or
400 negative.
- 401 3. Tangible/Access: Access to items, activities, environments, or
402 people.
- 403 4. Sensory/Automatic/Pain Attenuation: Because it “feels good” or
404 alleviates pain.

405 ~~Arizona Administrative Code R6-6-901, is titled Managing Inappropriate~~
406 ~~Behavior. Commonly referred to as Article 9, it governs the Division of~~
407 ~~Developmental Disabilities’ (DDD) administration of a comprehensive~~
408 ~~statewide system for behavioral interventions, and establishes the structure~~
409 ~~for developing, approving, implementing and monitoring these plans.~~

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411 ~~All programs operated, licensed, certified, supervised or financially supported~~
412 ~~by the Division must comply with these policies and procedures. If a need to~~
413 ~~reduce inappropriate behaviors is identified, the Planning Team must~~
414 ~~determine whether a behavior treatment plan is needed. Behavior treatment~~
415 ~~plans, which include any of the interventions outlined in this Policy Manual,~~
416 ~~must be approved by the Program Review Committee (PRC) and reviewed by~~
417 ~~the Independent Oversight Committee (IOC).~~