

# Behavior Program Development for Adults Supported in Communitas Programs



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Applies To: All

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S:\Agency Policy\6 - Program Related Policies and Procedures\6.0.33 Behavior Program Development for Adults

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Communitas strives to support the independence of each individual, and assure the dignity, health and safety of people in our programs at all times in the development and implementation of behavior plans and strategies. Communitas will support the development of behavior plans and strategies that promote positive, long-term, enduring changes in behavior so that each person is able to attain the most fulfilling life.

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## DEFINITIONS:

- Positive Behavior Supports (PBS) - with regard to challenging behavior, PBS seeks to teach alternative, compatible and other behavior as replacement behavior.
- Universal Supports- Universal supports are systems and practices that are always in place supporting every individual. Universal Supports are intended to enhance the quality of life by ensuring that all activities, plans, and routine reflect the preferences, needs and goals of individuals who live and work in a setting. Universal supports will ensure that sensible expectations are developed in all settings, socially appropriate behavior is reliably encouraged, individual are given choices, and have ample opportunity to engage in preferred activities and staff are caring and skill in their work. Universal Support;
  - Provide environments that offer opportunities for healthy and happy lives.
  - PBS systems and practices benefit everyone.
  - Developed with individual's preferences in mind (routines, consistency, choice, praise, activities etc.).
- Targeted Supports - This level of support focuses on improving specific skill deficits individuals have. Targeted Supports provides more opportunities for practice and feedback while keeping the interventions maximally efficient. Individuals may need some assessment to identify whether they need this level of support and which skills to address. Targeted supports help individuals develop the skills they need to benefit more in their environment
- Individualized Intensive - This level of supports are the most intensive supports. These supports require are the most resource intensive due to the individualized approach of developing and carrying out interventions. At this level formal assessments are completed to determine an individual's needs and to develop an individualized support plan. Individual plans often include goals related to both skills to be learned and types of behavior support to be provided.

- Behavioral Guidelines – provides staff with verbal, gestural or environmental cues which are designed to minimize disruptive or interfering behaviors. This may include setting up an environment or activity in a specific way, or phrases or gestures staff should use to set the individual up for success.
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1. All behavior modification programs will be written by a qualified clinical behaviorist and will conform to accepted behavioral guidelines and regulations.
2. Development of the Behavior Plans or Guidelines
  - a. All medical factors are considered and ruled out.
  - b. Target behavior(s) are identified through observation, record review, interview with the individual or significant others and/or data collection by support staff.
  - c. Baseline data will be collected, including antecedents and circumstances which contribute to the occurrence of the behaviors and possible maintaining variable.
  - d. Qualified clinical behaviorist, the program's supervisor and, as applicable direct support staff, will meet in order to develop a plan utilizing the least intrusive and least restrictive measures. Also to be considered are other factors in the supported person's life that may be contributing to a change in their behavior.
  - e. All interventions are tailored to meet the needs of the person supported, and are developed in conjunction with that person, to the best of his/her ability.
  - f. Plans will be written by the behavioral consultant.
3. Implementation of the Behavior Plan
  - a. If the person has an ISP or DHSP, the plan is approved by the ISP/DHSP team.
  - b. If the person does not have an ISP or DHSP, the plan will be approved by the clinical team for that individual.
  - c. Staff training occurs in intervention techniques and plans; all new staff will receive behavior modification and crisis intervention trainings as needed.
  - d. Communitas Human Rights Committee and a Peer Review are required for any Intensive Plans, or any plans with restrictions.
  - e. Any behavioral interventions beyond Behavioral Guidelines will require the informed consent of the person supported and/or their legal guardian.
4. Required Contents of Behavior Plan
  - Rationale/Background
  - Functional Analysis/Baseline Information
  - Operational Definitions/Target Behaviors
  - Positive Reinforcement program
  - Antecedents
  - Preventive Measures
  - Behaviors to be Increased and Targeted Goal
  - Behaviors to be Decreased and Targeted Goal
  - Intervention Strategies
  - Strategies for Target Behaviors
  - Reinforcement Schedule
  - Risk Analysis
  - Criteria for Fading and/or Terminating Plan
  - Data Collection Process(with chart attached)
  - Frequency of Review (at least annually)
  - Staff authorized to implement plan (including training to be provided/required)

- Emergency Protocol (If applicable)
  - Reviewed by Division Head and Human Rights Coordinator prior to implementation
  - Sign off sheet, to include:
    - Person for whom the plan was written
    - Legal guardian (if they have one appointed)
    - Clinician
    - Program Director
    - Program Coordinator
    - Division Head
    - Service Coordinator
    - Human Rights Coordinator
5. All behavior plans will be reviewed to determine success and assess if changes to interventions are needed. This review should occur as needed, but no less than once per year.