Accessing the Developmental Disabilities Program
Behavior Consultation Team

What is the Behavior Consultation Team?

The Behavior Consultation Team (BCT) provides consultation to families and providers including group home and work/day services staff for individuals who are engaging in challenging behaviors. Consultation may be provided by telephone or in person. The BCT provides assessments and behavioral programming to address behaviors that may interfere with community living. The team offers staff and family behavioral skills training, individual skills training for the referred person (e.g., coping skills, emotion regulation skills), and on-site coaching to reduce the frequency, intensity, and/or duration of challenging behaviors.

The intervention model developed by the Institute for Applied Behavior Analysis (IABA) provides the framework for the services of the BCT. This nonaversive treatment model leads to the development of multi-component intervention plans that include both proactive and reactive strategies based on a comprehensive functional behavior assessment of the individual's challenging behavior. The proactive strategies include:

- Ecological interventions (creating a better fit between the person and their environment),
- Positive programming (skill building interventions that will lead to the development of general skills, functionally equivalent skills, functionally related skills, and coping skills), and,
- Focused intervention strategies (e.g., differential schedules of reinforcement, stimulus control, stimulus association) that aim to produce rapid behavior change while the slower acting ecological and positive programming interventions take effect.
- Reactive strategies designed to avert potential behavior incidents or to manage an incident in ways that minimize injuries to the person and/or others or serious property damage.

If the provider agency or family does not have the resources to obtain a Functional Behavior Assessment and/or develop a Behavior Support Plan, the BCT may provide this service. Because of time requirements, the comprehensive approach to assessment emphasized by the IABA may not be appropriate in all cases. It is suggested, however, that if any of the following criteria are satisfied, then a comprehensive IABA assessment should be considered and may be justified:

- The person's challenging behavior persists despite consistently implemented support plans that have been based on less comprehensive and less formal methods of assessment.
- The person's behavior places the person or others at risk of harm or injury.
- Intrusive or restrictive procedures are being considered.

After a Behavior Support Plan has been designed, the BCT may provide structured and informal training in program implementation. This includes modeling of intervention strategies and providing support and advice relating to the program. This outreach support will be provided across shifts, days, and support providers. As the person's behavior improves and staff are becoming more proficient in carrying out the program, direct time from the team should be reduced.

When to make a referral:

In general, a person is referred when that person:

a) Is at risk of losing their provider agency, home, or job due to behavioral concerns (e.g., self-injurious behavior, physical aggression, property damage),
b) Has exhibited a significant deterioration in functioning over the past year,

c) Has been hospitalized for psychiatric/behavioral reasons;
d) Has exhibited behavior that resulted in contact with law enforcement;
e) Has been determined by their planning team and/or BCT to need referral to prevent behaviors from reaching the level of a – d above.
f) Referrals may also be made by support teams needing assistance in evaluating behaviors and in designing programs to prevent challenging behaviors from escalating to crisis level.

What does the BCT need to have to complete the referral?

- A complete referral packet includes the following elements:
  - Past history of the person's behavior
  - Current behavior and history of change
  - Social history including early childhood, out of home placements, abuse/neglect
  - Recent evaluations (e.g., school records, psychological assessments, etc.)
  - Medical history
    - diagnoses
    - medications
    - other pertinent health information
    - medical records of visits whenever possible
  - Psychiatric history
    - diagnoses
    - medications
    - therapies
    - psychiatric visit records
  - Psychological – intellectual/adaptive assessments
  - Other information as requested by the BCT
- Active participation of members of the individual's support team including family members and direct care staff is expected.
- Assistance from Regional staff including observing with the BCT, conducting fidelity checks related to the Behavior Support Plan, and monitoring of individuals who are "at risk" for challenging behavior escalation to provide proactive, preventive intervention is mandatory.

Who should make the referral?

- Case Managers, State staff (e.g., Quality Improvement Specialist), parents and other natural supports, legal guardians, provider agency staff, and others who believe the individual may be at risk for or is experiencing significant challenging behaviors.

How to make a referral:

The Behavior Consultation Team may be contacted in one of two ways:

- **Telephone contact**: In general, telephone contact is appropriate when minimal assistance is necessary and may include recommendations such as changing the person's environment, modifying the person's schedule, or identifying local resources that may be helpful. Other types of telephone consultation include problem-solving and brainstorming solutions <u>before</u> a crisis occurs and determining risk for crisis level behaviors. Telephone contact may also be appropriate in the case of urgent response situations. The Behavior Consultation Specialist will make a determination, along with the referral source, of the appropriate disposition of the case (e.g., on-site visit).

- **Completion of the <u>Behavior Consultation Team Services Referral Form</u>**: The referral form may be completed by any referral source listed above. Upon receipt of the form, the Behavior Consultation Specialist will contact the referral source for additional information to determine level of risk and appropriate response:
    - On-site observations and feedback:
        - Moderate assistance is required and generally should occur between one day and one week from the time of referral.
        - The initial on-site consultation will consist primarily of observing interactions between the individual, their staff and/or family, and their peers in the day/residential settings.
        - If interaction styles are determined to be contributing to the behavioral issue, the BCT may make recommendations for changes before continuing with a formal Functional Behavior Assessment.
    - Urgent On-Site Response:
        - Urgent response (i.e., generally within 24 hours) is needed to protect the person and/or others from harm.
    - If more rapid response is required, appropriate local responders should be utilized, such as law enforcement and/or emergency department.

Roles and Responsibilities:

To avoid difficult situations that may arise during a BCT consultation, it is important to:

a) establish a clear statement of the problem prior to the consultation,
b) clearly delineate responsibilities of all parties involved, and
c) include all results/findings in the individual's plan of care.

In establishing roles and responsibilities, it is important that the BCT work collaboratively with the support team members to address issues and problem solve. While the BCT may have higher levels of technical knowledge and skills, they should not be expected to singlehandedly identify and deliver the solution to a problematic situation. Nor would it be desirable for the BCT to assume the role of sole "fixer" of an agency's or support team's behavior support problems. Regular support team members, including Direct Support Professionals, have essential information about the person and his/her situation. Regular team members also have ongoing roles and responsibilities related to providing effective support, including the ability to prevent and respond to behavioral situations that may lead to a crisis. Effective and sustainable plans and procedures are best developed and implemented in the context of a collaborative team process that uses the knowledge and strengths of regular team members and the Behavior Consultation Team. Plan maintenance involves redefining roles and responsibilities between the BCT and the parties responsible for continued implementation of the plan. Plans for maintaining staff performance and training new staff should be considered as well. Continuing evaluation efforts and procedures for plan revisions are critically important. This may involve specifying a process for shifting responsibility for plan evaluation and modification to the Quality Improvement Specialist and/or support providers. BCT involvement should be faded in a planned and efficient manner; considerations for fading include the effectiveness of the Behavior Support Plan and variables related to the capacity of the support providers. Plans must also be made for potential recurrence of challenging behavior and/or mental health symptoms. It is important to anticipate and plan for future behavioral episodes.