BEHAVIOR CONSULTATION TEAM

Developmental Disabilities Program

Who We Are:

The Behavior Consultation Team (BCT) is a team of professionals that includes three members certified in the model developed by the Institute for Applied Behavior Analysis (IABA), one of whom is also certified as a Dual Diagnosis Specialist by NADD; one member who is a Licensed Clinical Social Worker and member of the Montana Sex Offender Treatment Association (MSOTA); one member who is an Internal Medicine physician; and one member who is a psychiatric physician.

What We Do:

The BCT provides case consultation to families and providers throughout the State of Montana who are working with individuals who exhibit challenging behaviors that have not responded to consistent implementation of interventions, protocols, and/or other therapies. Consultation may be provided by telephone or in person. We may also provide assessments and behavioral programming to address behaviors that may interfere with community living. We offer 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.

When to Make a Referral:

- The person is at risk of losing their provider agency, home, or job due to behavioral concerns
- The person has exhibited a significant deterioration in functioning over the past year
- The person has been hospitalized for psychiatric/behavioral reasons in the past year
- The person has engaged in behavior(s) that resulted in the need for law enforcement assistance
- The person has been determined by their planning team and/or BCT to need referral to prevent behaviors from reaching levels described above
- Referrals may also be made by support teams needing assistance in evaluating behaviors and in designing programs to prevent challenging behaviors from escalating

Referral Process:

The BCT will respond once the referral form and supporting information have been received. Referrals will generally proceed in the manner outlined below, though this may be altered to individualize for current needs and challenges.

- A BCT member will contact the referring party by phone within five (5) working days of receipt of the referral form and supporting information in order to clarify the goals of the referral and request any additional information the BCT has determined is necessary. The BCT member will also notify regional DDP staff, the case manager, and other members of the individual's support team of the referral.
- The BCT will schedule a conference call with the referring team including those people who are familiar with the individual (e.g., Direct Support Professional). This call should occur within two (2) weeks of the initial receipt of a completed referral packet. The purpose of this call is to assist in gathering additional information and to establish an action plan as to how the consultation will proceed.
- The action plan will be provided to the referring team, including DDP staff, within five (5) working days of the conference call. It will include timelines and specify who will do what.

This may include additional conference calls, in-person assessment/observation by a BCT member, and/or collaboration by the BCT with other providers involved in the individual's care.

- Formal recommendations will be developed by the BCT and will be submitted to the referring team in writing within the timelines established in the action plan. These recommendations may include a BCT member performing staff training or mentoring in person, but may also be limited to resource recommendations and follow up check-ins by conference call.
- Two (2) weeks after formal recommendations have been provided, a BCT member will follow up with the referring team to determine if the recommendations have been consistently implemented and if they have been effective. Modifications to the original plan may be needed at this time.
- A survey will be sent to the referring team within five (5) working days after the follow-up. The survey is intended to obtain the referring team's feedback on their experience with the BCT consultation. The BCT hopes to use this feedback for continuous quality improvement purposes.

Information Needed for Referral:
The following information should be submitted with the Referral Form but no later than three (3) working days prior to the first conference call.

- Social history
- Evaluations completed within the past 3 years (e.g., Psychological evaluation, genetic testing)
- Medical history – include provider notes if possible
- Psychiatric history – include provider notes if possible
- Physical/occupational therapy reports
- Current medications including over-the-counter and PRN, MARs for the past 3 months
- Protocols, functional behavior assessments, Behavior Support Plans
- Changes in environment, moving, new staff, new housemates, etc.

Expectations for Collaboration:
Due to the important role that BCT members play in supporting referring parties/teams, we prefer that referrals are made by PSP team members. Please consider the following:

- Whenever a referral form is received, the BCT will inform the individual's support team members including regional DDP staff, case manager, provider agency, parent/guardian, and the referred individual (when possible). Support team members must be informed of and agree to BCT involvement.
- The BCT will notify the Regional Manager of the referral and will provide copies of the action plan and all recommendations made by the BCT.
- The BCT expects at least one support team member to participate for the duration of our involvement.
- The role of the BCT is to recommend and/or conduct appropriate assessments, assist in developing behavioral programming, and provide training as needed. However, decisions regarding Personal Support Plan components, placement decisions, and staffing are ultimately made by the support team.

Appropriate Roles and Balances:
In any consulting activity, an appropriate balance of activities must be obtained, and roles must be identified before consultation services begin. BCT members may be asked to do far more than

is appropriate to the situation or engage in activities beyond the scope of the consultation; for example, they may be asked to discipline Direct Support staff or teach physical restraint techniques. Similarly, the BCT may be asked to do too little or to do something inappropriate such as writing a Behavior Support Plan without first conducing a Functional Behavior Assessment.

To avoid difficult and compromising situations, the following recommendations are made:

- Establish a statement of work prior to beginning consultation
- Establish time lines
- Establish a point of contact with the referring team
- Clearly delineate responsibilities
- Have the statement of work agreed to and signed by all parties as part of the PSP process

In any consultation, it is important that the BCT work collaboratively with existing support team members to address issues and problem solve. The BCT should not be expected to address a behavioral problem without support team assistance. While BCT consultants may have higher levels of knowledge and skills, they should not be expected to singlehandedly identify and deliver the solution to a problematic situation. Regular support team members have essential information about the person's situation and living conditions. Regular support team members also have ongoing roles and responsibilities related to providing effective support, including the ability to prevent and respond to behavioral crises. Effective and sustainable plans and procedures are best developed and implemented in the context of a collaborative process that uses the knowledge and strength of the BCT and regular support team members.

What Not to Expect From the BCT:

The BCT wants to be clear about what we can and cannot do.

- Since we have only 6 members, we are unable to provide crisis intervention services. If an individual is in need of crisis intervention, local resources such as law enforcement, CRT, emergency room, hospital, or psychiatric facility should be accessed.
- Given that most challenging behaviors have taken time to develop and are serving some sort of purpose for the individual, it would be unreasonable to expect a "quick fix" or "the answer" that will completely resolve the situation now and in the near future. Changing challenging behavior is a process that begins with gathering information and ends with evaluating the effectiveness of intervention.
- It is also important to note that some individuals may have a psychiatric illness or personality disorder that is chronic, lifelong, and which relapses and remits periodically, though never will completely resolve. The BCT may give recommendations and tools to better support the individual during times of increased challenging behavior, but these times will once again present regardless of the interventions used.

Monthly Provider Agency Calls:

The BCT also offers monthly calls with provider agencies seeking input on challenging or difficult cases. Within this level of BCT services, staff from provider agencies participate in a monthly call to review/discuss difficult clinical cases. These calls are intended for multiple providers to share information with each other and the BCT in order to generate new ideas for support of the individual as well as to learn from each other's experiences**.** These calls are preventative in nature with the goal of decreasing the risk of crisis level behavior. In addition to staffing these cases, the BCT also offers training sessions on select topics of interest to the providers. Provider agencies wanting to participate in these calls may do so by contacting the BCT supervisor.