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Best-Practice Behavior Support Plan (BSP)

Writing Guide

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What is a Best-Practice BSP

When an individual receiving services engages in challenging behaviors that a) pose a risk to health and safety, b) interfere with their day-to-day activities, c) or prevent them from accessing preferred communities (e.g., going to the movies, gaining employment, making friends), a behavior support plan (BSP) is required. The purpose of a BSP is to describe the interventions in place to prevent, respond to, and decrease the occurrence of target challenging behaviors and to serve as a guide to all persons involved in an individual's care to ensure interventions are consistent across care teams.

Best-practice BSPs include interventions based on the function of (i.e., reason for) an individual's challenging behavior, use the least-restrictive interventions available, are implemented with high integrity across settings, and are constantly monitored to determine if/when modifications are needed. The following guide explains a basic four-step process for best-practice BSP development and implementation. This guide is not all-encompassing but includes common function-based intervention approaches and resources.

Step 1: Functional Behavior Assessment

The first step in writing an effective BSP is to determine a) the target behaviors for reduction, b) the history of the behavior/interventions previously implemented, and c) *why* these behaviors are occurring, or in other words, the *function* of the target behavior. Before starting any assessments, conducting a thorough record review of the individual's history and behaviors is essential. When conducting a record review, the following information is important to gather and review:

1. What challenging behaviors the individual currently engages in and has a history of engaging in
2. Previous interventions (i.e., preventative and responsive strategies) that have been effective in reducing challenging behaviors
3. Previous interventions that have not been effective in reducing challenging behaviors
4. The individual's communication skills
5. Any restrictive interventions that are in place, including psychotropic medications prescribed for challenging behavior
 - a. When restrictive interventions are in place, you should investigate what was previously tried (i.e., what less-restrictive interventions have been implemented). Additionally, during BSP development, you should work with the team to determine if any restrictions should be faded (i.e., reduced or phased out) or replaced by a less restrictive intervention
6. The individual's preferences (e.g., preferred types of interactions, preferred activities, preferred types of food/snacks)



7. Any other information that may be important or associated with challenging behavior (e.g., health issues that could affect the occurrence of challenging behavior such as asthma, allergies, rashes, sinus infections, seizures, menstruation, change in diets, or change in sleep patterns)

After a thorough record review, it is time to examine the function of the challenging behaviors to inform the BSP. Functional behavior assessments aim to answer, “Why does this behavior occur,” by identifying environmental variables (i.e., situational variables like certain events, individuals, tasks, or other “triggers”) that make challenging behaviors likely to occur. Challenging behaviors often occur because an individual has *learned* that these behaviors help them access something they need or want or avoid/escape something they don’t want. Common functions of challenging behavior include:

- Social positive reinforcement: access to attention or tangible items/activities they like
- Social negative reinforcement: escape from something, someone, or somewhere that they don’t like
- Automatic positive reinforcement: sensory stimulation (something that feels good within the skin)
- Automatic negative reinforcement: the behavior makes pain go away

There are various methods for determining the function (the “why”) of an individual’s behaviors (e.g., experimental functional analysis, descriptive assessments, indirect assessments); however, in the current curriculum, we provide training and resources on using an indirect assessment.

Indirect assessments involve asking caregivers specific questions about the individual, their challenging behaviors, and the contexts or situations in which they occur. Although indirect assessments only provide a hypothesized function (potential “cause”) and can have poor validity (i.e., may not correctly identify the function of behavior in all cases; e.g., Iwata et al., 2013), conducting these kinds of interviews provides valuable information on the target challenging behavior and what may be contributing to its occurrence. If a BSP based on an indirect assessment is ineffective, more in-depth analyses (e.g., descriptive or functional analyses) may be required, and your team should consult behavioral experts.

The indirect assessment used in the current curriculum is a modified version of commonly used and validated assessments (i.e., the Functional Analysis Screening Tool [Iwata et al., 2013]; Open-Ended Functional Assessment Interview [Hanley, 2002]). The assessment is a combination of close-ended (i.e., “yes” or “no”) and open-ended (i.e., requires a brief explanation) questions and should be conducted by the individual who will be writing the BSP.

Specific instructions for conducting the indirect assessment are included in the indirect assessment tool provided (i.e., the document is broken down into clear steps); however, some important steps to consider for each assessment are as follows:

1. Conduct an indirect assessment before starting a BSP for the first time. After the initial assessment, you should re-conduct an indirect assessment each time a behavior has changed in form or frequency, a new



behavior emerges, if the individual's setting has changed; otherwise, conduct new indirect assessments every two-three years.

2. Each time you conduct an indirect assessment, create a new copy of the document, add the date the interview was conducted, and save it in the same place you save the working and finalized/signed BSP
 - a. This ensures historical information about the behaviors is saved and the information used to write the BSP is always accessible
3. Interviews should be conducted with caregivers (e.g., direct support professionals, home managers, guardians, day service staff, and behavior analysts) who regularly interact with the individual and have seen the target behavior occur, ideally more than once
 - a. More than one interview can be conducted for a single BSP; this might be a good idea if the individual is served in multiple settings (e.g., at a residential placement and at a day center)
 - b. If an individual does not live with their guardian, it is still a good idea to conduct an interview with the guardian to gain valuable insight into the history of the behaviors and past interventions; however, if this is the case, it is important also to interview someone that the individual currently lives with to ensure information on the current setting is captured
 - c. The validity (or accuracy) of indirect assessments has been shown to increase when conducted with a behavior analyst (Dracolby et al., 2017); if a behavior analyst, or someone with applied behavior analysis training (e.g., registered behavior technician) works with the individual, ensure they are included in the interview
4. Ask the questions as written throughout the document - don't stray far from the script
5. Be sure to write the informant's open-ended answers in detail and add additional anecdotes shared in the provided notes section throughout the assessment
 - a. If an informant does not provide detailed answers, it is best to follow up with open-ended questions
 - i. E.g., if you ask, "Does the challenging behavior occur when you remove a preferred item" and the informant says, "Yes," follow up to see if there are any specific kinds of items or activities that are particularly difficult to transition away from
 - ii. E.g., if you ask, "Are there precursor behaviors (behaviors that reliably occur before the challenging behavior)" and the informant says no, follow up and say, "Are there any ways that you can predict the behavior might happen" and continue the conversation a bit further
 - b. The more information you have, the better the BSP will be!

Step 2: Formulating a BSP

A best-practice BSP can be written after a thorough record review and functional behavior assessment (e.g., an indirect assessment and/or more in-depth assessments [descriptive assessments or experimental functional analyses as mentioned above]). The information gathered in the record review and functional behavior assessment will be used to derive the function-based BSP (i.e., to create a BSP that aims to decrease challenging behavior *based on* the reason for the behavior's occurrence). It is important to ensure that BSP procedures are written in ways that will be



easily understood by those implementing the plan (i.e., direct support staff). That is, BSPs should include detail in addition to any technical jargon (e.g., instead of only saying “provide preferred tangibles,” note *which specific* tangible items and activities should be provided. In the current curriculum, a BSP template is included in the materials; however, if you use a different BSP format, the following components are important to include in all BSPs:

Elements of a BSP

****these are best-practice elements, additional components may be required by your state’s licensure or regulations****

1. The individual’s demographic information (e.g., name, address, date of birth, PCSP date, implementation date of the BSP, case manager name and contact, guardian name and contact)
2. A definition of each target behavior
 - a. General definitions (e.g., a standard definition of physical aggression for the agency) for behaviors are often used and ideal in large settings as they can provide uniformity between houses/programs; however, a description of what the behavior specifically looks like for the individual is needed
 - i. For example, “physical aggression: any behavior (or attempted behavior) directed toward another person that could result in harm due to forceful physical contact. For Johnny, this typically includes hitting with a closed fist and open-hand pushing”
3. The individual’s goal for behavior reduction (e.g., an annual goal might be “Johnny will not engage in physical aggression for 12 consecutive months” or “Johnny will engage in inappropriate verbal behavior for no more than 10% of days on average per month for 12 consecutive months”)
 - a. Severe behaviors (i.e., behaviors that can, or have, caused harm) should be set at a goal of zero; however, less severe behaviors (e.g., behaviors that cannot cause harm) may be set at a reduction (e.g., a 90% reduction from baseline levels [90% decrease in levels of the behavior as compared to levels shown prior to implementing the intervention])
4. A summary description of the functional behavior assessment (e.g., indirect assessment) that was conducted before the BSP. This should include:
 - a. A list of the functional behavior assessment methods used (e.g., indirect assessment, descriptive assessment, experimental functional analysis)
 - i. In the current curriculum, we train on using an indirect assessment (i.e., an interview-based functional assessment)
 - ii. If any additional functional behavior assessments are conducted (e.g., a descriptive assessment, functional analysis [requires an expert]), include information on the outcome
 - b. A brief description of the results of the functional behavior assessment (i.e., what function was hypothesized? E.g., access to attention, access to tangibles, access to escape, sensory stimulation)
5. A list of the individual’s preferences (e.g., preferred items/activities, preferred types of attention, preferred conversation topics, preferred types of food)
 - a. This information can be gathered in an interview with a caregiver or the individual, a formal preference assessment (typically conducted by a behavior analyst), or through naturalistically observing what the individual typically chooses to engage with during the day



6. A description of how the individual communicates, including any individualized communication styles (e.g., modified sign language)
7. A list of specific situational events or environmental triggers that make challenging behavior more likely (e.g., loud/crowded areas, when prompted to do the laundry, if their roommate is loud)
8. A thorough description of procedures to prevent the occurrence of challenging behavior (specific treatments discussed below)
9. A description of what supervision is required to adequately prevent and respond to challenging behavior (e.g., are any settings requiring enhanced supervision [e.g., 1:1, arm's reach, visual supervision]?)
10. A list of precursor behaviors and how staff/providers should respond when these are observed. Precursor behaviors are behaviors that reliably occur *before* challenging behaviors (e.g., a furrowed brow, crossing arms, pacing, yelling, or saying "I'm going to hit you")
11. A description of how staff/providers should respond when target challenging behaviors do occur (specific treatments discussed below)
12. A list of replacement behaviors (alternative behaviors to be taught to meet the want or need that is currently associated with challenging behavior), how staff/providers should respond when these replacement behaviors are observed, and how to teach these replacement behaviors (specific treatments discussed below)
13. A description of how data should be collected and monitored for the target behaviors (challenging and replacement behaviors) in the BSP (specific data collection ideas discussed below)
14. If there are any restrictive interventions included in the BSP (e.g., psychotropic medications specifically prescribed for challenging behaviors, environmental restrictions like locks on personal food or areas of a home), there should be a list of the procedures, a description of what specific behavior they are associated with, a list of previously tried interventions, the risks and benefits of the procedures, and a discussion of the plan to fade the restrictive interventions

Definitions of common challenging behaviors

Target challenging behaviors: Below is a list of common challenging behaviors that may be observed in a care setting. Reminder, if standard definitions of behavior are used, you should always specify what it looks like for the individual!

1. **Physical aggression (PA):** any behavior (or attempted behavior) directed toward another person or animal that could result in harm due to forceful physical contact. This includes hitting, kicking, biting, head butting, scratching, pushing, pinching, hair-pulling, using objects as weapons, spitting, etc.
2. **Property destruction (PD):** any behavior (or attempted behavior) that could result in damage to materials belonging to the individual or others. This includes breaking objects, throwing objects (not at another person), hitting/kicking objects, ripping/tearing materials, knocking over objects/furniture, burning objects, marking on objects, etc.
3. **Self-injurious behavior (SIB):** any behavior (or attempted behavior) directed toward oneself that could result in harm to the individual. This includes head banging, head/body hitting, self-biting, self-scratching, self-cutting, pulling out own hair, self-pinching, skin picking, eye poking, hand mouthing, nail and cuticle biting (with blood), etc.



4. **Wandering (WANDER):** moving outside of the area of supervision of staff. This includes leaving the room without permission if the individual requires visual supervision at all times under their person-centered support plan, exiting buildings without notification, hiding such that one's location is unknown to staff, and leaving (or attempting to leave) program areas without notification.
5. **Stealing (STEAL):** taking (or attempting to take) property not belonging to the individual. This includes taking items from others (either in or out of view of others).
6. **Food stealing (FOOD STEAL):** taking (or attempting to take) food/drink not belonging to the individual. This includes taking food/drinks from others (either in or out of view of others).
7. **Pica:** ingesting (or attempting to ingest) items not intended to be eaten. This includes placing non-food items in the mouth (paper, soap, cigarette butts, pennies, fingernails, etc.) or food items that are unsafe to eat (taken from trash cans; raw or spoiled food).
8. **Inappropriate sexual behavior (ISB):** sexually explicit acts (or attempted acts) done in public. This includes touching/exposing one's genitals in public, touching/exposing another's genitals, sexually explicit gestures or remarks in person or via text or social media (e.g., Facebook, Snap Chat, Instagram), engaging in sexual acts with an unwilling person, and voyeurism (i.e., watching others in person who are naked or undressing, engaging in sexual activity or other actions usually considered to be of a private nature) and touching others without permission (e.g., unsolicited hugs).
9. **Fecal smearing (FECAL SMEAR):** placing (or attempting to place) one's feces anywhere outside of the toilet. This does not include accidental smearing due to personal hygiene difficulties.
10. **Inappropriate verbal behavior:** any vocal or gestural behavior that is disruptive or offensive to others. This includes teasing, harassing, yelling, screaming, using profanity, threatening, provoking others, and name-calling.
11. **Inappropriate urination/defecation:** urinating or defecating anywhere other than in the toilet.
12. **Resist supervision:** Verbally or physically refusing to engage in a task following a provider's instruction during the day.
13. **Suicidal threats (SUI THRT):** any statements of intent to commit suicide. This includes general statements (saying "I'm going to kill myself") or specific statements (saying "I'm going to slit my wrists").
14. **Homicidal threats (HOM THRT):** any statements directed toward staff or specific individual(s) indicating intent to cause death. This includes general statements directed toward a specific individual (saying "I'm going to kill you") or specific statements directed toward an individual (saying "I'm going to cut your throat").
15. **False allegations (FALSE ALLEG):** reporting untrue or exaggerated acts of others (staff, other individuals) to administrative staff or authorities.
16. **Bizarre speech (BIZ SPCH):** any repetitive, contextually unrelated, or incoherent statements. This includes describing imagined events as if they were occurring at that moment and disjointed speech ("The car... fell over... you... raining").
17. **Stripping/disrobing (STRIP):** removing (or attempting to remove) one's clothes in public areas such that one's undergarments are exposed.
18. **Lying:** knowingly making untrue statements.
19. **Rumination (RUMIN):** regurgitating previously consumed food.
20. **Rectal digging (RECTAL DIG):** insertion (or attempted insertion) of the fingers into the rectum.
21. **Inappropriate phone use (INAPP PHONE):** making socially inappropriate phone calls, verbally obscene or threatening comments to the contact person, or using the phone without permission.



22. **Inappropriate social media usage (INAPP SM):** contacting or communicating with unknown people, sending personal information, attempting to send money to unknown people, or sending inappropriate photos via social media.

Prevention of challenging behavior

A BSP should always have more prevention procedures than response procedures! For each environmental trigger, there should be some environmental modifications to support the individual and decrease the chance of challenging behaviors (see examples below). Additionally, prevention procedures based on the function (hypothesized in the functional behavior assessment) should be included to ensure the individual's needs are being met. For example, if the assessment suggests an individual engages in challenging behavior to gain access to attention, it is important to program access to staff/provider attention throughout the day to prevent challenging behavior. Below are common prevention procedures (not exhaustive) based on common setting events or environmental triggers and based on the common functions of challenging behavior:

Common Preventative Interventions Based on Setting Events/Triggers	
Setting event/triggers	Common procedures to try
Individual is likely to engage in challenging behavior when asked to complete non preferred tasks (e.g., activities of daily living [ADLs], brief changes, when completing chores)	<ul style="list-style-type: none"> ● Program procedures to decrease the aversiveness the task (i.e., to make the task more enjoyable) <ul style="list-style-type: none"> ○ Provide access to preferred attention throughout the instructional context ○ Provide access to items/activities during instructional context if possible (e.g., access to music or a preferred item that can be held) ○ Provide short breaks (noncontingent [“free and frequent”] escape) throughout the demand context (e.g., every 30 s, provide a 10-15 s break) ● Provide the opportunity to choose the order in which they complete the nonpreferred tasks if possible (e.g., “would you like to brush your teeth or shower first?”). Consider providing the individual with their daily schedule and allowing them to choose when to complete preferred and nonpreferred tasks. ● Consider changing the time in which the nonpreferred instruction takes place (e.g., some individuals may prefer to take a shower at night instead of in the morning) ● Break the instruction down into smaller steps (e.g., “sit down,” “grab your shoe,” “put the shoe on this foot,” “put the shoe on the other foot”) and provide reinforcement for tolerance or participation at each step (e.g., high-quality praise or access to something preferred) ● Program the nonpreferred task within the context of other preferred or easy tasks (e.g., if someone loves showering but dislikes brushing their teeth, try implementing toothbrushing <i>during</i> showers). You may also provide access to a preferred activity after completing a nonpreferred task (e.g., “First, let’s pick the clothes up from the floor, then we can set up a board game!”)
Individual is likely to engage in challenging behavior when in loud or crowded areas	<ul style="list-style-type: none"> ● If an individual is required to go to a loud or crowded area (e.g., the doctor’s office), prompt the individual to pack a few preferred items that will be



	<p>appropriate for the outing (e.g., music with headphones, a preferred compact activity, preferred items)</p> <ul style="list-style-type: none"> ● Provide brief breaks if possible from the loud or crowded area (e.g., breaks to a quieter location) ● Arrive to the location/event on time rather than earlier than is required ● If an environment is getting loud, approach the individual and ask if they would like to have a break or find somewhere quieter (e.g., “I’ve noticed it is getting loud, do you want to take a walk outside?”)
<p>Individual is likely to engage in challenging behavior when peers are receiving attention and they are not (e.g., during times in which a peer requires extra attention, like during meals or ADLs)</p>	<ul style="list-style-type: none"> ● Before providing assistance to the other individual, have staff provide the individual with a preferred activity to engage with while they are busy (tip—choose an activity that is highly preferred but not something the individual always engages with! E.g., if staff are going to assist a peer in the restroom for 30 min, find a preferred TV show or pull out an extra fun activity that is not always available) ● Staff may let the individual know where they will be going, when they will be back, and what they can do while the staff are busy (e.g., “I am going to be with ____ for 10 minutes. While I’m doing that, you can watch TV or play these games. Let me help get you set up!”)
<p>Individual is likely to engage in challenging behavior when prompted to transition from a high-preferred activity to a lower-preferred activity</p>	<ul style="list-style-type: none"> ● Provide transition warnings at specified times (e.g., “in 15 minutes we are going to start dinner,” “in 5 minutes it’s time to brush your teeth”) ● Provide preferred attention or a preferred activity during the transition time (e.g., singing while transitioning, prompting a fun game during the transition [e.g., eye spy], or providing a preferred item to hold/use during the transition)
<p>Individual is likely to engage in challenging behavior when other individuals in the area engage in challenging behavior</p>	<ul style="list-style-type: none"> ● When a peer begins to engage in challenging behavior, provide the individual with escape from the environment (e.g., prompt the individual to go into another location or provide a choice of available activities in a different location) ● Provide access to a preferred item, activity, or interaction for transitioning to the new activity/location (e.g., keep a box of fun, preferred, items in the alternative location that the individual can access once they successfully transition)
Common Preventative Interventions Based on <u>Function</u>	
Behavior Function	Common procedures to try
<p>Social positive reinforcement (access to attention)</p>	<ul style="list-style-type: none"> ● Provide positive interactions frequently throughout the day: <ul style="list-style-type: none"> ○ For example, staff/providers should engage in preferred conversation, deliver statements of care, greetings <ul style="list-style-type: none"> ▪ It is important to determine what kinds of interactions are preferred for the individual and program in these specific kinds of interactions (e.g., playing video games with staff; singing funny songs; having 1:1 conversations) ○ Initially provide preferred forms of attention <i>very frequently</i> and then fade to less-frequent attention over time



	<ul style="list-style-type: none"> ▪ Tip, as you fade your delivery of attention, provide high-preferred items during the delay to attention (e.g., “I won’t be available for the next 30 min, would you like to find a puzzle or tend the garden”)
<p>Social positive reinforcement (access to items/activities [tangibles])</p>	<ul style="list-style-type: none"> ● Ensure the individual has access to preferred items/activities across the day. When an individual is not engaged, provide a choice of two available items/activities. <ul style="list-style-type: none"> ○ It is important to determine what kinds of items and activities the individual prefers (not everyone likes the same things!). It may be necessary to conduct a preference assessment to figure out the specific items for a person <ul style="list-style-type: none"> ▪ Preference assessments can be informal (e.g., interviewing the individual or caregiver) or more formal (e.g., a paired stimulus preference assessment; typically conducted by a behavior analyst) ▪ Be sure to model engagement with items/activities that are unfamiliar to the individual (e.g., demonstrate how to begin a craft) ○ Initially, provide access to preferred item/activity often and then fade the schedule, as needed, over time <ul style="list-style-type: none"> ▪ Tip: during periods when cannot provide particular item/activity, provide a choice of another item/activity or preferred attention (e.g., “the park isn’t available right now, but we can hang out, pick a good movie, go go on a walk around the neighborhood”)
<p>Social negative reinforcement (escape from tasks/people/settings)</p>	<ul style="list-style-type: none"> ● Ensure all instructions are presented with a pleasant tone/affect, instructions should be clear/concise, instructions should be presented as a “do” rather than a “don’t” request, and staff should follow through with a prompt or provide help as needed <ul style="list-style-type: none"> ○ E.g., “walk” instead of “don’t run;” “come grab this” instead of “don’t touch that” ● Program praise/rewards within the demand context <ul style="list-style-type: none"> ○ Provide praise and preferred items/activities for tolerance or participation ○ Initially, provide frequent praise/rewards (i.e., after completing each task or step of a task OR for a small amount of time of on-task [tolerating or participating]). Over time, slowly increase the number of tasks/steps of task OR amount of time of on-task/participation or tolerance needed for delivery of praise and preferred item/activity ● Provide frequent breaks throughout the instructional context and fade the number/duration of breaks over time <ul style="list-style-type: none"> ○ For example, if getting assistance during brief changes is difficult for an individual, start by providing a break every 30 s. After a period of time with success, gradually increase the amount of time between breaks (e.g., 1 min, only 1 break per change, no breaks). ● Task interspersal: Intersperse more difficult or less preferred tasks with easier and more preferred tasks to reduce the aversiveness of the task. ● Demand fading <ul style="list-style-type: none"> ○ Initially reduce the number of demands required to complete



	<ul style="list-style-type: none"> ▪ Focus on the tasks that are necessary for the individual's health and safety (e.g., hygiene routines, taking prescribed medication) and remove tasks that are less necessary (e.g., washing the dishes alone, completing laundry without assistance) ○ Fading: over time, slowly increase the number of demands and ensure to provide high-quality praise and reinforcers for completing the additional routines ○ This may be particularly useful when someone is new to a setting (e.g., just moved into a residential provider) or when they have had an increase in challenging behaviors surrounding demands
<p>Automatic positive reinforcement (sensory stimulation)</p>	<ul style="list-style-type: none"> ● Determine items that are highly preferred (e.g., through observation, a preference assessment, or competing items assessment [typically conducted by a behavior analyst]) and provide access to the preferred items continuously during times in which the behavior is likely to occur <ul style="list-style-type: none"> ○ For example, if challenging behavior does not occur when the person is working but does occur during “downtime” at home, then the items should be provided only during this downtime ○ Tip, try and find items/activities that simulate, or mimic, the kind of sensory stimulation the behavior produces. For example: <ul style="list-style-type: none"> ■ Eye poking: items that are visually stimulating to look at like a kaleidoscope, video, device that produces light ■ Hand mouthing: items that would be appropriate to place in or around the mouth like a chew tube, towel, Chewlry ■ Jumping up and down: bouncing on a yoga ball ■ Tearing items: Velcro board, stickers ■ Skin picking: Bubble wrap, “popping” toys ○ Support from a behavior analyst may be required for formal preference and competing stimulus assessments

Responding to challenging behavior

A BSP should include specific response strategies for each target behavior listed within the plan. Response strategies should be best practice, function-based, and be the least intrusive response necessary to ensure safety. Below are general best-practice procedures for responding to challenging behavior and procedures based on functions (i.e., Why the behavior occurs hypothesized in the functional behavior assessment).

Common Interventions for responding to challenging behavior	
<p>General procedures for responding to <u>minor</u> challenging behaviors (behaviors that do not cause</p>	<ul style="list-style-type: none"> ● Minimize attention to the behavior (e.g., do not comment on the behavior or provide a rationale for why the individual should stop) ● Redirect the individual to the ongoing activity or provide a choice of other available activities



<p>harm, e.g., yelling, cursing, stomping)</p>	<ul style="list-style-type: none"> o Consider changing the individual's environment, e.g., offering a new location, a break, or new activities that may be available. Program breaks/new items/new activities are to be delivered following an appropriate choice of activity instead of immediately following inappropriate behavior. o If necessary (i.e., during inappropriate verbal behavior), redirect the conversation to an appropriate conversation topic (to a preferred topic, or talk about what is currently going on in the environment [e.g., "It's almost dinner time, what are you planning to have?"]) or simply avoid providing attention until the individual is no longer talking about the inappropriate topic (e.g., do not reply until the inappropriate verbal behavior has stopped, then redirect to the ongoing activity or a new conversation topic). ● Prompt communication and reinforce communication attempts (i.e., provide access to the interaction, item, activity, or break that the individual is hoping to gain). If the individual's request is unavailable, offer available choices that are similar to the request if possible
<p>General procedures for responding to <u>severe</u> challenging behaviors (behaviors that can cause harm, e.g., aggression, property destruction, self-injury)</p>	<ul style="list-style-type: none"> ● Response block: use approved procedures to response block the behavior as needed to ensure safety. While blocking, provide the least amount of attention possible (e.g., avoid conversing with the individual, do not reprimand, avoid instructions). If attention is required (e.g., response blocking when an instruction is necessary for safety), this should be done in a very minimal way (e.g., neutral tone of voice, clear and concise instruction). We want to avoid bringing attention to the situation and instead, wait until calm to engage ● Avoid providing access to new attention and access to new tangibles until the behavior has stopped for at least 10 s ● Redirect: following 10 s of no target behavior, redirect the individual to the ongoing activity or offer a choice of available activities ● Reinforce: following redirection, provide praise for appropriate behaviors (e.g., communication, redirecting to another activity)
<p>Extinction (EXT)</p>	<ul style="list-style-type: none"> ● Extinction involves avoiding providing access to the reinforcing event following problem behavior. Extinction does not simply mean "ignoring," and it will look different based on the functional reinforcer being withheld. This procedure is effective because problem behavior no longer results in access to the reinforcing event. EXT in isolation often results in a gradual decrease in problem behavior over time. ● Limitations: extinction is not recommended to be implemented in isolation. EXT does not directly teach a replacement behavior. If extinction is implemented in isolation, the individual may no longer be able to access the reinforcing event at all and their quality of life may be diminished. Immediate increases in severity and frequency (extinction bursts) of problem behavior may occur initially, along with emotional behavior and aggression. However, extinction is extremely



<p>Differential reinforcement of other behaviors (DRO)</p>	<p>effective when combined with other procedures (e.g., see “differential reinforcement of alternative behavior” in teaching).</p> <ul style="list-style-type: none"> ● DRO involves the delivery of the <i>reinforcer</i> after a period of time <i>without</i> challenging behavior. DRO can be effective because it 1) provides the reinforcing event at times when something other than the problem behavior is occurring (potentially strengthening “other” behavior), and 2) challenging behavior no longer results in access to the reinforcer. ● Here is what DRO might look like for a behavior maintained by <u>access to items/activities</u>: <ul style="list-style-type: none"> ○ Determine an amount of time in which the individual must go without engaging in the challenging behavior <ul style="list-style-type: none"> ▪ This amount of time should be based on how often the behavior typically occurs ▪ E.g., if the behavior occurs every 45 min on average, set the goal at 1 hour. If the behavior occurs once a day, set the goal at a full day of no challenging behavior ▪ Initially, this schedule should be relatively dense (i.e., occur often!); however, can be faded over time as the individual is successful at a certain schedule (e.g., once they show they can go a full day without challenging behavior for a few weeks, extend the schedule to 3 days, then a week, a month, and so on) ○ Determine a preferred item/activity that will be delivered after the amount of time without challenging behavior has passed <ul style="list-style-type: none"> ▪ This could be something simple, like 1:1 time with a common area gaming device or access to a bin of preferred items to choose from, or something more special like going on a big outing (e.g., an amusement park, getting your nails done) ○ Each time the individual goes the set amount of time without challenging behavior, provide high-quality praise and access to the programmed item/activity (e.g., “you’ve done awesome this last hour! Let’s pull out the Nintendo” or “you had a great week, you can pick when we go out to eat tonight!” or “great job today, you can pick any of the items from your bin to keep”) <ul style="list-style-type: none"> ▪ For some individuals, it may be helpful for them to track their progress, particularly when the DRO schedule is longer (e.g., several hours, several days). Some ways to track progress may be: using a calendar and marking off successful days, using a whiteboard to tally successful hours, using a cell phone to record success, having “tokens” that can be accumulated after periods of time without challenging behavior
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	<ul style="list-style-type: none"> o If an individual engages in challenging behavior, they will not earn the reinforcer (specifically programmed item or activity). For some individuals, it is helpful to briefly state the rule (e.g., “You did not earn X today, but you can try again tomorrow. Remember, you need to keep your hands to yourself all day to earn X”) o Ensure plenty of additional activity engagement is provided for free throughout the day when challenging behavior is not occurring! ● Differential reinforcement of other behaviors (DRO) is not recommended for behaviors maintained by sensory stimulation as it is unlikely to be effective
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Appropriate replacement behaviors

When programming for the reduction of target challenging behaviors, it is important to determine appropriate behaviors to *replace* the challenging behaviors. As discussed, most challenging behaviors are learned and are a way to communicate an individual's wants or needs; thus, replacement behaviors should be selected based on the function of the challenging behavior. For example, if the indirect assessment suggests an individual engages in physical aggression to gain access to attention, the replacement behavior should be “appropriate requests for attention.” Ideally, we would like to teach and create an environment where physical aggression does not result in attention, but alternative, appropriate requests do. This would result in aggression decreasing and appropriate requests increasing. Below are recommendations (not exhaustive) for possible replacement behaviors based on the outcome of a functional behavior assessment:

Social positive reinforcement (access to attention)	Social positive reinforcement (access to items/activities/tangibles)
<ul style="list-style-type: none"> ● Appropriate requests for attention ● Tolerating divided attention (e.g., when a caregiver has to attend to a peer) 	<ul style="list-style-type: none"> ● Appropriate requests for preferred items/activities ● Appropriate requests for <u>specific</u> items/activities ● Tolerating a delay (e.g., waiting when an item is not immediately available)
Social negative reinforcement (escape from tasks/instructions/people/settings)	Automatic positive reinforcement (sensory stimulation)
<ul style="list-style-type: none"> ● Appropriate requests for escape from a task or situation ● Appropriate requests for help with a task ● On-task behavior ● Toleration or participation with a specific task (e.g., getting chores done, complete shower routine) 	<ul style="list-style-type: none"> ● Appropriate engagement with sensory items ● Appropriate engagement in competing activities <ul style="list-style-type: none"> o E.g., if an individual pokes their eyes to create visual stimulation, watching videos, using a kaleidoscope, or using a disco ball light instead may be an appropriate target
Automatic negative reinforcement (pain relief)	
<ul style="list-style-type: none"> ● If someone engages in challenging behavior to make pain stop (e.g., self-injurious behavior when they have an ear infection, eye poking when their head hurts), it is critical to have a medical team on board to provide medical treatment. These behaviors should not be treated by behavioral intervention ● However, teaching an individual how to communicate pain is a replacement behavior that may be an appropriate target (e.g., soliciting help, pointing to the area that hurts, gaining access to appropriate 	



Definitions of common replacement behaviors

Target replacement behaviors: Below is a list of common replacement behaviors that may be appropriate goals in a care setting. Reminder, if standard definitions of behavior are used, you should always specify what it looks like for the individual!

1. **Appropriate requests for attention (REQ ATTN):** statements made without challenging behavior indicating that the individual would like another person's attention. This includes (provide examples for the individual)
 - a. Request for attention examples:
 - Vocal: "Excuse me," "Hello," "Can we talk?" and other similar statements
 - Sign: waving, signing "talk" (should include picture examples of individuals common request signs when possible)
 - Non-vocal: waving, reaching out to hold hands, motioning for staff to sit next to the individual
 - Picture exchange/augmented communication device: selecting an icon with a picture of a person talking, selecting an icon that says "talk"
2. **Appropriate requests for preferred items/activities (REQ TANG):** statements made in the absence of challenging behavior indicating that the individual would like specific preferred items or events at that moment or in the near future. This includes (provide examples for the individual)
 - a. Request for tangible examples:
 - Vocal: "Can I have...." "Can we go to...." Or other similar statements
 - Sign: signing for a specific place/item (include images of common request signs when possible)
 - Non-vocal: pointing to a specific item, guiding staff to a specific item/activity
 - Picture exchange/augmented communication device: selecting a picture icon of a specific item/activity
3. **Appropriate requests for escape from a task or situation (REQ ESC):** statements made without challenging behavior indicating that the individual wants to take a break, be left alone, or leave a situation. This includes (provide examples for the individual)
 - a. Request for escape examples:
 - Vocal: "Please leave me alone," "break," "later," or other similar statements
 - Sign: signing "break," "stop," "not now" (include images of common request signs when possible)
 - Non-vocal: leaving the situation in absence of challenging behavior, holding a hand up, or any other specific way the individual indicates they would like to leave or for the current situation to
 - Picture exchange/augmented communication device: selecting a picture icon that says "break" or "stop;" selecting a picture icon with an image of someone taking a break
4. **Appropriate requests for help (REQ HELP):** statements made in the absence of challenging behavior indicating that the individual would like help with a difficult situation for them to resolve independently. This includes (provide examples for the individual)
 - a. Request for help examples:



- Vocal: asking for staff to intervene when they have unpleasant interactions with others, asking for staff to help them complete daily living skills that are difficult, etc.
 - Sign: signing “help” etc. (include images of common request signs when possible)
 - Non-vocal: handing the item to staff, guiding staff over to a specific item that is out of reach, etc. (anything specific an individual may do to indicate they need help)
 - Picture exchange/augmented communication device: selecting a picture icon that says “help,” or selecting a picture icon with an image of someone helping someone else
5. **On-task participation (PARTICIPATE):** appropriate engagement in a task or completing (or attempting to complete) instructions from staff within one minute of the initial request to do so. This includes instances when an individual begins to participate but is unable to complete the task due to a lack of skill or materials.
 6. **Appropriate interactions with others (APPROP INTERACT):** any social exchange in which the individual communicates wants, needs, or information without engaging in challenging behavior. This includes (provide examples for the individual)
 - a. Examples: greeting others, asking about others’ feelings, having conversations, stating how they feel, engaging with an item with a peer
 7. **Appropriate urination/defecation (Approp U/D):** urinating or defecating in the toilet.
 8. **Appropriate engagement with sensory items (ENGAGE SENS):** anytime the individual engages with their specific sensory items (list sensory items here).
 9. **Tolerating divided attention (DIV ATTN):** anytime the individual waits appropriately (i.e., without engaging in challenging behavior) when staff are engaging with another individual.
 10. **Tolerating Delay (DELAY):** anytime the individual appropriately waits for a preferred item or activity without engaging in challenging behavior.

Teaching replacement behaviors

Below are some common procedures (not exhaustive) for teaching replacement behaviors.

Common interventions for teaching replacement behaviors	
Differential reinforcement of alternative behaviors	<ul style="list-style-type: none"> ● Differential reinforcement of alternative behavior (DRA): DRA involves providing access to the <i>functional reinforcer</i> when an appropriate replacement behavior occurs and is often done with extinction (i.e., avoiding providing the <i>functional reinforcer</i> when challenging behavior occurs). This creates an environment where the individual learns that the appropriate behavior results in attention (what they want!) and inappropriate behavior does not. DRA is one of the best strategies to use because it teaches a “replacement behavior” for challenging behavior (i.e., gets the individual’s needs met and teaches a new skill). Here is what DRA might look like for a behavior maintained by <u>attention</u>: <ul style="list-style-type: none"> ○ Identify a simple and appropriate alternative replacement behavior for the individual <ul style="list-style-type: none"> ▪ E.g., saying “I want to hang out,” a sign for “attention,” engaging in appropriate conversation topics (if someone often talks about inappropriate topics) ▪ The behavior you pick should be one the individual can already do and will be noticed, OR you will need to teach them the



replacement behavior (see below in “Teaching alternative replacement behaviors” for common procedures)

- o Each time staff/caregivers see the replacement behavior occur, provide **high-quality** attention (e.g., “awesome job letting me know you want to hang out! Want to watch a movie or play a video game?”)
 - Staff/caregivers should do their best to provide attention each time the individual requests it, especially in the beginning! However, sometimes staff/caregivers are busy and cannot provide attention. During these times, provide praise for the request, let them know when you will be available, and let them know what is available while they wait
 - E.g., “Thanks for letting me know you want to hang out! I need to finish cooking dinner, it will take about 10 more minutes. In the meantime, I can turn on ESPN+ or Hulu for you”
- o If the individual engages in target challenging behavior, staff/caregivers should avoid providing additional attention (extinction). Minimize all attention possible to the behavior (e.g., do not comment on the behavior, provide a reprimand, or begin providing high-quality attention). Instead, use procedures to maintain safety and avoid providing additional attention until the behavior has stopped. This is when attention should be provided (before a behavior to prevent it, or after the behavior has stopped for a period of time [at least 10 s]!)
 - In addition to avoiding providing unnecessary attention when the challenging behavior occurs, it is best practice to also avoid providing access to new items/activities (do not remove anything from them but do not immediately provide new tangibles)
 - After a brief period of time, redirect to the ongoing activity; providing attention and access to new items as usual
- o Ensure plenty of additional attention is provided for free throughout the day when challenging behavior is not occurring! Remember, it should be easier for the individual to gain your attention through the alternative behavior than through the challenging behavior.
- Differential reinforcement of alternative behaviors (DRA): Here is what DRA might look like for a behavior maintained by access to tangibles (items/activities):
 - o Identify an appropriate alternative replacement behavior for the individual to access the items/activities
 - E.g., saying “I want to go to the park” “I want to play on the iPad, a sign for a specific item, a generic sign for “more,” appropriate engagement with available items
 - The behavior you pick should be one the individual can already do and will be noticed, OR you will need to teach them the



replacement behavior (see below in “Teaching alternative replacement behaviors” for common procedures)

- o Each time staff/caregivers see the replacement behavior occur, provide high-quality praise (e.g., “awesome job letting me know what you want!”) and access to the requested item/activity
 - Staff/caregivers should do their best to provide access to the item each time the individual requests it, especially in the beginning! However, sometimes a specific item or activity is unavailable (e.g., it is raining outside, so you can’t go to the park; another peer is using the requested item). During these times, provide praise for the request, let them know when it will be available, and let them know what is available while they wait.
 - E.g., “Thanks for letting me know you want to play basketball at the park. It’s raining right now but looks like it will stop in about an hour. Until then, I could set up an indoor yoga class so you can still exercise, we could make tea and watch the rain, or I can help you find a good new movie”
- o If the individual engages in target inappropriate behavior, staff/caregivers should avoid providing the requested item/activity (extinction) for a period of time. DRA does not involve the removal of items/activities when the challenging behavior occurs (that is called response cost [see below] and is a punishment procedure); however, it involves *not* immediately providing new items/activities until the behavior has stopped
 - In addition to not provisioning access to new items/activities, it is best practice to also minimize attention to the behavior (avoid commenting, do not provide a reprimand)
 - After a brief period of time, redirect to the ongoing activity; providing attention and access to new items as usual
- o Ensure plenty of additional item engagement is provided for free throughout the day when challenging behavior is not occurring!
- Differential reinforcement of alternative behaviors (DRA): Here is what DRA might look like for behavior maintained by escape:
 - o Identify an appropriate alternative replacement behavior for the individual to access escape from the aversive situation
 - E.g., saying “I want to leave,” “space please,” “break,” a sign for “all done”
 - The behavior you pick should be one the individual can already do and will be noticed OR you will need to teach them the replacement behavior (see below in “Teaching alternative replacement behaviors” for common procedures)



	<ul style="list-style-type: none"> o Each time staff/caregivers see the replacement behavior occur, provide high-quality praise (e.g., “thanks for letting me know you need a break!”) and access to a break from the situation <ul style="list-style-type: none"> ▪ Staff/caregivers should do their best to provide a break each time it is requested (particularly in the beginning!); however, there are situations in which a break is not possible or feasible (e.g., at the doctor’s office). During these times, provide praise for the request, let them know when a break will be available, and let them know what they can do while they wait <ul style="list-style-type: none"> ● During instructional sequences that take a longer period of time and contain multiple instructions (e.g., a shower routine, getting dressed in the morning, taking medications), provide a brief break from the instructions often (e.g., if someone who requires full assistance in the shower asks for a break during this routine, provide a brief amount of hands-off time and a break from the instructions) o If the individual engages in target challenging behavior, it is often the case that escape (a break from the task or situation) will be required to ensure safety (escape extinction [proceeding with the instruction] is often not a feasible option for adult individuals); however, this break should be a barren break (e.g., limit attention, limit preferred tangibles, limit conversation) and the instruction should continue once it is safe to do so. <ul style="list-style-type: none"> ▪ There should be a contrast between the kind of break an individual has when they asked appropriately vs. a break that occurred because challenging behavior occurred (e.g., praise and a fun break for requests!) ● <u>Differential reinforcement of alternative behaviors (DRA)</u>: Here is what DRA might look like for behavior maintained by <u>automatic positive reinforcement (sensory stimulation)</u>: <ul style="list-style-type: none"> o Teach individuals to interact with items that are likely to compete with the occurrence of the problem behavior. For example, if the person hits themselves in the chin with their hand, then teach them to manipulate items with their hands. Often this requires providing potent reinforcers for engagement with these very frequently. o If the behavior does occur, redirect the individual to engage with an item that might more appropriately match the sensory stimulation
<p>Functional communication training: teaching communication responses to replace challenging behavior</p>	<p>Some individuals may already have appropriate replacement behaviors in their skill set. In these cases, use the procedures described above (differential reinforcement of alternative behaviors) to increase the occurrence of these replacement behaviors. However, there may be some instances where staff/caregivers need to teach an individual these skills.</p>



- How to teach appropriate requests to access **attention**
 - Select an appropriate request for attention for the individual (see “Definitions of Common Replacement Behaviors” above)
 - This should be something within the individual’s skill set (e.g., if the individual signs, use sign language; if the individual does not sign or speak, picture exchange may be the best option). It is best to select one mode of communication rather than several. If the individual already uses sign language, continue to use sign language for new communication and do not introduce a new system like picture exchange.
 - Teaching sessions
 - Set up a brief period with little attention (3-10 min) before starting the teaching session (e.g., tell the individual you will be busy for a minute and pick a task in the area but does not include individual [reading, dishes])
 - Prompt the selected communication response (e.g., say “attention please;” “hand me the attention card *while pointing to the card*”) and provide attention as soon as behavior happens
 - If the individual does not follow the instruction the first time, provide an additional verbal or model prompt. If you are using a picture exchange card, you can also lightly guide their hand to the correct card
 - Repeat multiple times (5-10 opportunities)
 - Outside of teaching sessions, prompt the appropriate request for attention during naturally occurring opportunities
 - E.g., if a staff is preparing dinner (or another activity that takes their attention) and notices the individual pacing in the area, displaying precursor behaviors, or other behaviors suggesting they might want attention, prompt the appropriate communication response (e.g., “if you want my attention, let me know!” or “hand me your attention card *while pointing to the card*!”)
 - If challenging behavior occurs, avoid providing unnecessary attention (e.g., do not reprimand or draw attention to the behavior - provide support as needed to ensure safety [see procedures for responding for]) such that it is clear to the individual that communication results in attention and challenging behavior does not
- How to teach appropriate requests for **access to items/activities/food/drink**
 - Select an appropriate request for items/activities for the individual (see “Definitions of Common Replacement Behaviors” above)
 - This should be something within the individual’s skill set (e.g., if the individual signs, use sign language; if the individual does not sign or speak, picture exchange may be the best option).
 - Teaching session



- Set up a brief period without access to the item/activity (3-10 min) before starting the teaching session (e.g., if the individuals target item/activity is the TV, turn the TV off)
- Prompt the selected communication response (e.g., say “TV;” “hand me the TV card *while pointing to the card*” “let me know what you want to do” “say more”) and provide the item/activity as soon as behavior happens
 - If the individual does not follow the instruction the first time, provide an additional verbal or model prompt. If you are using a picture exchange card, you can also lightly guide their hand to the correct card
- Repeat multiple times (5-10 opportunities)
- o Outside of teaching sessions, prompt the appropriate request for items/activities during naturally occurring opportunities
 - E.g., if an individual is not engaged, prompt a request for an item/activity (e.g., “TV or magazine?” “point to the TV card”)
- o If challenging behavior occurs, avoid providing access to preferred items/activities (e.g., do not hand the individual a preferred item or say “fine, have X”- provide support as needed to ensure safety [see procedures for responding for]) such that it is clear to the individual that communication results in items/activities and challenging behavior does not
- How to teach appropriate requests for **break**
 - o Select an appropriate request for escape/break for the individual (see “Definitions of Common Replacement Behaviors” above)
 - o Teaching session
 - Provide an instruction to the individual (e.g., “time to wash the dishes”) and then immediately provide the verbal prompt, “say ‘break’ (or “sign break” “touch the break card” - whatever the target break response is).” If the individual says break, provide praise and provide a break (“Great work! Yes, let’s take a break”)
 - If the individual does not follow the instruction the first time, provide an additional verbal or model prompt. If you are using a picture exchange card, you can also lightly guide their hand to the correct card
 - o Outside of teaching sessions, prompt appropriate requests for escape during naturally occurring opportunities
 - E.g., before a difficult task (“let me know if you need a break!”), if precursor behaviors are observed during a task
- How to teach appropriate requests for **help**
 - o Select an appropriate request for help for the individual (see “Definitions of Common Replacement Behaviors” above)
 - o Teaching session



	<ul style="list-style-type: none"> ▪ Provide an instruction to the individual (e.g., “time to wash the dishes”) and then immediately provide the verbal prompt, “say ‘help’ (or “sign help” “touch the help card” - whatever the target response is).” If the individual says help, provide praise and provide help (“Great work! Yes, let me help you”) <ul style="list-style-type: none"> ● If the individual does not follow the instruction the first time, provide an additional verbal or model prompt. If you are using a picture exchange card, you can also lightly guide their hand to the correct card ○ Outside of teaching sessions, prompt appropriate requests for escape during naturally occurring opportunities <ul style="list-style-type: none"> ▪ E.g., before a difficult task (“let me know if you need a break!”), if precursor behaviors are observed during a task ○ If challenging behavior occurs, do not immediately provide help in the situation; rather, if safe to do so, prompt the individual to request help <i>or</i> (if not safe to prompt this) wait until the behavior has stopped for a period of time and provide help
<p>Increasing on-task behaviors or adherence with specific routines or instructions</p>	<ul style="list-style-type: none"> ● Increasing adherence to specific tasks or routines <ul style="list-style-type: none"> ○ Determine the specific activity (e.g., a difficult routine that they typically engage in challenging behavior during [shower routine, chores]) or activities (e.g., all activity of daily living routines during the day; an entire day at the day center) to be targeted <ul style="list-style-type: none"> ▪ It may be best to start with the completion of one routine and then build to include more than one (e.g., start with the completion of morning routine without challenging behavior, then after success, add in night routine/van routine/day center transitions, etc.) ○ Determine a preferred item/activity/attention that will be delivered after the amount of time/activity without challenging behavior has passed. This should be something that is highly preferred for the individual and not something that is always available <ul style="list-style-type: none"> ▪ This could be something simple, like 1:1 time with a common area gaming device or access to a bin of preferred items to choose from, or something more special like going on a big outing (e.g., an amusement park, getting your nails done) ○ Each time the individual completes the specific activity(ies) without challenging behavior, provide high-quality praise and access to the programmed item/activity (e.g., “you finished your morning routine! Nice work. It’s time for you to pick what cartoon we watch and a snack from the snack bin”) ○ If an individual engages in challenging behavior, they will not earn the reinforcer. For some individuals, it is helpful to briefly state the rule (e.g., “You did not earn X today, but you can try again tomorrow. Remember,



you need to keep your hands to yourself during your chores routine to earn X")

- o Schedule fading: initially, it is best to start with providing access to the programmed reinforcer (the preferred item/activity/attention) after each time they successfully complete the task or routine. After success (i.e., the individual is completing the routine without challenging behavior and they are earning the reinforcer often), it may be time to fade the schedule. This can look like increasing the requirement to several days of successful routine completion (e.g., earning a dinner out after a week of successfully transitioning to the day center) or adding in additional routines (earning a special item from a prize bin after completing toothbrushing, deodorant, and getting dressed)
 - For some individuals, it may be helpful for them to track their progress, particularly when the schedule is longer (e.g., several days or success or more than one routine required). Some ways to track progress may be: using a calendar and marking off successful days, using a whiteboard to tally successful hours, using a cell phone to record success, having "tokens" that can be accumulated after periods of time without challenging behavior
- Increasing tolerance to aversive (difficult) routines using synchronous reinforcement (e.g., McHugh et al., 2022)
 - o Determine the specific activity (e.g., a difficult routine that they typically engage in challenging behavior during [shower routine, chores]) to be targeted
 - o Determine a reinforcer to be used
 - This should be something that can be delivered for a period of time (e.g., music or a preferred video), is easy to turn on/off, and something that can be done at the same time as the task (e.g., something that does not require manipulation if the task requires the individual use their hands)
 - Reinforcer ideas: music, preferred videos, disco lights, preferred attention
 - o Throughout the target task, deliver the selected reinforcer continuously as long as the individual is engaging in/tolerating the task; however, if the individual stops, the reinforcer access should also stop
 - E.g., teeth brushing task, reinforcer is music: while the individual is brushing their teeth, the staff/caregiver plays preferred music; however, when the individual stops brushing their teeth, the music stops
 - E.g., shower routine, reinforcer is disco lights in the bathroom: while the individual is tolerating support in their shower routine, the disco lights are on; however, if they stop tolerating the support (engage in challenging behavior, move away), the disco lights are turned off



<p>Increasing tolerance to delay or denial of requests</p>	<ul style="list-style-type: none"> ● If individual requests an item or activity that is currently unavailable: <ul style="list-style-type: none"> ○ Praise the individual for appropriately asking for the item/activity (e.g., “Thanks for telling me you want to go to McDonald’s this afternoon!”) ○ Provide a rule indicating when the item/activity will become available (e.g., “We don’t have time to go to McDonald’s this afternoon, but we can go there on Saturday!”) ○ Provide choices of alternative activities that may compete with the delayed/denied item or activity (e.g., For now, would you like to make some homemade chicken nuggets or take a walk outside?) ○ If the individual selects an alternative option, provide high-quality praise for their flexibility (e.g., “That sounds great! Thanks so much for being flexible today.”) and provide access to the selected option ○ If the individual does not select from the alternative options, provide choices of different activities and promote engagement (e.g., model engagement) until the individual is engaged ○ If challenging behavior occurs, provide support needed for safety (refer to response section); however, the requested item/activity should not be provided in that moment <ul style="list-style-type: none"> ■ Staff/caregivers should avoid commenting on the item/activity (e.g., <u>do not</u> say, “well, you can’t have it at all now”); instead, avoid providing new attention/new tangibles, maintain safety, and redirect following a brief period of time (at least 10 s) without challenging behavior to the options that are currently available
<p>Increasing engagement</p>	<ul style="list-style-type: none"> ● Ensure the individual always has access to the items/activities that you want to increase engagement with ● Provide a model of how to engage with the target items or activities ● If attention is preferred, provide high-quality attention when the individual is engaged with the target activity or item

Step 3: Peer Review

After writing a BSP, it is important to have the plan reviewed by the individual's circle of support (e.g., guardians, individual themselves, case managers, home managers, day service providers) and, when possible, by behavioral experts (e.g., a behavior analyst). Peer reviewers should be looking for the following:

- Consistency in what is written across plans (e.g., BSP, person centered plan)
 - E.g., supervision guidelines should be based upon need and descriptive of what occurs
- Ensuring the least-restrictive intervention possible is in place
 - Peer reviewers should serve as a “double check” that restrictions are only implemented when necessary and are considered for fading often
- Providing feedback and input on the procedures selected



- Ensuring the procedures selected *match* the function of the behaviors (i.e., is the replacement behavior aligned with addressing the “why” behind the target challenging behavior?)
- Suggesting procedures that have been historically effective (that are still best-practice procedures!) or modifications to selected procedures that might increase the effectiveness
- Ensuring that procedures are individualized (e.g., include their preferences, skill set, preferred lifestyle)

Step 4: Training and Implementation

Best-practice training procedures

Following the development of a best-practice BSP, it is important to train key members of the individual’s support team (e.g., staff, caregivers; anyone who will be providing direct support) on how to implement the procedures. Behavioral skills training (BST) is a comprehensive approach to training that scientific research has shown to be effective in training a wide range of skills (e.g., Miltenberger, 2004; Ward-Hornet & Sturmey, 2010). BST is an active-response training procedure with four main components:

1. Instructions
 - a. This includes a description of the target skills. Specifically, reviewing the procedures included in the BSP (prevention, response, and teaching!) with the individual’s care team. When reviewing the procedures, ensure to provide a copy of the written procedures for the trainee to reference in the future.
2. Modeling
 - a. This includes a clear demonstration of the target skills. Specifically, having the trainer demonstrate how to implement the procedures included in the BSP. This can be done in person or with a video model.
 - b. It may be helpful to include multiple examples and non-examples of the procedures.
3. Rehearsal and feedback
 - a. This includes prompting the trainee to demonstrate the target skills that have been trained. While the trainee is demonstrating the skills, the trainer should provide feedback on skills they perform correctly and skills that they do not perform correctly.
 - i. You should continue to have the trainee rehearse the skill until they perform each skill correctly
 - ii. This should always include *active* demonstration of the target skill (i.e., not the staff simply describing the skill) as this provides an opportunity to practice the skill prior to actual implementation
 - b. Rehearsal and feedback can sometimes be uncomfortable; however, research has demonstrated that this component is essential for ensuring the skill is learned!



Review of ongoing progress

Throughout the course of the year, changes to the BSP will likely be needed. This may be needed if the individual's setting changes, if there is a change in their behavior (e.g., an increase in frequency or severity of a behavior), or if progress is not being made. When this occurs, modifications to the BSP are needed.

- If data suggest a behavior is increasing or not decreasing:
 - 1. Ensure the BSP procedures are being followed by completing an observation (or multiple) with staff/caregivers who work with the individual
 - Always check this first! Changing a BSP may not be necessary in all cases
 - If BSP procedures are not followed consistently, they will likely be ineffective. If you determine procedures are not being followed, a booster training is required (reference training procedures above). If a booster training is not effective, it is recommended to work with the team to identify and address any barriers to implementation (e.g., do they need more engaging materials, do they have enough staff, are staff clear on what is expected of them?)
 - 2. If it is believed (or hypothesized) the function of a behavior has changed, re-conduct the indirect assessment interview. This will provide you with additional information on any environmental changes that may have impacted the challenging behavior
 - Based on this new information, rewrite the BSP using the procedures described above
 - 3. If it is not believed the function has changed and the current procedures are being followed, consider a change in procedures. Reference the “teaching replacement behavior” and “prevention sections” to review alternative procedures
 - It is important to EXHAUST reinforcement-based, nonrestrictive procedures before adding a restrictive intervention into a plan
 - ** An exception is with extremely severe behaviors that warrant a restriction earlier, but this should always be done in conjunction with reinforcement-based interventions and to eventually fade the restriction
- If there is a change in setting
 - It is best to re-conduct the indirect assessment and rewrite a BSP when someone moves settings as the environment has changed. However, the previous BSP can be an excellent resource for procedures that have been historically effective

Definitions of Common Terms

- **Function:** the “purpose” of a behavior. This refers to the causal relationship between a challenging behavior and its effect on the environment.
- **Functional Behavior Assessment:** a comprehensive process aimed at identifying the function of an individual's challenging behavior.
- **Antecedent:** an event that immediately precedes a behavior
- **Behavior:** anything the individual does



- **Consequence:** an event that immediately follows a behavior
- **Reinforcer:** anything that is provided immediately following a behavior that increases the future likelihood of that behavior
- **Reinforcement:** the process in which a reinforcer is provided following a behavior which increases the future likelihood of that behavior
- **Indirect Assessment:** part of the functional behavior assessment that includes an interview conducted with an individual's staff or caregivers to gain contextual and detailed information surrounding a challenging behavior and the context(s) in which it occurs
- **Descriptive Assessment:** naturalistic observation of a behavior in which the observer records antecedents, behaviors, and consequences
- **Functional Analysis:** an experimental assessment in which a behavior analyst strategically arranges antecedents and consequences (informed by an indirect assessment or descriptive assessment) and measures the effect on a behavior
- **Contingent:** dependent upon
- **Noncontingent:** not dependent upon
- **Extinction:** process by which a functional reinforcer is *not provided* following challenging behavior
- **Prompt:** any form of assistance or cue that helps an individual engage in a behavior
- **Response Block:** procedure by which a behavior is prevented from occurring to completion
- **Differential Reinforcement:** process in which one behavior is reinforced while another behavior is placed on extinction



