

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

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| SECTION I: | PATIENT FOCUSED FUNCTIONS |
| CHAPTER 2: | Provision of Care, Treatment and Services |
| PROCEDURE 2.21 | Guidelines for Positive Behavioral Support Planning and Implementation |
| REVISED: | 12/09/05; 06/08/07; 08/23/07; 6/25/18 |
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PURPOSE: To outline the service provision and policies related to the Behavioral Intervention Service including the development of Positive Behavioral Support Plans.

SCOPE: All clinical staff.

BACKGROUND: The primary focus of the Behavioral Intervention Service is to ensure the clinical and administrative quality of Positive Behavioral Support Plans (PBSP). The BIS will provide consultation and work with unit staff around providing assistance related behavioral interventions. Positive Behavioral Support Plans are rooted in Applied Behavioral Analysis. A PBSP involves designing environments and interventions aimed at replacing problem behaviors with adaptive behaviors, and teaching pro-social skills to increase self-efficacy and independence.

INDICATIONS FOR PBSP

- A. A PBSP is indicated when 1) adaptive behaviors are not produced frequently enough for healthy adjustment or 2) maladaptive behaviors that harm the individual or others are produced too frequently for healthy adjustment.
- B. The purpose of a PBSP is to increase the occurrence of target behaviors. A fundamental assumption of PBSP is that behaviors of concern will decrease in frequency as target behaviors are emitted consistently. PBSP do not entail the application of aversive consequences of any sort (no response cost), because emphasizing behaviors of concern tends to inadvertently and intermittently reinforce these behaviors.

POLICY:

1. Patients are referred for services with the BIS by the treatment team or by other hospital or DMHAS review committees.

PROCEDURE:

1. Upon receiving the referral using the CVH-678 form the BIS will consult with the treatment team as to the most clinically appropriate intervention. These interventions may include

consultation, ongoing case review, violence prevention consultation or the development of a PBSP.

PLAN TIMEFRAMES:

1. BIS referrals are acknowledged verbally or in writing to the referring source within 7 days.
2. As the development of Positive Behavioral Support Plans necessitates an analysis of the patient's environment and data gathering, the timeframe for a completed PBSP is longer than that of a psychological testing. The BIS has a goal of having a PBSP completed within 3 months of initiation.
3. Available resources, clinical factors or hospital priorities may impact this timeline. In this event, the BIS will communicate verbally or in writing a new estimated timeframe for the PBSP to the referring source.