

INSTRUCTIONS FOR USING THE FIRST STEP BEHAVIOR PLAN

Caseholder Expectations:

The concepts in the First Step Behavior Plan are basic behavior management strategies and interventions. These strategies are intended to provide staff and family with foundational behavioral skills that should help the current situation and also help when dealing with any new behaviors that might arise. In a nutshell, we want them to become very good at recognizing and reinforcing behaviors we want to see and very good at ignoring or minimizing attention to behaviors we do not want to see. Research proves beyond any doubt that those techniques will strongly impact behavior in the desired direction if implemented accurately and consistently.

Target behaviors likely have gotten the person a lot of attention (or other pay off) over quite a long time. Often when a behavior plan is first implemented, the target behaviors will initially get worse. This is a normal response and should be expected. Ride this out and continue to implement the behavior plan consistently. The behavior plan is intended to be long term and positive behaviors will take some time to develop and get to a point where they are stronger and more effective for the person than the target behaviors were.

***Caseholders are expected to fully understand these basic behavioral concepts and to provide training and leadership to the individuals serving the consumer.

Getting Started:

Sections 1 & 2: Focus on intervening on 2-3 target behaviors to start. Trying to change everything at once may be too difficult.

*It is required by MDHHS that medical causes such as pain, illness, injury, medication side effects, etc., be identified and ruled out as causing the behaviors before implementing a behavior plan.

The reason the behavior occurs is a clue about which reinforcers might be effective and what interventions might have an impact. For example, if a behavior occurs because a person wants and needs a lot of attention, we want to be sure to provide reinforcers that provide attention for the behaviors we want to strengthen. The interventions for a person needing attention might also include using staff to attend to the person by implementing the daily schedule. If a person does not like to be touched and prefers to be alone, using attention as a reinforcer is unlikely to be helpful at all and may make the situation worse.

Replacement Behaviors:

The importance of this section cannot be over emphasized. Individuals need guidance and help learning behaviors that are appropriate and will work for them in terms of getting their wants and needs met. Sometimes the focus is on what the person is doing wrong rather than focusing on what we want them to do right and helping them get there. In your monitoring of the plan, you will want to pay close attention to how staff or family work to help the person interact appropriately and how they emphasize reinforcing replacement behaviors.

When a plan first begins, reinforcement should be frequent (every 1-15 minutes). As the person improves, reinforcement should be changed to occur a bit less often and on a more intermittent basis. Every few responses might be reinforced rather than each response. This type of reinforcement will strengthen and help maintain learned behaviors.

Data Collection:

Ideally, baseline data should be collected before the Behavior Plan is implemented, though this is not always possible. A typical baseline period is at least two weeks but may be longer if needed. The baseline data establishes the frequency of the target behaviors prior to any type of intervention. Data taken after the Behavior Plan has been implemented will then show how the interventions are impacting the behaviors. Data should be taken until the behavior shows significant improvement (at least 3-6 months and at times much longer). Once we are confident the interventions have been helpful, the individual moves to a maintenance phase. In this phase, the behavior plan is still in place but data is not necessarily needed as the individual has met the objective.

In addition to data on target behaviors, the caseholder may initially want to collect data on the staff's involvement with the individual related to implementing the daily schedule. Data such as this can be helpful to see what activities and tasks the consumer enjoys and can help identify staff that are doing a good job of engagement.

Caseholder Monitoring:

Monitoring by the caseholder is required to ensure the Behavior Plan is being consistently followed. Implementing the Behavior Plan is like building a solid foundation for a house. If the foundation is not solid, at some point the roof will fall in (crises occurs or the behaviors get worse). The interventions provided in this First Step Behavior Plan are researched-based and proven to be effective. If the data indicates no progress after a reasonable time, the caseholder will need to determine why progress is not occurring. Typically, a behavioral plan or guidelines will not succeed if the reasons for the behavior were incorrectly identified, if data is not accurate, the reinforcers are not something the person wants, or there is error or inconsistency in implementation of the plan. It will be up to the caseholder to assess and refine the plan if progress does not occur.

Monitoring will involve setting time aside to be in the home observing staff implementing the plan. Initially, this may involve weekly observations to ensure a good start occurs. Observations by the caseholder are required for the first 3-6 months to ensure success. The home manager or other designated person may do some additional monitoring if the caseholder is confident they will accurately assess the situation and remediate issues noted. As you observe, you are looking to see if staff are indeed following the plan accurately. You are also monitoring the consumer's response to the interventions.

A sample monitoring form is available and can help cue you as to possible areas needing improvement. It can also help the caseholder identify areas that are going very well and prompt reinforcing of staff or family for doing a good job in implementation.

Training

It is the caseholder's responsibility to ensure that all individuals working with the consumer read and understand the Behavior Plan and sign the training form. This form acknowledges their understanding of the First Step Behavior Plan's procedures and their responsibility in implementing and documenting. Review the plan with the staff in detail so the concepts and their responsibilities are very clear. It is never okay to just hand the plan over and expect staff to know what to do. Spend some time on the training so that implementation is done correctly and consistently.

Troubleshooting

If things do not improve after several months, the caseholder will need to figure out what the barriers to improvement might be. The monitoring form should provide some idea of possible issues. Make changes to the plan as needed as we want some flexibility and room for change as needed.