

**BEHAVIOR SUPPORT SELF-REVIEW FORM ('03)**  
**AUTHORS: PLEASE SUBMIT WITH NEW PLANS**

**This is the 1/03 version of a self-review tool developed by the Ohio Department of Developmental Disabilities (DODD) Behavior Advisory Committee. It can be used by program developers to ensure that they have addressed what this committee feels are the critical points in a good behavior support plan. The last section addresses implementation issues that arise in monitoring and reviewing. It addresses rule and best practice issues.**

INDIVIDUAL: \_\_\_\_\_ DATE: \_\_\_\_\_

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|---|-----|----|-------------------|
| 1. 3* Are the target behaviors clearly identified   | Yes | No | Partly/ (Specify) |
| 2. 4* Are they defined in observable, measurable terms? (5123:2-1-02 J 2 l)   | Yes | No |                   |
| 3. 2* Is there current and meaningful baseline data   | Yes | No |                   |
| 4. Does it support the need for an individual behavior program? (5123:2-1-02 J 2ml)   | Yes | No |                   |
| 5. 16*Does the behavior assessment identify the full range of antecedents and consequences of the behavior (including environmental, social, medical factors etc.) to the extent that positive and proactive strategies can be developed using the information (5123:2-1-02 J 2 b)  | Yes | No | Partly/ (Specify) |
| 6. 6* Are there professional evaluations (including 10* psychology, occupational therapy, speech and language, others, depending on the diagnosis, specific problems, disabilities) as part of the assessment that reflect the current situation and that address the individuals needs in relation to the behavior problems. | Yes | No |                   |
| 7. 7* Were the professional recommendations made addressed?   | Yes | No | Partly/ (Specify) |
| 8. 16*Have a sufficient number of positive reinforcers been identified, and is the reinforcement schedule adequate and individualized so as to meet the needs of this individual?   | Yes | No | Partly/ (Specify) |

\*Items also on 2005 DODD Accreditation Self-Review

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| 9. 11*Are there preventive/proactive strategies addressing the behavior's identified antecedents, and do the procedures outlined coincide with the information in the behavior assessment? (5123:2-1-02 J 2 b)   | Yes | No |  |
| 10. 11*Do the procedures for target behaviors really address the issues/dynamics surrounding the target behaviors, and do the procedures outlined coincide with the information contained in the behavior assessment? (5123:2-1-02 J 2 b)  | Yes | No |  |
| 11. 1* Is the data collection method sound, and will 19* it generate the amount and type of information needed to adequately assess the effectiveness of this individual behavior program?   | Yes | No |  |
| 12. 14*Have specific, realistic replacement behaviors (adaptive behaviors that will serve the same function as the maladaptive target behaviors) been identified which will teach this individual appropriate ways to access reinforcers, choices, preferences, etc. (i.e. communication, leisure, social skills)? (5123:2-1-02 J 2 c) | Yes | No |  |
| 13. 12*Are there strategies in place to teach the replacement behaviors? (5123:2-1-02 J 2 c)   | Yes | No |  |
| 14. 13*Are the program procedures/methodology written with enough detail and clarity that they can be followed without ambiguity?  | Yes | No |  |
| 15. Do the restraint and/or time procedures described fit the definitions given in 5123:2-1-02 J 3 a.  | Yes | No |  |
| 16. 15*Are any prohibited actions included in or implied in the program. (5123:2-1-02 J 2 q, et. al.)  | Yes | No |  |
| 17. Are the procedures (i.e. reinforcers, schedule intervention for replacement and target behaviors) structurally sound and supported   | Yes | No |  |

|                                    |   |     |    |
|------------------------------------|---|-----|----|
|                                    | by current research and/or accepted practices?  |     |    |
| 18.                                | Is adequate methodology for risk mitigation included where needed to minimize potential harm from restraint and time-out?<br>(5123:2-1-02 J 2 f)  | Yes | No |
| 19.                                | 18*Is adequate methodology for risk mitigation included where needed to minimize potential harm from the maladaptive behavior<br>(5123:2-1-02 J 2 f)  | Yes | No |
| 20.                                | 17*Are the person(s) responsible for implementation identified? (5123:2-1-02 J 2 m)   | Yes | No |
| 21.                                | 20*Is the process for reviewing the behavior support plan identified?   | Yes | No |
| 22.                                | Does the process meet the rule specifications? (5123:2-1-02 J 2 j, p)   | Yes | No |
| 23.                                | Are signature/data blocks present, including space for dissenting opinions? (5123:2-1-02 J 2 m)   | Yes | No |
| 24.                                | Is the target behavior for restraint or time-out dangerous to the individual or others? If not obvious, does the team address how it presents a danger and therefore is the intervention warranted by rule? (5123:2-1-02 J 2 d) | Yes | No |
| 25.                                | 21*Is the Behavior Support Plan consistent with and integrated into the individual's IP?<br>(5123:2-1-02 J 2 c)   | Yes | No |
| <b><u>HUMAN RIGHTS REVIEW:</u></b> |   |     |    |
| 1.                                 | 22*Has individual and/or guardian consent been obtained for this behavior support plan?<br>(5123:2-1-02 J 2 o)  | Yes | No |
| 2.                                 | 25*Does the informed consent document include a realistic assessment of the risks and benefits of the procedures, of the alternatives to the  | Yes | No |

\*Items also on 2005 DODD Accreditation Self-Review Also

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| <p>procedure, of the right to refuse and the consequences of refusing? (5123:2-1-02 J 2 o)</p>  |     |    |  |
| <p>3. Has the individual and/or his/her family, guardian, or advocate been involved in the development of this behavior program? (assessment, procedures, reinforcers, schedule of reinforcers, etc.)</p>       | Yes | No |  |
| <p>4. 26*Have all the medical factors that could influence the behavior been addressed as possible? (5123:2-1-02 J 2 a f and q iii)</p>   | Yes | No |  |
| <p>5. 26*Have other factors, such as environmental, human, etc. been considered and/or addressed in an attempt to deal with the target behaviors in question? (5123:2-1-02 J 2 b)</p>                           | Yes | No |  |
| <p>6. 10*Have all medical contraindications for the procedures contained in this individual behavior program been ruled out? (5123:2-1-02 J 2 f and q iii)</p>  | Yes | No |  |
| <p>7. Is the aversive intervention or procedure clearly identified, and does it represent the least restrictive alternative in the hierarchy of possible interventions? (5123:2-1-02 J 1 d (i) and ii)</p>      | Yes | No |  |
| <p>8. 8* Does the record reflect that positive and/or less aversive teaching and support strategies had been tried and found to be ineffective before this intervention as implemented? (5123:2-1-02 J 2 h)</p> | Yes | No |  |
| <p>9. 6* Is the aversive intervention balanced with sufficient positive and proactive strategies to minimize the need to apply the programmatic aversive? (5123:2-1-02 J 1 d (i))</p>                           | Yes | No |  |
| <p>10. If the individual is presently receiving psychotropic medication does the use of the medication meet the definition of chemical restraint? (5123:2-1-02 J 3 a (i) a)</p>                                 | Yes | No |  |

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|---|-----|----|--|
| <p>11. 26*If the individual is presently receiving 23*medication for behavior control (whether it is chemical restraint or not), is it prescribed by a licensed physician and is there evidence of the physician's involvement in the interdisciplinary team process? 5123:2-1-02 J 2</p> | Yes | No |  |
| <p>12. 24*Does the physician receive objective and subjective data about the behavior on a regular basis?</p>   | Yes | No |  |
| <p>13. 26*Are there any obvious civil/human rights violations? (5123:2-1-02 J 2 f)</p>  | Yes | No |  |
| <p><b>C. <u>IMPLEMENTATION AND OUTCOME</u></b></p>  |     |    |  |
| <p>1. Is there documentation that staff who implement the plan were trained in the plan methodology prior to its implementation?</p>  | Yes | No |  |
| <p>2. 28*Are there status reports that reflect the objective and subjective measures of the programs success or problems with implementation? (5123:2-1-02 J 2 p)</p>   | Yes | No |  |
| <p>3. 29*If problems are noted with implementation, has something been done to address these?</p>   | Yes | No |  |
| <p>4. 30*Is there any indication of injury to the individual during the implementation of the program?</p>  | Yes | No |  |
| <p>5. 31*Is current data indicating the program has been effective in decreasing the maladaptive target behavior?</p>   | Yes | No |  |
| <p>6. 32*Has the program been reviewed by team, BSC according to the schedule indicated in the program? (5123:2-1-02 J 2 j and p)</p>   | Yes | No |  |