

## **National Association of State Directors of Developmental Disabilities Services**

### **Position on Behavioral Support**

Publicly financed service systems for people with intellectual and developmental disabilities (I/DD) are significantly challenged in their efforts to support individuals with intensive behavioral support needs, their families, and the providers who work with them. People with I/DD sometimes exhibit behavior that interferes with their ability to live and work in the community, may be destructive and, at times, dangerous or harmful to others. Such behaviors may be difficult to understand and may even result in individuals becoming isolated, institutionalized or involved with the criminal justice system. Ideally, support strategies and therapeutic approaches are tailored to the specific needs of the individual and function to strengthen his or her ability to live a productive and satisfying life in the community with friends and family.

#### **Background**

The history of services for people with I/DD who exhibit or challenging behavior or behaviors labeled as non-complaint includes the use of interventions designed to control and coerce individuals to stop an undesired behavior, adopt a new behavior and to comply with directions. While policy makers and professionals have been well intended, these interventions have included actions that restrict movement, violate individual rights and sometimes cause psychological and physical pain.

Over the years, new statutes and legal actions have strengthened the rights of individuals with I/DD and created protections to assure their rights are not violated. At the same time, psychologists, psychiatry, neuroscientists and behavioral health professionals have expanded our understanding of behavior by developing humane and respectful treatment interventions that help individuals learn more socially acceptable behavior that serves them and society better.

The field of developmental disabilities has evolved to fully embrace the right of each person to live a full and active life in their community with a social network of family and friends. Person-centered approaches that are based on listening to what is important to a person is the foundation for planning and developing support services that enable everyone to live and participate in the life of their communities.

Practices adopted to serve individuals with challenging behaviors have been evolving from ones that control and sometimes punish individuals to interventions that are based on knowledge about the cause of the behavior, are designed to reduce any cause of the behavior, and to help the person to develop alternative responses. **The use of aversive interventions that cause pain for the purpose of controlling behavior have generally been abandoned by state developmental disabilities agencies.**

*The Board of Directors of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) believes that the time has come to affirmatively reject the use of practices that cause pain and harm for the purpose of modifying behavior and to promote the use of interventions that build on each person's strengths, respects their rights and honors their preferences, supports relationships and enables each person to learn and grow.*

### **Position on the Use of Aversive Interventions**

**Aversive interventions should be prohibited from use with persons who have an intellectual or developmental disability.**

*Aversive interventions are those intended to inflict pain, discomfort and/or social humiliation in order to reduce behavior. Examples of aversive interventions include, but are not limited to, electric skin shock, liquid spray to one's face and strong, non-preferred tastes applied in the mouth.*

**The use of aversive interventions is marked by inequity in power between the person delivering action and the recipient.** Aversive interventions do not address the cause of the problematic behavior, do not promote social networks or participation in the community, and may cause trauma through the application of pain or fear.

Increasingly, the use of aversive interventions has been replaced by the application of behavioral support within a framework of moral and ethical values that focus on:

- Improving quality of life,
- Ensuring individuals have the opportunity to be self-determined,
- Recognizing behavior as a form of communication,
- Implementing interventions that emphasize the development and use of positive skills for greater independence, and,
- Making modifications to the context in which problem behavior occurs.

### **Position Statement on the Use of Positive Behavior Support**

**Positive Behavior Support (PBS) is recommended as the most appropriate approach for state service system use in supporting people with I/DD to address problem behavior. PBS**

is a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment. When implemented appropriately, it can make problem behavior irrelevant, inefficient and ineffective by helping the person to achieve her/his goals in a socially acceptable manner.

**Positive Behavioral Support is founded on the assumption that all behavior is a form of communication** and that behavior serves a purpose for the person. Behavior may indicate that the person is seeking to either gain or avoid something in their environment, is experiencing pain, and may be an indication of post-traumatic stress or a medical or other psychiatric condition.

PBS is a *person-centered approach* that begins with a vision to help an individual achieve a preferred lifestyle that includes maintaining a social network and being involved in their community.

A *functional behavioral assessment* process is instrumental to gaining an understanding of why problem behavior occurs. The goal is to identify what the person is trying to communicate and/or identify medical and psychiatric issues.

PBS, while based on a foundation of applied behavior analysis, uses *additional interventions* to address the needs identified in the functional behavioral assessment, provide the person with social, emotional, and communication skills that will address the function of the behavior, and alter routines to naturally prevent the likelihood of problem behavior.

*Data collection* is important to evaluate increases in *quality of life* and decreases in problem behaviors, whether the intervention was implemented in accordance with the values of the person and his/her social network, and whether the team had knowledge, resources and skills to implement the plan.

The definition of PBS provided by the national PBS organization includes the key features of:

- **Valued Outcomes** – it is not enough to decrease problem behavior; interventions must improve an individual's quality of life and address social and emotional needs;
- **Behavioral and Biomedical Science** – the use of applied behavior analysis, treatment based on biochemical and physiological research, and other evidence-based practices for improving quality of life, preventing problem behavior, and promoting independence;
- **Validated Procedures** – Data are used to demonstrate effectiveness of PBS and interventions are based on evidence-based practices that have been proven by empirical research to be effective;
- **Systems Change** – Teams implementing PBS consider the larger systems that may influence whether a plan is implemented over time. The goal of systems change efforts is to prevent and reduce the need for intensive and individualized PBS plans by changing policies, procedures, training systems, and problem-solving systems at local (families, organizations), regional, and statewide levels.