BEACON
Specialized Living

Behavior Plan Signature Form

Resident Name: Leigh Craycraft Plan Date: 7/14/21 CMH: North Country CMH

Signing below confirms you have READ, understand, and have had the opportunity to ask questions about this document. This acknowledges that training occurred covering each treatment/service goal and objective including target date, criteria, frequency, data collection, and specific precautions in the plan. And that you understand the role you play in this plan as Direct Care Staff and/or other Staff involved in providing care, treatment, and services to this resident.

Staff Printed Name	Staff Signature	Date Trained
Tasha DeCare		7-28-21
Jamie Eddy	Jamie Eddy	7/28/21
Kaitlyn Tessier		
Kaleb Stevens		
Helen Bates	Helen Bates	7-28-21
Hanna Hanin		7/28/21
L. Rush	Lynn Royce	7/28/21
C VanLoon		7/28/21

Signature(s) of the Staff conducting Staff In-Service on this Plan (REQUIRED).

Name:_____ Date:_____

Case Manager/Clinical Supports Name:_____ Date:_____

Home Manager Name:_____ Date:_____

Clinical Director Name (if applicable):_____ Date:_____

DD Name (if applicable):_____ Date:_____

BEACON Specialized Living

Leigh Craycraft Behavior Treatment Plan

Name: Leigh Craycraft	**CMH Number:** 10506
Date of Birth: 6/18/1977 **Age:** 44	**Current Placement:** Mission Point
Admission Date: 5/15/2018	**Current BSP Date:** 7/2/2021, revised 7/14 with updated prescriber information
Guardian: Own	**Case Manager:** Lisa DeJonge (North Country)
Home Manager: Helen Bates	**BSP Author:** Clara Lee, M.Ed, BCBA
Medication Prescriber: Joanne Hader, DNP (North Country)	**BSP Author e-mail:** ylee@beaconspecialized.org
ATO? NGRI? ATO	
Diagnosis Information: F25.0 - Schizoaffective disorder, Bipolar type F10.20 - Alcohol use disorder, Moderate E23.2 - Diabetes insipidus E66.9 - Obesity, unspecified E55.9 - Vitamin D deficiency, unspecified E89.0 - Postprocedural hypothyroidism E23.0 - Hypopituitarism Allergic to bees, penicillin, Depakote and lactase. History of degenerative disc disease, hypothyroidism, and arthritis	
Responsible CMH Agency: North Country	

REFERRAL INFORMATION

Referred by: North Country CMH

Referral Date: 4/25/2018

Referred to: Beacon Specialized Living

Reason for Referral: Leigh previously lived independently but was referred for specialized living supports after a psychiatric hospitalization and continuing legal issues.

INTRODUCTION/HISTORY

Leigh is originally from the Ironwood area of the Upper Peninsula. She reports experiencing emotional, physical, and sexual abuse as a child. She lived with her foster parents at age 13 and was emancipated at 15. Leigh lived in her own apartment and dropped out of school to support herself by working as a caregiver and housecleaner. She has three children (Jesus, Destyni, and Honesty), whom she reports live in Arizona.

In 1996, Leigh was involved in a car accident which resulted in the death of her fiancé. She was convicted of Negligent Homicide and served three months in jail. Because of this conviction, she will not be able to obtain a driver's license. Leigh was then discharged to New Hope for Women in SSM and lived there for two years. According to records, she earned an associate's degree from the University of Arizona, and since worked for janitorial services and as a nurse's aide. In 2009, Leigh moved back to Michigan to live with her foster family, the Craycrafts. She was admitted to War Memorial hospital after an incident of "lying in the street" as reported by a pastor at a church she was working at for psychiatric reasons. In June 2018, Leigh moved from Bellaire independent living to the Beacon home at Fife Lake. She then transferred to the Coster home, and now resides at Mission Point.

Leigh has used substances for many years, but her alcohol use is currently in sustained remission. She describes herself as being spiritual and often feels she is operating at a higher spiritual level than others. Leigh would like to eventually live in a less restrictive setting with supports, as she states she dislikes the "control over my life". She also stated she would like to be employed again.

MEDICAL INFORMATION

Medications: As of 7/2/2021

Psychotropic:

Name of Medication	Dosage	Instructions
Vraylar	6mg capsule	Take 1 by mouth at bedtime
Olanzapine	10mg tablet	Take one tablet by mouth 3 times daily as needed
Buspar- buspirone	10mg tablet	Take one tablet by mouth once daily as needed
Chlorpromazine	100mg tablet	TAKE 1 TABLET BY MOUTH ONCE DAILY AS NEEDED.
Tegretol (carbamazepine)	200mg tablet	Take 1 tablet by mouth twice daily.
Lamictal/Lamotrigine	100mg tablet	Take 1/2 tablet by mouth at noon.

Medical: Excluding PRN medication

Name of Medication	Dosage	Instructions
Clindamycin HCl	300mg tablet	Take 2 tablets now then 1 tablet every 6 hours until gone
Oxycodone	10mg tablet	Take 1 tablet by oral route 2-3 times for low back pain
DDAVP (desmopressin)	0.1mg tablet	Take 1/2 Tablet Three Times Daily Orally for 90 Days.
Tizanidine	4mg tablet	Take one tablet by mouth in the morning afternoon and evening
Multivitamin	1 tablet	Take 1 tablet by mouth daily

Omeprazole	40mg capsule	Take One (1) Capsule By oral Route Every Day Before A Meal
Benztropine (Cogentin)	1mg tablet	Take One (1) Tablet by Mouth Twice Daily
Gabapentin	600mg tablet	take 1.5 tablets by oral route 3 times every day
Vitamin D	5000u capsule	Take one capsule by mouth at bedtime.
Levothyroxine Sodium	125mcg tablet	Take 1 tablet by mouth every morning on an empty stomach.
Atorvastatin	40mg tablet	Take 1 tablet by oral route every day. Labs done in 4 weeks.
Loratadine	10mg tablet	Take 1 tablet by mouth one time daily.
Metformin/Glucophage	500mg tablet	Take 1 tablet by mouth one time daily

Other Health Information: Leigh is diabetic and has pituitary/thyroid problems. These are possible contributing medical factors to persistent maladaptive behaviors in conjunction with psychiatric diagnoses.

ASSESSMENT & RESULTS

Records Review: A review of records included referral and psychiatric documents, Intake Person-Centered Plan, Intake Psychosocial assessment, annual documents and direct support staff/clinical charts.

Descriptive Assessment: A telehealth FBA was conducted with Leigh's home manager, Helen Bates 6/18/21, where we discussed some of her target behaviors and possible antecedents to these behaviors. We also spoke about her interactions with other residents and a lack of understanding between actions and possible consequences.

Preference Assessment: The following list includes preferred items and activities as reported by the home manager and Leigh:

Food and drink (especially soda), shopping, smoking cigarettes, socializing, praying and going to church

CONCLUSIONS DRAWN FROM ASSESSMENT RESULTS

Antecedents/Environmental Factors: Conditions or situations that may increase the likelihood of target behaviors

- **Unsupervised possessions:** Easily accessible items tend to be taken by Leigh, so staff and residents are advised to keep snacks, drinks, and valuables out of sight. Leigh may be impulsive and take items of no value, so residents may need reminders to keep their belongings in their rooms or other designated locked area. Leigh and residents may get into arguments or physical altercations if she is suspected of stealing another resident's belongings.
- **Disputes with others:** Leigh has disagreements with other staff/residents and may seemingly target these individuals later (either verbally or physically). Staff may see an increase of verbal and/or physical aggression with others Leigh does not get along with or had an argument with earlier in the day.
- **Boredom:** Leigh often does not participate in scheduled home or community activities and may engage in maladaptive target behaviors when she does not have an appropriate activity to redirect to. Staff may see an increase in verbal/physical aggression or stealing behaviors when she feels bored or does not have enough to do.

Hypothesized Maintaining Consequences: Leigh's stealing behaviors appear to be related to automatic reinforcement, as she seems to like taking things from others to keep in her own space. For example, she may hoard seemingly worthless items from others in her room. This behavior also appears related to attention, as she may laugh or gain enjoyment from others reacting negatively to her behavior and is reinforcing to her. Her "picking fights" or arguments with others also appears related to attention, as frequency of these behaviors tend to increase when others verbally address her behavior.

TARGET BEHAVIOR TO DECREASE:

- **Medication Refusal:** Refusal to consume prescribed medication at correct time, dosage or method.

  Example(s) of target behavior: missing medication dispensing times by not coming to the medication counter to receive pills after multiple staff prompts, taking only one pill and not the other when both are prescribed, throwing away pills

  Non-example(s) of target behavior: accidentally dropping pills, accidental missed doses

- **Stealing/Theft:** Assuming possession of another's property without permission and intention of returning the item.

Example(s) of target behavior: removing a wallet from a housemate's room without their knowledge, taking staff's drink without permission, removing a laptop meant for Beacon staff and relocating it to her room.

Non-example(s) of target behavior: borrowing a game after being given permission, in possession of an item as a gift.

- **Physical Aggression:** Attempting to make physical contact or making physical contact with another person using body or object with enough force to leave a mark on another.

  Example(s) of target behavior: Hitting, kicking, punching, biting another person.
  Non-example(s) of target behavior: Giving a person a high five, fist bump, accidentally bumping into someone

- **Verbal Aggression:** Derogatory or threatening verbal statements directed at another person. Vocalizations that are disruptive to individuals in the home such as yelling and screaming.

  Example(s) of target behavior: Calling another person a derogatory name, yelling and swearing at another person, threatening to harm another person.
  Non-example(s) of target behavior: Talking loudly to get someone's attention. A brief yell due to being in pain.

- **Inappropriate Food Seeking:** Taking communal food as her own, whether to ingest it or throw it in the trash. Targeting others' food and claiming it as her own.

  Example(s) of target behavior: taking food from another resident's plate and eating, taking food meant for the house and eating select parts then throwing away the rest, making food meant for others inedible (throwing it on the ground or in the trash).

  Non-example(s) of target behavior: eating a plate of her food then requesting another from staff, throwing away spoiled food or drink.

GOALS OF PLAN

Our goal is for Leigh to increase appropriate behaviors (following medication protocols, gaining independent living skills) while maintaining low levels of challenging behaviors through proactive, reactive and restrictive measures. The end goal is to be able to lift restrictions and acquire sufficient appropriate skills and behaviors to live as independently as possible.

Specific Behavior Goals:

1. Leigh will at most refuse medication once every 3 days per month for 3 consecutive months
2. Leigh will at most engage in stealing/theft once a week per month for 3 consecutive months
3. Leigh will at most engage in physical aggression once a month for 3 consecutive months
4. Leigh will at most engage in verbal aggression 6 times per month for 3 consecutive months
5. Leigh will engage in inappropriate food seeking at most once a week per month for 3 consecutive months.

Transition Goals

Monitoring will be completed on a minimum of a monthly basis to assess if specific goals outlined above are being met. Any necessary revisions and amendments will be completed as needed. Upon scheduled reviews, removal of restrictions and less restrictive environments will be considered as goals are met and discussed with the treatment team.

INTERVENTIONS

Proactive Interventions:

1. **Non-contingent Reinforcement/Pairing with reinforcement (engagement in activity and interaction):** To build and maintain a therapeutic/healthy relationship with Leigh, staff should look for opportunities to engage her in preferred topics of conversation and activities. For example, Leigh enjoys being social with staff, so talking about holidays coming up and fun activities available may encourage her to have something to look forward to. Staff can take note of objects/activities Leigh shows interest in to ask further questions, "Hey Leigh, I saw you liked painting the other day, how do you feel about watercolors?".

2. **Coping Skills**: Leigh may become agitated and need staff assistance redirecting to a coping skill. Staff should utilize active listening (eye contact, friendly posture, calm voice) and reflective statements "I wonder if you're feeling frustrated..." or "You mentioned earlier not wanting to talk earlier, can we think of other ways to express that?" to identify any "triggers" and offer alternative activities to engage in instead of a maladaptive target behavior:

    a. Talking things through with preferred staff
    b. Breathing exercises
    c. relocating to a quiet spot she can be by herself
    d. watching tv
    e. counting to 10

f. listening to calming/happy music

3. **Differential Reinforcement of Alternative Behavior/Token economy:**

Leigh may feel impulsive or dysregulated at times and be inclined to engage in a maladaptive behavior. Staff can support Leigh by talking through what could happen depending on what choice she makes, and to identify what choices would lead to better outcomes. Leigh should be encouraged to select an alternative behavior that is appropriate. For example, "You took money from him but you could make the choice to give it back and apologize. He may accept your apology and not call the police. Returning his money may help him make that decision!".

Staff should also encourage daily scheduled activities both individually and as a group to foster pro-social skills with others and to keep her engaged in appropriate activities. She also has the opportunity to be involved in Beacon's skill building and incentive programs. Staff should include household tasks and problem solving within her programs so Leigh feels accomplished as well as receives her money.

Reactive Interventions:

1. **Verbal Aggression:** If Leigh makes threatening statements, staff should minimize attention to the statement to avoid escalation. Leigh may be looking for an argument, so staff should stay calm and say "We can talk when you use a quiet voice" in a neutral tone. If she begins to de-escalate, staff can redirect to a calming activity such as a coloring book or craft and praise her for using a quiet voice to speak with staff. If she continues verbal aggression, do not make eye contact or engage besides a calm "We can talk when you use a quiet voice". Giving space to Leigh and removing possibly dangerous items from the area may be beneficial at this time.

2. **Physical Aggression:** If Leigh is physically aggressive, encourage residents and staff to keep space between themselves and Leigh to avoid being hit. Staff should remove as many hard/sharp objects as possible out of the immediate area. Have one staff as lead in speaking with Leigh to minimize attention. Utilize appropriate crisis responses as trained by Beacon to prevent serious harm.

Restrictive Interventions:

1. **Room searches:** If staff suspect or have proof Leigh took another resident's possessions, they may conduct a room search according to Beacon policy RI-012 (see below for full policy) to retrieve the item for the affected resident. They may also conduct a room search if Leigh has something in her room that is a risk to her

health and safety. For example, if Leigh leaves plates of food in her room and it becomes moldy or attracts flies, staff may enter her room to dispose of it. This may also be implemented if Leigh ingests more than recommended doses of pills/substances (most recently, caffeine pills, as this affects her health and intensities of target behaviors).

2. **Locked kitchen door during meal/snack preparation times:** Because Leigh has begun throwing out plates of food meant for other residents during mealtimes and targeting fridge items meant for other residents, staff may lock the kitchen door to prevent Leigh from interfering with preparation. This will be done only at meal or snack preparation times.

DATA COLLECTION AND DOCUMENTATION

- Staff will follow all licensing requirements for completing **Incident Reports** regarding target and other behaviors.
- Document target behaviors or any other behavior specified by licensing on an **Event Report** per agency policy.
- Document occurrences of medication refusal (required by licensing), or any other behavior specified by licensing on an **Incident Report** per agency policy.
- Document occurrences of target behaviors on relevant data tracking sheets.

TRAINING AND MONITORING OF TREATMENT EFFECTIVENESS AND FIDELITY

Staff will be trained in person or via telehealth by the author at the implementation of this program. They will be allowed to ask questions and seek clarification during this training. In addition, the home manager and behavior analyst will be available throughout the implementation of this plan to ask questions or make revisions as needed. Emergency concerns will be reviewed immediately by the agency's clinical team (e.g. director, home manager, behavior analyst, case manager,). General data collection will be reviewed at a minimum on a monthly basis.

REFERENCES

Baer, D.M., Wolf, M.M., & Risley, T.K. (1968). Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis, 1,* 91-97.

Bailey, J. S., & Burch, M. R. (2016). *Ethics for behavior analysts.* London: Routledge

Cooper, J., Heron, T., & Heward, W. (2007). *Applied Behavior Analysis.* Upper Saddle River, N.J.: Pearson/Merrill-Prentice Hall

AUTHORSHIP

Current Plan Author(s): Clara Lee, M.Ed, BCBA **Date:** 7/2/2021

Author Signature: *Clara Lee, M.Ed, BCBA* **Date:** 7/2/2021

*signed electronically due to COVID-19

Resident Citizenship Rights Policy

Policy: To protect and encourage Residents' participation in citizenship rights.

Procedure:

1. A Resident's property or living area shall not be searched by a provider unless such a search is authorized in the Resident's Plan of Service, or there is reasonable cause to believe that the Resident is in possession of contraband or property that is excluded from the Resident's possession by the written policies, procedures, or rules the Provider. Additionally, if the resident is believed to be a danger to self or others and may have items in the room which could be used in pursuit of this harm to self or others the room may be searched to assure that it is a safe place. The following conditions apply to all searches:
    - A search of the Resident's living area or property shall occur in the presence of a witness. The Resident shall also be present unless he or she declines to be present.
    - The circumstances surrounding the search shall be entered into the Resident's record, and shall include all the following:
        - The reason for initiating the search.
        - The names of the individuals performing and witnessing the search.
        - The results of the search, including a description of the property seized.

North Country Community Mental Health

Special Consent for Behavior Treatment Plan

Date: 7/14/202 ☒ New ☐ Modified ☐ Renewal

Behaviors of concern: Stealing, aggression toward staff and residents, medication refusal, inappropriate food seeking

Frequencies of these behaviors: Daily/weekly

Alternative behavior to be developed: Appropriate coping skills and symptom management

Documentation indicates that alternative behaviors:
☒ are occasionally demonstrated
☐ are frequently demonstrated
☐ new or rarely demonstrated

Restrictive/Intrusive: Room searches, locked kitchen door during meal/snack preparation

Potential risks may include: Initial escalation of behaviors because of frustration

Precautions taken to minimize risk: Antecedent strategies, staff training

This Behavioral Treatment Plan has been reviewed and approved by the NCCMH Behavioral Treatment Committee. Please retain this copy of the Plan for your records. You will receive written reviews of the Plan at the frequency defined in the Plan of Service (POS) indicating the response to treatment and any significant changes. Please contact the author of the Plan or your support coordinator at any time if you have any questions or concerns. Consent for this treatment plan may be withdrawn at any time by notifying us verbally or in writing. If not withdrawn, this authorization remains valid for up to one year or until the plan is rewritten.

BEHAVIOR TREATMENT PLAN AUTHORIZATION

Check One:

☒ I authorize the implementation of the Plan as described above.

Signature Date

☐ I do not authorize the Plan as written. (Please state concerns)

Signature Date

Distribution: Orig to File ☐ Guardian ☐ Home:		☐ Other:
Consumer Name	ID #	Date

North Country Community Mental Health

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BEHAVIOR TREATMENT PLAN AUTHORIZATION

Check One:

☒ I authorize the implementation of the Plan as described above.

Signature _____ Date 7-27-21

☐ I do not authorize the Plan as written. (Please state concerns)

Signature _____ Date _____

Distribution: Orig to File ☐ Guardian ☐ Home:		☐ Other:
Consumer Name	ID #	Date