

POSITIVE SUPPORTS

# Transition Plan Quality Checklist

Qualified professionals (as defined by [Minn. Rules 9544.0020](#), subpart 47) can use this tool as a resource to help guide their work when developing a Positive Support Transition Plan (PSTP). This is simply a tool: Support-plan authors are not required to use it.

Service providers and person-centered positive behavior support professionals developed this checklist. It is based on requirements within:

- State laws
- The Positive Supports Rule ([Minn. Rules 9544](#))
- The [Positive Support Transition Plan \(PSTP\) Instructions, DHS-6810B \(PDF\)](#)
- Current best practices within the field of positive behavior support (PBS).

There are many ideas behind using this checklist. Some include:

- Having a method to check one’s own work to ensure quality
- Having a method to train others in developing high quality Positive Support Transition Plans
- Using the checklist to ensure that not only are all of the licensing requirements covered, but best practices have been incorporated as well.

## How to use this checklist

It is best to use this checklist with the actual PSTP you are writing (or have written) in front of you. Check Parts A-F for critical features and mark as present, partially present or absent. Use the additional space for comments or notes that you can reference when making edits to the PSTP.

The checklist is divided into seven sections as follows:

- General things to be aware of
- **Part A:** [Background information](#)
- **Part B:** [Target interventions](#)
- **Part C:** [Target behaviors](#)
- **Part D:** [Crisis support planning and response](#)
- **Part E:** [Quality of life](#)
- **Part F:** [Authorship and consent.](#)

If your agency has more than one qualified professional, you might consider working together to use the checklist to check each other’s work (which could lead to a community of practice).

## General things to be aware of

KEY ELEMENTS OF THE PLAN	ESSENTIAL QUALITIES
<b>Competencies</b>	In order to determine if you meet the qualifications to write a Positive Support Transition Plan, see Minn. R. 9544.0020, subp 47. Your agency may have other requirements in addition to what the rule requires.
<b>Required input</b>	Remember to include all outside, clinical consultation that has happened that might be beneficial to the person (i.e., occupational therapy consultation, dental exams, a recent physical exam, etc.).
<b>Team data review</b>	The team should have a: <ul style="list-style-type: none"> <li>■ Method to review what worked and what didn’t work about the strategies in the plan</li> <li>■ Process to incorporate updates to the plan based on what the team has learned.</li> </ul>

## PART A: Background information

ESSENTIAL QUALITIES	PRESENT?	COMMENT
<b>Background (e.g., name, PMI, etc.)</b>		
All text boxes in this section of the plan have been filled in or are marked "not applicable."		
The data is current.		
<b>Prescribed psychotropic medications</b>		
The most recent psychotropic medications are listed along with PRNs.		

## PART B: Target interventions

ESSENTIAL QUALITIES	PRESENT?	COMMENT
<b>Target interventions (also known as prohibited or restricted procedures targeted for elimination)</b>		
The type of prohibited or restricted intervention is labeled (e.g., EUMR, seclusion, time out, etc.).		
In the comments section: <ul style="list-style-type: none"> <li>■ Interventions are described in specific and universally understood terms</li> <li>■ Examples are provided of what to collect data on and what should not be included in the data collection.</li> </ul>		
<b>Objective data collection of target interventions</b>		
A method to collect data is selected and a brief description is provided in the comments section.		
<b>Desired and/or alternative positive support strategy/intervention(s)</b>		
Positive support strategies that staff will use instead of the prohibited/restricted intervention are identified by name and described (e.g., pre-specifying reinforcement, functional communication training, dialectical behavior therapy, collaboration, positive behavior specific praise, token program, day planning, paraphrasing, etc.). <b>NOTE:</b> The strategies should be related to the identified functions of the behaviors targeted for elimination.		
For each intervention targeted for elimination, the PSTP indicates which positive supports replace each prohibited/restricted procedure.		

**Positive support strategy objective(s), including measurable criteria**

The plan includes positive support strategies that are:

1. Strengths-based
2. Culturally and linguistically relevant/ responsive to needs
3. Focused on individual preference and choice
4. Developed from an individualized assessment
5. Include a plan to teach skills and/or strategies that aide in the person's autonomy
6. Free of restrictive intervention.

[EXAMPLE 1](#) | [EXAMPLE 2](#)

(For information on positive support-strategy standards, see [Minn. R. 9544.0030, subp 2&4.](#))

**Baseline data**

Baseline data on the use of the interventions is provided. If not provided, an explanation is given as to why there is no baseline data available. If there is a long-standing history of the use of the restrictive intervention, summarize the past year of data.

[EXAMPLE 1](#) | [EXAMPLE 2](#)

**Alternative interventions that have been attempted, considered and rejected**

The plan includes an explanation for other positive supports that have been tried and rejected as not being effective in reducing the target behaviors.

**NOTE:** This information may be available from the functional behavior assessment.

**PART C: Target behaviors**

ESSENTIAL QUALITIES	PRESENT?	COMMENT
<b>Target behaviors targeted for elimination</b>		
Each behavior targeted for elimination is identified by name. The title describes behavior/actions and not emotions or psychiatric labels. <b>NOTE:</b> This information should be taken from/ tied to the functional behavior assessment.		
Each behavior targeted for elimination is defined in observable and measurable terms in the comments section and <a href="#">includes examples and non-examples.</a>		
<b>Objective data collection of target behaviors</b>		
Each behavior targeted for elimination has an identified method of measurement.		

**Desired alternative actions**

<p>A positive alternative behavior for each target behavior is identified. This is what the person will do, and/or will learn to do, instead of the target behavior.</p> <p><a href="#">EXAMPLE 1</a>   <a href="#">EXAMPLE 2</a></p> <p><b>NOTE:</b> This information should be based on recommendations from the functional behavior assessment.</p>		
<p>If the team identifies multiple alternative actions, then the plan identifies which alternative behavior replaces each target behavior.</p>		
<p>A method for collecting data has been identified that will demonstrate the person’s progress with learning or acquiring new skills.</p>		

**Identified/hypothesized purpose of the target behavior(s)**

**Note:** If the functional behavior assessment is in progress, indicate in the comments section.

<p>The hypothesis statement(s) in the plan match the hypothesis statement(s) from the functional behavior assessment.</p>		
<p>The hypothesis statement(s) include details about setting events, antecedents, specific behaviors and maintaining consequences.</p>		

**Baseline data (pretreatment measurement of target behaviors)**

<p>Baseline data is provided on the target behavior. If not provided, an explanation is given as to why there is no baseline data available.</p> <p><b>NOTE:</b> This information likely will be available in the functional behavior assessment.</p>		
<p>A description of the data collection method is provided.</p>		

**Reported and/or observed impact the target behavior(s) have on the person’s quality of life**

<p>The plan includes a history of the impact the target behaviors have on the person’s quality of life.</p> <p><b>NOTE:</b> This information likely will be available in the functional behavior assessment and person-centered description/plan.</p>		
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## PART D: Crisis support planning and response

ESSENTIAL QUALITIES	PRESENT?	COMMENT
<b>Phase I. Calm/Ideal: Description of the person's affect/behavior</b>		
<p>There is an observable and measurable description of when the person is calm.</p>		
<b>Strategies/methods used to support the person maintain Phase 1</b>		
<p>The plan includes positive support strategies identified to support the person maintain Phase I. Calm/Ideal. The strategies:</p> <ul style="list-style-type: none"> <li>a. Are evidence-based</li> <li>b. Balance what is important TO the person with what is important FOR the person</li> <li>c. Avoid harm</li> <li>d. Integrate the person into the community, to the extent desired by the person</li> <li>e. Are the least restrictive options for the person</li> <li>f. Are effective as determined from data</li> <li>g. Include mental-health interventions.</li> </ul> <p>For resources on interventions, review <a href="#">Appendix C of the Positive Supports Manual, DHS-6810C (PDF)</a>.</p>	<ul style="list-style-type: none"> <li>a)</li> <li>b)</li> <li>c)</li> <li>d)</li> <li>e)</li> <li>f)</li> <li>g)</li> </ul>	
<p>Each positive support strategy is clearly explained for staff to implement and includes:</p> <ul style="list-style-type: none"> <li>a. The criteria, instructions and materials the staff and the person will need to practice new skills</li> <li>b. Methods that clearly instruct staff how to address the balance of what is important TO and FOR the person</li> <li>c. Methods for delivering cues to prompt alternative behavior or cues for teaching new behavior</li> <li>d. Methods for delivering reinforcement when the person engages in desired/ functionally equivalent behavior and/or makes progress in the steps for learning new, socially acceptable behaviors.</li> </ul>	<ul style="list-style-type: none"> <li>a)</li> <li>b)</li> <li>c)</li> <li>d)</li> </ul>	
<p>Positive support strategies are in alignment with the person's identified strengths, the functional behavior assessment and the person-centered description/plan.</p>		

**Phase II. Triggers: Description of identified triggers/antecedents for the person**

Each trigger is listed and defined in measurable and observable terms so staff can implement strategies to prevent or avoid triggers.

**NOTE:** This information should be taken from/tied to the functional behavior assessment and the person-centered description/plan.

Each trigger identified includes which target behavior it may evoke, based on the results of the functional behavior assessment.

**Methods to support the person to cope with or avoid triggers/antecedents (i.e., proactive strategies)**

The plan includes methods to support the person to cope with or avoid triggers/antecedents (i.e., proactive strategies). Each method includes:

- a. Context for positive supports to occur
- b. Strategies for delivering cues to prompt alternative behavior or cues for teaching a new behavior
- c. Strategies for delivering reinforcement when the person engages in the alternative behavior and/or makes progress in the steps for learning a new behavior
- d. Quarterly review of what worked and didn't work about the strategies and a process for incorporating what was learned
- e. Information from the functional behavior assessment and person-centered description/plan
- f. Mental-health interventions.

- a)
- b)
- c)
- d)
- e)
- f)

**Methods to support the person when encountering triggers/antecedents (i.e., reactive strategies)**

The plan has methods to support the person when encountering triggers/antecedents (i.e., reactive strategies) that include:

- a. Context for positive supports to occur
- b. Strategies for delivering cues to prompt alternative behavior or cues for teaching a new behavior
- c. Strategies for delivering reinforcement when the person engages in the alternative behavior and/or makes progress in the steps for learning a new behavior
- d. Quarterly review of what worked and didn't work about the strategies and a process for incorporating what was learned
- e. Information from the functional behavior assessment and person-centered description/plan
- f. Mental-health interventions.

- a)
- b)
- c)
- d)
- e)
- f)

**Phase III. Escalation: Description of the person's affect/behavior**

A description of the person's affect/ behaviors are clearly labeled and described in measurable and observable terms, based on the results of the functional behavior assessment and person-centered processes.

**Support/intervention strategies**

Support/intervention strategies are clearly described for staff to implement and include:

- a. Strategies for delivering cues to prompt alternative behavior or cues for teaching a new behavior
- b. Strategies for delivering reinforcement when the person engages in the alternative behavior and/or makes progress in the steps for learning a new behavior
- c. Quarterly review of what worked and didn't work about the strategies, and a process for incorporating what was learned
- d. Mental health interventions.

- a)
- b)
- c)
- d)

**Phase IV. Crisis: Description of the person's affect/behavior**

A description of the person's affect/target behaviors are clearly labeled and described in measurable and observable terms.

**NOTE:** This information is taken from/tied to the functional behavior assessment.

**Intervention methods**

The conditions for the use of the prohibited/restricted procedure are clearly described for staff to implement in accordance with:

- a. Home and community-based services standards and Minn. R. 9544
- b. The license holder's additional policies and procedures governing the use of prohibited/restrictive procedures
- c. Identified criteria for implementing the procedure
- d. Identified criteria for stopping the procedure.

- a)
- b)
- c)
- d)

<p>The plan includes methods to review what worked and what didn't work about the strategies and a process to incorporate what was learned.</p>		
<p>The process for fading/eliminating the use of the target procedure is written in a way that clearly outlines how the procedure will be phased out over time.</p> <p>If strategies will be implemented in stages, it includes timeframes or criteria for transitions between stages.</p>		
<b>Phase V. Recovery: Description of the person's affect/behavior</b>		
<p>A description of the person's behavior is described in measurable and observable terms.</p> <p><b>NOTE:</b> This information may be available in the functional behavior assessment and person-centered description/plan.</p>		
<b>Strategies/methods to support the person in recovery</b>		
<p>The plan includes methods to review what worked and what didn't work about the strategies and a process for incorporating what was learned.</p>		

## PART E: Quality of life

ESSENTIAL QUALITIES	PRESENT?	COMMENT
<b>Indicators</b>		
<p>A minimum of two quality of life indicators are identified in Part E of the PSTP and reflect what is important TO the person in balance with what is important FOR the person. Keep in mind that previous sections of the plan cover reducing the target behavior and target intervention, so this section should address other areas of the person's life.</p> <p><a href="#">EXAMPLE 1</a>   <a href="#">EXAMPLE 2</a></p>		
<b>Objective data collection</b>		
<p>The plan includes quality of life indicators that are measurable and observable outcomes.</p> <p><a href="#">EXAMPLE 1</a>   <a href="#">EXAMPLE 2</a></p>		



<b>Objectives</b>		
The quality of life indicator objectives are written in terms of what the person IS doing, or HAS learned.		
<a href="#">EXAMPLE 1</a>   <a href="#">EXAMPLE 2</a>		

<b>Baseline for indicators</b>		
Baseline data is provided on the quality of life indicators. If not provided, then an explanation as to why there is no baseline data available is provided.		

**PART F: Authorship and consent**

ESSENTIAL QUALITIES	PRESENT?	COMMENT
<b>Authorship and consent</b>		
The date of all signatures on the plan are after the date the plan was drafted/ updated.		