# Behavioral Support Competencies FOR Direct Support Providers and PROFESSIONALS in Virginia Supporting Individuals with Developmental Disabilities

DEVELOPED BY THE   
VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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To guide best practice in supporting people with developmental disabilities across the state, the Virginia Department of Behavioral Health and Developmental Services compiled and developed the attached list of competencies for professional and direct support staff in all fields of service delivery for developmental disabilities (DD). These competencies are based on consistent findings from the research community. Decades of research have provided a number of best practice strategies effective for the treatment, education, and support of individuals with developmental disabilities in community-based settings. This current list of competencies are based on the best and most promising practices that have been identified as critical to address the needs of individuals with DD.

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) believes that professionals and direct support staff must respect the individual’s and family’s beliefs, traditions, values, and cultures when providing support. It is vital that hopes, dreams, and desires drive program development, services, and supports. DBHDS intends for the competencies to be used within a person-centered approach, keeping the focus on the person and building the capacity of his/her support team.

What are the skill competencies?\*\*\*

These skill competencies were developed to guide skill development of professionals and direct support staff supporting those with DD and their families in the Commonwealth of Virginia. The competencies referenced focus on assessment of a person’s needs and program planning. This list is not comprehensive of all competencies that professionals should have and/or may already demonstrate within their scope of practice. Instead, the list includes those competencies that are specific, unique, and/or critical to successfully serve the DD population living in the community.

## Who should demonstrate these skill competencies?

It is important to note that no competency area is deemed more important than another area. It is imperative that the competencies be considered as a whole and that all competencies are given equal weight when designing programs for those individuals with DD.

The document addresses essential competencies at three different skill and experiential levels. Because individuals with DD will be engaged in a number of environments and may receive supports in any of these settings, direct service staff and professionals can reference any number of the many positions in the community service environment. The distinction between the three is based on the role of the person as well as the skills and experience of the person.

The three levels are:

1. Direct Support Staff – Refers to anyone directly supporting the person with DD in any service setting. Examples include but are not limited to: Day Support, Residential, Employment Staff, Agency or Consumer Directed Respite or Personal Care.
2. Qualified DD professional - Qualified Developmental Disabilities Professional (QDDP), Qualified Mental Health Professional (QMHP), Qualified Intellectual Disabilities Professional (QIDP), Qualified Employment Service Organization Specialist, and Certified Rehabilitation Counselor.
3. Behavior Interventionist – Refers to anyone with treatment planning and or supervisory responsibility for behavioral support creation in any service setting. Examples include but are not limited to: Virginia DBHDS Endorsed Positive Behavioral Support Facilitator or any other Virginia licensed professional within his/her scope of practice, e.g Virginia Licensed Behavior Analyst, Licensed Assistant Behavior Analyst, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Clinical Psychologist, Psychiatrist.

These competencies have been developed for use by a broad range of service providers, working in a variety of roles and settings. As such, it is the responsibility of each practitioner and/or their agency to determine which individual knowledge and skill competency statements fall within their scope of practice. Each provider is ethically bound to limit his/her practice to that individual scope. Each provider’s individual scope of practice is based on his/her knowledge and the abilities and skills he/she has gained through personal education and experience. With many providers, their scope of practice is directly linked to professional credentials. Further, providers should be aware of community resources and the role of other service providers and ensure appropriate referrals to qualified providers when a person’s service needs are beyond their scope of practice.

\*An “X” in a competency area indicates that the provider type should have knowledge in that area.

\*\*Some skill competencies repeat in areas because the skills needed for the setting vary. At all times, the person with DD should be included in the development of his/her supports and services using a person centered approach. For information on person centered thinking, please go to: [www.dbhds.virginia.gov](http://www.dbhds.virginia.gov) and search on Person Centered Thinking for additional information.

\*\*\*Competency refers to the ability to do something successfully, efficiently, and fluently.

**The Skill Competencies Professional Development Tracker**

The Skill Competencies Tracker is intended to be used to monitor the professional development of staff working with people with DD. The purpose of the Tracker is to illustrate evolving skills, abilities and movement towards proficiency in competency areas. This Tracker should be a reflection of current and emerging competencies as a professional or direct support staff, including routine updates. Each competency in the Tracker should contain entries that illustrate evidence of accomplishments.

The Skill Competencies Tracker can be used in three different ways:

1) by staff as a self-monitoring device;

2) by an outside observer or supervisor to document areas of professional development; and

3) by organizers of professional development activities to document training and development activities provided to

professionals and direct support staff.

Professional Development:

Professional development refers to attainment of skills and knowledge for personal or job growth. Professional development encompasses all types of facilitated learning opportunities, ranging from college degrees to formal coursework, conferences, workshops, discussion forums, and informal learning opportunities situated in practice. It has been described as intensive and ideally incorporating an evaluative component.

While the Skill Competencies Tracker is designed to help monitor professional development activities and opportunities, **it does NOT ensure mastery of the knowledge or skills outlined within the document**. **This document is NOT intended nor designed to serve as a formal evaluation tool. It is designed to help the user record and track areas of strength and need in addition to teaching opportunities that may be targeted appropriately**. The ultimate goal is proficiency of the Virginia Behavioral Support Skill Competencies. Proficiency is defined as demonstration of the combination of skills, abilities, and knowledge needed to perform a specific task*. To demonstrate proficiency, more than participation in a training activity is needed.*

Training Received **-** is for the purpose of documenting learning experiences and training activities. From these experiences and trainings the person is able to identify and explain the content and procedures involved in the Skill Competency and begin to apply it in practice.

Implemented Skills **-** is the integration of learning experiences in which knowledge and skills interact and are applied and the person is able to demonstrate the skill in practice. It is at this level where direct teaching and coaching result in demonstrated abilities and staff is beginning to perform the skill independently and with fidelity with questions asked to improve performance and gain clarity.

Proficiency Determined **-** is the consistent and accurate application of knowledge, skills, and abilities. It is in this phase the staff is able to demonstrate the competency with fidelity across people and contexts and can integrate content within a collaborative team framework. It is recommended for staff to be considered proficient that his or her performance is assessed by someone who is skilled and knowledgeable in the content (e.g. supervisor, lead professional, specialist).

Documentation of Skills, Abilities, and Knowledge

It is with this framework in mind that the Skill Competencies Tracker provides the opportunity to document professional development activities completed and the level of proficiency of each of the Virginia Skill Competencies. The user may document movement through the competencies by indicating the activities completed.

The following provides a list of activities that may be used to document movement to proficiency on the Skill Competencies.

1. College Course

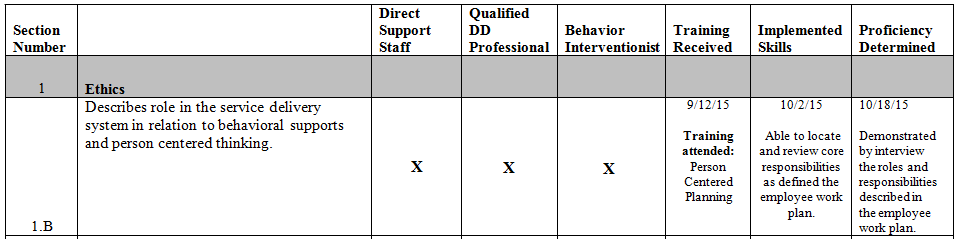
2. Conference/Workshop

3. Professional Development Activity/Staff Development

4. Coaching, Mentoring, or Technical Assistance by Skilled Professional

5. Practice of Skill  
6. Demonstration of Skill

For example:



Review of the Skill Competencies Tracker:

As noted, the ultimate goal is movement to proficiency within each Skill Competency. It is recommended that the Skill Competencies Tracker be used as a fluid document that undergoes continuous updates as skills and abilities are learned and demonstrated. It is also recommended that the person using the Tracker (e.g. professional, direct support staff, supervisor, outside observer) formally review the document twice a year to determine if adequate progress is being made and to identify areas in need of further professional development and support.

**Who developed these skill competencies?**

The Virginia Department of Behavioral Health and Developmental Services developed these competencies. DBHDS was able to do this with the assistance of the Behavioral Support Workgroup whose participants include representatives of:

* Commonwealth Autism
* Crossroads Community Services Board
* The Faison School for Autism
* Heart Havens – Residential Medicaid Waiver provider
* Positive Behavioral Consulting – Positive Behavioral Support Facilitation Provider
* Virginia Association for Behavior Analysis (VABA)
* Virginia Commonwealth University Autism Center for Excellence (VCU-ACE)
* Virginia Commonwealth University - Partnership for People with Disabilities (UCEDD)
* Virginia Department of Aging and Rehabilitation Services (DARS)
* Virginia Department of Education (VDOE)

**Resources**

Association for Positive Behavior Support (APBS) (2007) Positive *Behavior Support Standards of Practice: Individual Level.* Retrieved from: <http://www.apbs.org/files/apbs_standards_of_practice_2013_format.pdf>

Behavior Analyst Certification Board, Inc. (2013), *Registered Behavior Technician Task List*. Retrieved from: <http://www.bacb.com/index.php?page=101118#tasklist> .

Direct Support Professional Alliance of New York State, Inc.(2011) *Voices from the Frontlines III: Advancing the Profession of Direct Support,* Retrieved from*:* [www.nysacra.org](http://www.nysacra.org) .

National Alliance of Direct Support Professionals. (2015). *Fifteen Competency Areas*. Retrieved from: [www.nadsp.org](http://www.nadsp.org) .

National Association of Developmental Disabilities (NADD) Competency Based Direct Support Professional Certification Program, Retrieved from: <http://acp.thenadd.org/manuals/dsp.pdf> (2015).

National Professional Development Center on Autism Spectrum Disorders. (2014). *Evidence-based practices for children and youth with autism spectrum disorders*. U.S. Office of Special Education Programs. Retrieved from: <http://autismpdc.fpg.unc.edu/content/ebp-update> .

O’Brien, J. & Mount, B.(2006) [*Make a difference: A guidebook for person-centered direct support*](http://www.amazon.com/Make-Difference-Guidebook-Person-Centred-Support/dp/1895418623/ref=sr_1_1?ie=UTF8&qid=1389289371&sr=8-1&keywords=1895418623)**.** Toronto: Inclusion Press

O’Neil, R., Horner, R.H., Albin, R.W., Storey, K., Sprague, J.R., (2014). *Functional assessment and program development for problem behavior: A Practical Handbook (3rd edition)*. Independence Kentucky: Cengage Learning.

| **Section Number** |  | **Direct Support Staff** | **Qualified DD Professional** | **Behavior Interventionist** | **Training Received** | **Implemented Skills** | **Proficiency Determined** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | **Ethics** |  |  |  |  |  |  |
| 1.A | Ensures a positive climate that promotes respect and dignity for the person being supported (consistent with person centered practices). | **X** | **X** | **X** |  |  |  |
| 1.B | Describes role in the service delivery system in relation to behavioral supports and person centered thinking. | **X** | **X** | **X** |  |  |  |
| 1.C | Uses modes of communication that are appropriate to the communication needs of the person being supported to include augmentative and alternative tools and strategies and other assistive technology techniques. | **X** | **X** | **X** |  |  |  |
| 1.D | Supports the person’s independence, choice and control, by providing only as much support as the person needs to engage in behavior of his/her choice and is always teaching the specific skills that will help the person to be more independent. | **X** | **X** | **X** |  |  |  |
| 1.E | Assists in discussion with team members including family and the person being supported in prioritizing areas of concern (e.g. related to social significance) with behavior(s) that are having the most impact on the individual’s life. | **X** | **X** | **X** |  |  |  |
| 1.F | Complies with applicable legal regulatory and workplace requirements for mandatory abuse and neglect reporting and data collection storage/records. Communicates with supervisor and other team members/ stakeholders as appropriate. | **X** | **X** | **X** |  |  |  |
| 1.G | Keeps the person and team members informed about changes in plans, expectations, or other issues that may affect his/her life. (Supports him/her to participate to the maximum extent possible in decisions regarding these situations). | **X** | **X** | **X** |  |  |  |
| 1.H | Documents any incidents of challenging behavior in accordance with existing plans and policies. Follows documentation protocol for special incident reporting and contacts appropriate team member(s) or supervisor(s). | **X** | **X** | **X** |  |  |  |
| 1.I | Follows behavior support plans as written and gives appropriate and timely feedback to plan writers regarding barriers and effectiveness. | **X** | **X** | **X** |  |  |  |
| 1.J | Assures confidentiality of assessment and observation information and is aware of agency’s confidentiality policies about sharing information per HIPPA Regulations. | **X** | **X** | **X** |  |  |  |
| 1.K | Reports any use of aversive procedures to supervisor or local Human Rights Committee and can describe what constitutes an aversive procedure. | **X** | **X** | **X** |  |  |  |
| 2 | **Function/ Purpose of Behavior** |  |  |  |  |  |  |
| 2.A | Can describe the common functions of behavior. | **X** | **X** | **X** |  |  |  |
| 2.B | Recognizes and responds to signs of change in health or behavioral status (e.g. illness, relocation, medication changes, personnel changes, home environment issues/ roommate changes) and shares that information with other team members. | **X** | **X** | **X** |  |  |  |
| 2.C | Understands how characteristics of mental health disorders and DD may contribute to challenging behavior. | **X** | **X** | **X** |  |  |  |
| 2.D | Recognizes that abrupt or serious changes in responding are potential signs of mental or physical health problems and informs appropriate professionals in a timely way. | **X** | **X** | **X** |  |  |  |
| 2.E | Can provide examples of how biological and medical factors (acute and chronic), such as sleep problems, illness, vision or hearing deficits, thyroid function, onset of puberty, seizure disorders, brain injury and medication side effects may contribute to challenging behavior. | **X** | **X** | **X** |  |  |  |
| 2.F | Can describe how past trauma may impact behavior. | **X** | **X** | **X** |  |  |  |
| 2.G | Can provide examples of how the characteristics of autism spectrum disorders and/or sensory issues can affect the person’s response to the environment and contribute to challenging behavior. | **X** | **X** | **X** |  |  |  |
| 4.H | Gives examples of how barriers to communication, cognitive flexibility, planning, and impulse control can influence behavior. | **X** | **X** | **X** |  |  |  |
| 2.I | Can identify the likely function of behavior based on experience/observation and functional behavioral assessment. Recommends alternative behavioral skills to reduce/replace challenging behavior. |  |  | **X** |  |  |  |
| 2.J | Gives examples of how supporting choice making can contribute to behavior and skill acquisition. | **X** | **X** | **X** |  |  |  |
| 2.K | Gives examples of how lack of choice and control may influence behavior. | **X** | **X** | **X** |  |  |  |
| 2.L | Can explain how behavioral expectations are influenced by culture and can determine what is deemed socially appropriate for the individual’s culture. (e.g., eye contact, voice tone, personal space, etc.) | **X** | **X** | **X** |  |  |  |
| 3 | **Observation and Assessment** |  |  |  |  |  |  |
| 3.A | Describes behavior in observable and measureable terms using objective language. | **X** | **X** | **X** |  |  |  |
| 3.B | Observes and confirms the purpose or function of challenging behavior with the person being supported. |  | **X** | **X** |  |  |  |
| 3.C | Conducts preference assessments to identify what the person likes and dislikes. |  |  | **X** |  |  |  |
| 3.D | Assists with collection of information for the assessment – including accurate, objective information about patterns of behavior through direct observation and objective data collection. May include: times, places, surrounding events, what happened before the behavior and what happened after the behavior (ABC), known motivating operations and /or setting events. | **X** | **X** | **X** |  |  |  |
| 3.E | Shares information regarding daily observations in effective and timely ways. | **X** | **X** | **X** |  |  |  |
| 3.F | Completes tasks accurately and as requested to assist with an assessment. | **X** | **X** | **X** |  |  |  |
| 3.G | Explains the assessment process to the person being supported in a way that is understood and respectful of their unique needs and preferences. |  | **X** | **X** |  |  |  |
| 3.H | Prior to implementation, describes and discusses various methods of observing and recording individual behavior. |  | **X** | **X** |  |  |  |
| 3.I | Develops operational definitions of target behaviors and the functionally equivalent or alternative behaviors as well as the environmental conditions associated with both. |  |  | **X** |  |  |  |
| 4 | **Prevention** |  |  |  |  |  |  |
| 4.A | Incorporates the person’s goals/outcomes, desires, preferences, expectations, and interests in daily interactions and supports. | **X** | **X** | **X** |  |  |  |
| 4.B | Maximizes each person’s choices and ability to control his or her environment at the level the person prefers. | **X** | **X** | **X** |  |  |  |
| 4.C | Uses effective and respectful communication strategies in order to reduce stressful situations. | **X** | **X** | **X** |  |  |  |
| 4.D | Ensures communication with the person being supported includes clearly communicating situational expectations and checking with the person to ensure he/she understands those expectations. | **X** | **X** | **X** |  |  |  |
| 4.E | Uses methods likely to reduce trauma and agitation specific to the support plan. | **X** | **X** | **X** |  |  |  |
| 4.F | Recognizes early signs of frustration or confusion and helps the person being supported identify strategies to self-manage frustration and communicate needs effectively. | **X** | **X** | **X** |  |  |  |
| 4.G | Recognizes and responds to signs of potential crisis and is familiar with crisis plan if available. | **X** | **X** | **X** |  |  |  |
| 4.H | Recognizes environmental conditions associated with challenging behavior for each person and plans accordingly to avoid those conditions, or supports the person in those situations while teaching more effective responses to the environmental conditions. | **X** | **X** | **X** |  |  |  |
| 4.I | Prepares and supports the person in difficult environments with previously taught individualized coping skills. | **X** | **X** | **X** |  |  |  |
| 4.J | Prepares and supports the person when a situation may trigger memories of past trauma experiences and takes appropriate action to reduce/eliminate trauma triggers. | **X** | **X** | **X** |  |  |  |
| 4.K | Supports and assists the person in recognizing and labeling feelings. | **X** | **X** | **X** |  |  |  |
| 4.L | Recognizes when a situation has become unsafe or the person needs more assistance. Takes steps to respond in a way that protects the person and those around them. | **X** | **X** | **X** |  |  |  |
| 4.M | Implements Non-Contingent Reinforcement in a manner that supports the person’s behavior change/support objectives. | **X** | **X** | **X** |  |  |  |
| 5 | **Skill Acquisition** |  |  |  |  |  |  |
| 5.A | Teaches new skills in the natural environment. | **X** | **X** | **X** |  |  |  |
| 5.B | Uses techniques identified in a behavior support plan to develop new skills. | **X** | **X** | **X** |  |  |  |
| 5.C | Implements plan in incremental steps to increase skill acquisition. | **X** | **X** | **X** |  |  |  |
| 5.D | Implements the plan to ensure maintenance and generalization to support newly-learned behaviors. | **X** | **X** | **X** |  |  |  |
| 5.E | Follows plan of reinforcement and encourages use of positive behavior. Recognizes, rewards, and celebrates the use of new skills and appropriate responses on a daily basis. | **X** | **X** | **X** |  |  |  |
| 5.F | Assists person in identifying new skills as a functional alternative to exhibiting challenging behaviors. | **X** | **X** | **X** |  |  |  |
| 5.G | Provides supports needed for the person to develop skills that allow for the increased capacity to tolerate non-preferred activities and self-manage behavior. | **X** | **X** | **X** |  |  |  |
| 5.H | Encourages the person being supported to continue to use new skills across natural settings. | **X** | **X** | **X** |  |  |  |
| 5.I | Assists the person being supported in learning to express and meet his/her needs productively. | **X** | **X** | **X** |  |  |  |
| 5.J | Recognizes the communicative intent regarding a person’s desired outcome of behavior; suggests or demonstrates and reinforces alternative behavior that will help the person obtain those outcomes in the most effective and efficient way possible for that person. | **X** | **X** | **X** |  |  |  |
| 5.K | Tailors instruction and intervention strategies to address individual differences, preferences, goals/outcomes, learning styles, and culture. | **X** | **X** | **X** |  |  |  |
| 5.L | Implements prompts as necessary. Systematically implements prompt-fading procedures to lessen the chance of prompt dependency. | **X** | **X** | **X** |  |  |  |
| 5.M | Uses the outcome of the functional behavior assessment and person-centered plan to determine socially significant skills to be taught. |  |  | **X** |  |  |  |
| 5.N | Identifies, demonstrates, and instructs appropriate replacement behaviors for challenging behaviors. (Using evidence based practices such as modeling, video modeling, prompting, etc.) | **X** | **X** | **X** |  |  |  |
| 5.O | Implements interventions based on modification of antecedents (such as Motivation/Establishing Operations, setting events and discriminative stimuli.) | **X** | **X** | **X** |  |  |  |
| 5.P | Bases plan elements on task analysis and implements procedures outlined in order to teach a new skill. | **X** | **X** | **X** |  |  |  |
| 5.Q | Develops interventions taking into consideration the skill sets of those who will be implementing the plan and the environment. (Contextual Fit) |  |  | **X** |  |  |  |
| 6 | **Measurement** |  |  |  |  |  |  |
| 6.A | Accurately defines and uses descriptions of rate, frequency, intensity, and duration when recording behaviors. | **X** | **X** | **X** |  |  |  |
| 6.B | Describes behavior in observable and measurable terms and describes the environment in which the behavior occurs. | **X** | **X** | **X** |  |  |  |
| 6.C | Generates objective notes by describing what occurred during data collection time periods. | **X** | **X** | **X** |  |  |  |
| 6.D | Collects data as prescribed by the behavior interventionist via continuous measurement procedures, discontinuous measurement procedures, permanent product recording, etc. | **X** | **X** | **X** |  |  |  |
| 6.E | Collects data as specified in the behavior support plan so that the interventionist may evaluate the behavior plans effectiveness. | **X** | **X** |  |  |  |  |
| 6.F | Selects data collection tools that provide meaningful information regarding behavior(s). |  |  | **X** |  |  |  |
| 6.G | Displays data in a visual manner that is understandable to the treatment team. |  |  | **X** |  |  |  |
| 6.H | According to a schedule determined in consultation with the person being supported (and if applicable his/her support system), regularly observes, records, summarizes, and analyzes the results of behavioral observations and other behavioral data. |  |  | **X** |  |  |  |
| 6.I | Analyzes data and makes modifications to behavior plan as needed. |  |  | **X** |  |  |  |
| 7 | **Intervention/ Support Plan Implementation** |  |  |  |  |  |  |
| 7.A | Demonstrates proper delivery of the different components of the behavior/support plan. | **X** | **X** | **X** |  |  |  |
| 7.B | Responds to challenging behavior in such a way that minimizes reinforcement of the unwanted behavior and reinforces the use of preferred behavior. | **X** | **X** | **X** |  |  |  |
| 7.C | Implements all procedures in the behavioral plan as outlines in the plan. | **X** | **X** | **X** |  |  |  |
| 7.D | Arranges the environment to ensure success of the behavior plan. | **X** | **X** | **X** |  |  |  |
| 7.E | Adjusts communication styles to meet the needs of the person being supported, family members, and professionals. | **X** | **X** | **X** |  |  |  |
| 7.F | Utilizes reactive strategies and crisis procedures when a challenging behavior occurs. | **X** | **X** | **X** |  |  |  |
| 7.G | As defined in emergency procedures, takes steps to protect people from severe consequences of behavior that may harm the person or others even if these are “natural consequences.” | **X** | **X** | **X** |  |  |  |
| 7.H | Uses non-physical interventions to control and/or protect individuals and others in a crisis situation when possible. | **X** | **X** | **X** |  |  |  |
| 7.I | Avoids physical management of people in behavioral crisis whenever possible. Uses behavior management program techniques as required by individual agency policy. | **X** | **X** | **X** |  |  |  |
| 7.J | Stays calm, focused, and supportive of the person and the person’s needs when engaging around challenging behavior. | **X** | **X** | **X** |  |  |  |
| 7.K | Uses effective methods to ensure that expectations are clear to the person and presented in ways that make sense in the moment. | **X** | **X** | **X** |  |  |  |
| 7.L | Develops a behavior plan that includes proactive and reactive strategies and indentified behaviors targeted for increase and behaviors targeted for decrease. Fully defines behaviors to ensure that everyone who administers the plan is in agreement. |  |  | **X** |  |  |  |