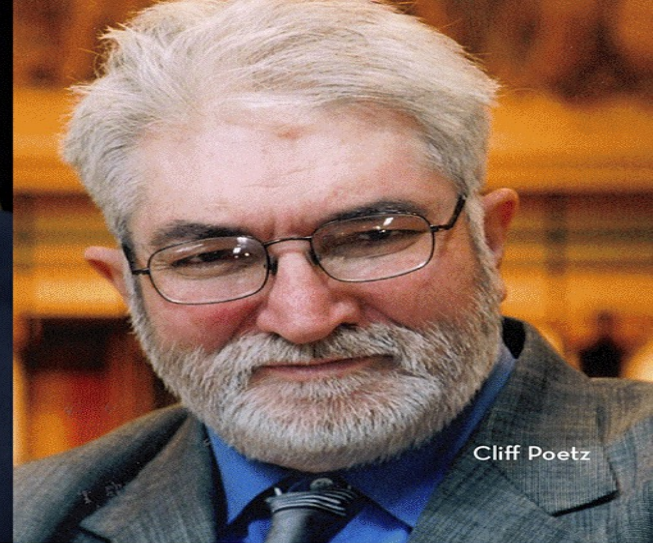




Amy Hewitt



John Smith



Cliff Poetz



I AM DRIVEN TO
PROFESSIONALIZE THE DIRECT
SUPPORT WORKFORCE



I AM DRIVEN TO RETHINK
WHAT ACCESSIBILITY MEANS



I AM DRIVEN TO
MAKE HOME OWNERSHIP A
REALITY FOR PEOPLE WITH
DISABILITIES

Positive Behavior Support Intensive Training



Positive Behavior Support – Tier 1 / Universal Day 4



Minnesota Department of Human Services
Research and Training Center on Community Living
Institute on Community Integration

UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

Today's Agenda

- Summarizing functional behavior assessment results: developing hypothesis statements
- Building a support plan from hypothesis statements
 - Supporting skill development identified in your Matrix
- Proactive supports
 - Adjusting the context
 - Antecedent supports
- Developing proactive supports in the context of three case studies
 - Violet
 - Abdi
 - Emma

We will break at least every 60 minutes!

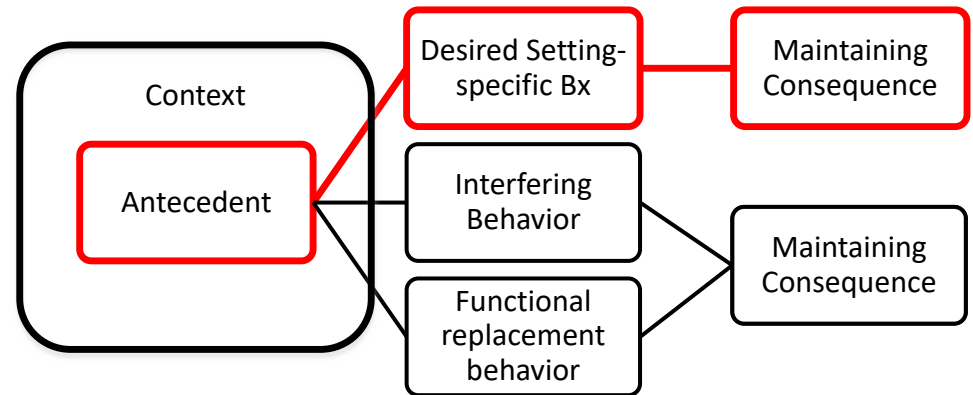
Developing a Function-Based Support Plan (touching back on last month)



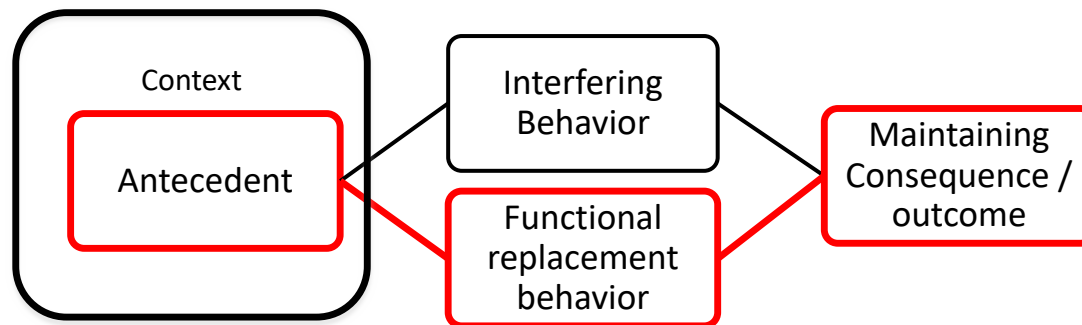
We've gathered information, now what do we do?

Goal: Staff think about behavior functionally, which drives a continuum of positive supports:

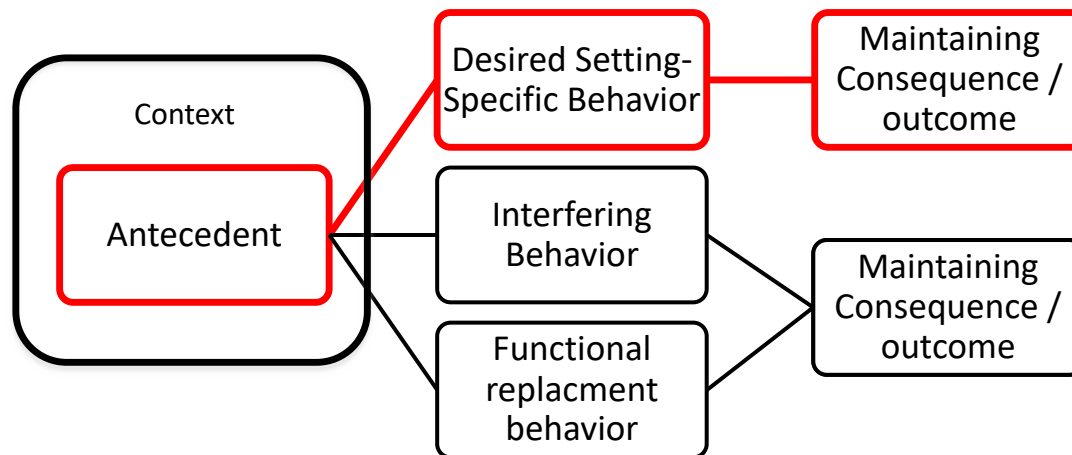
- Organization-wide Tier 1 planning
- Improve contexts so they work for people
 - Social / Environmental
 - Biological
 - Psychological
 - Quality of Life
- Tier 2 supports
 - Group
 - Individual
- Intensive & individualized Tier 3 interventions



Competing Behavior Pathway



Competing Behavior Pathway



Review of A Functional Approach: Why it is important and how to incorporate it into the Positive Behavior Support Plan



Function-based Thinking

What outcomes do people generate through challenging behavior – what purpose does it serve?

– Escape or Avoid

- People,
- Situations,
- Things
- Internal Physiological Response

– Obtain Access to

- People,
- Situations,
- Things
- Internal Physiological Response

Function-based Thinking

Why is understanding a behavior's outcomes / purpose (objectively) an important thing to do?

- Because then we can replace challenging behavior with positive behavior

Function-based Thinking

Why think about function rather than form?

- Some behaviors that look different may serve the same function
- The same behavior may serve different functions

Because when people learn new (positive) behavior that serves the same function, there is no reason for the challenging behavior to continue

A Functional Approach: A Comprehensive Process

- Solid evidence-base of research as a way to improve interfering behavior patterns.
- A comprehensive process, always combined with person-centered practices
- First evaluate aspects of the person's quality of life across domains – for example:
 - Potential medical, dental, or behavioral health factors
 - Traumatic experiences or recent life events (e.g., a move, a death in the family, etc.) that may be influencing behavior



Reviewing / Wrapping up FBA



Reviewing/Wrapping up FBA

- 245D requirements for FBA (Mn Rule 9544.0040)
 - When is an FBA required?
 - Who is qualified to complete an FBA?
 - What are required elements in an FBA?

<https://www.revisor.mn.gov/rules/9544/>

<https://www.revisor.mn.gov/statutes/cite/245D>
- Other settings/funders (e.g., schools, what are the requirements..)



Hypothesis statement

We collected CABC and the functional assessment indirect assessment information.

Based on this information, we hypothesize that:

- In the **context** of sudden staffing changes and days when Jessica has less than 7 hours of sleep,
- Given the **antecedent** of attention being directed to her peers,
- Jessica is more likely to **scratch and kick people**,
- Which is reliably followed by **attention from staff members** in the form of reprimands and activity engagement.



When 34-year-old Akemi is given an independent task to work on, she will place her hand on the table or look around the room, and will start singing loudly until her job coach comes over to help her. These behaviors are more likely to occur at the beginning of the week. The team hypothesizes that Akemi engages in these behaviors to get attention from both her job coach and her co-workers.

Context factors	Antecedents	Problem Behavior(s)	Outcome / Maintaining Consequence



Jamal is a 9-year-old in a regular education classroom. When Jamal participates in group discussion, he will lean over sideways in his chair so that his head is touching the floor and will begin to blurt out words related to sexual anatomy. Some of Jamal's peers tell him to shut up while others laugh and become disruptive as well. Jamal's behavior tends to be worse on Fridays and right before major holidays. The teacher believes that Jamal's problem behavior is maintained by peer attention.

Context factors	Antecedents	Problem Behavior(s)	Outcome / Maintaining Consequence



Dana is a 20 year old woman with autism and a mild intellectual disability. When Dana is told that it is time to take her afternoon medications or work on a task that she dislikes, she will rush to the person making the request and make threatening gestures. Dana's behaviors are more frequent and intense when she has slept poorly the night before and right before menstruation. The functional assessment carried out by Dana's interdisciplinary team indicates that these problem behaviors are maintained by escape from non-preferred tasks.

Context factors	Antecedents	Problem Behavior(s)	Outcome / Maintaining Consequence



Alexa is a young child who attends a preschool with 16 other children. When Alexa's mother drops her off, she begins to cry, bite her hand, and bang her head against the floor. The teacher has noticed that Alexa's mother doesn't want to leave until her daughter's behaviors calm down and that the mother is spending longer and longer periods of time with Alexa each morning. Alexa's behaviors are consistent and the functional assessment has not identified any events that set the stage for increases in her problem behavior.

Context factors	Antecedents	Problem Behavior(s)	Outcome / Maintaining Consequence



Developing a Plan



POLL (next slide) : How clearly do you see a connection between function-based supports and promoting values-based skills in your Matrix?

Person-centered Values	Setting 1	Setting 2	Setting 3	Setting 4
Value 1				
Value 2				
Value 3				

Value	Setting 1: Kitchen	Setting 2: Upstairs	Setting 3: Rec Room
Individual autonomy	Skills: Using the stove Supports: Bx skills training Monitor: Filipe Data: QoL survey	Skills: Hygiene, knocking Supports: Bx skills training Monitor: John Data: QoL survey	Skills: Scheduling, negotiating Supports: Think Social Monitor: John Data: Incident reports
Safety and security	Skills: Requesting help Supports: FCT Monitor: Filipe Data: Frequency of requests	Skills: Caring for belongings Supports: Bx skills training Monitor: Tana Data: Incident reports	Skills: De-escalating conflict Supports: Mindfulness Monitor: John Data: QoL survey
Strong positive relationships	Skills: Conversation Supports: Friends workbook Monitor: Tana Data: QoL survey	Skills: Scheduling, negotiating Supports: Think Social Monitor: John Data: QoL survey	Skills: Dating relationships Supports: Circles Monitor: Filipe Data: QoL survey

Building a PBS Plan

ADJUSTING CONTEXT



Proactive Strategies – Improving Context



Quality of Life – other domain structures

- **Emotional well-being** – contentment, self-concept, lack of stress
- **Interpersonal relations** – interactions, relationships, supports
- **Material well-being** – financial status, employment, housing
- **Personal development** – education, personal competence, performance
- **Physical well-being** – health and health care, activities of daily living, leisure
- **Self-determination** – autonomy / personal control, personal goals, choices
- **Social inclusion** – community integration and participation, roles, supports
- **Rights** – legal, human (respect, dignity, equality)



CHAT ABOUT IT!

- Changing the context
 - How have you improved (or could you improve) the context for someone you support?
 - What behaviors improved as a result?
 - Consider all four domains required in the Positive Supports Rule:
 - Biological
 - Psychological
 - Social / environmental
 - Quality of life



Quality of Life / Wellness Workbooks

SAMHSA Guide to Wellness

<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf>

Mental Wellness

https://mn.gov/dhs/assets/mental-wellness_tcm1053-307677.pdf

LOTIS Wheel Conceptual Framework

[https://www.aucd.org/docs/Quality%20of%20Life%20Assessment%20Wheel%20\(3\).pdf](https://www.aucd.org/docs/Quality%20of%20Life%20Assessment%20Wheel%20(3).pdf)



Quality of Life Assessments

World Health Organization Quality of Life Measures

- <https://www.who.int/tools/whoqol>

PBS Quality of Life Questionnaire

- <https://hcpbs.org/wp-content/uploads/2017/11/pbs-quality-of-life-assessment-tool.pdf>

Council on Quality and Leadership – Personal Outcome Measures

- <https://www.c-q-l.org/tools/personal-outcome-measures/>

Minnesota Quality of Life Assessment of the Social & Physical Environment Survey

- <https://mnpsp.org/wp-content/uploads/2016/12/PBS-QOL-socialphysical-next-version9-11-17.pdf>



Critical Context:

TRAUMA, PBS & INDIVIDUALS WITH IDD



ACE Study Background

ACE Study (Adverse Childhood Experiences) in California

- 9508 people responded to a questionnaire (70.5% response)
- The person's total number was compared to measures of adult risk behavior, health issues and certain disease categories.
- The results showed a correlation between a person's ACE score and the number of adult risk behaviors and diseases individuals reported.

Important to note, a high ACE score does not always mean negative impacts. Resiliency factors help explain the reason some people respond to trauma differently than others.

(Marcal & Trifoso, 2017)





Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

<https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/acegraphics.html>



Intellectual and Developmental Disabilities Trauma Statistics

Study in Omaha (2000) in public schools found children with disabilities experienced; neglect 3.76, physical abuse 3.79, & sexual abuse 3.14, times more than those students without disabilities

1997-2000 National evaluation found of 156 children with autism 18.5% had been physically abused and 16.6% had been sexually abused.

In Minnesota child welfare system, more than 1/5 of children with substantiated maltreatment were labeled as having a disability.

(Marcal & Trifoso, 2017)



Risk Factors in IDD population

- Increased parental stress = increased risk of abuse
- Difficulty reporting abuse & considered less credible
- Likelihood of abuse increased with severity of disability

Other factors considered:

- Placement in “special” classes
- Being bullied in school
- Restricted opportunities (marriage, driving, attending college)
- Prolonged exposure to stressful **Life Events***

(Hulbert-Williams, et al., 2014)

(Marcal & Trifoso, 2017)



Prevalence of Mental Health Diagnoses in adults with IDD

- Affective Disorder 3.6-6.6%
- Anxiety Disorders 2.4-3.8%
- Behavior problems 0.1-22.5%
- Psychotic Disorders 2.6-4.4%

Overall prevalence of psychological problems has been reported at 40.9%

(Hulbert-Williams, et al., 2014)



Impact of Abuse on Individuals with IDD

Individuals with IDD that had experienced abuse had more severe behavioral problems than individuals with IDD who had not been exposed to abuse.

More likely to have:

- Aggressive & agitated behaviors
- Self-injury
- Temper outbursts
- Sudden changes in mood
- Social withdrawal
- Hyperactivity
- Inappropriate sexual behavior

(Marcal & Trifoso, 2017)



Support Considerations

- FBA to take into consideration biological assessment and trauma history.
- A trauma experience may be related to automatic reaction based on an altered stress-response system.
- Increasing resiliency factors is the key to any support plan
- Understanding trauma history helps inform our interventions and interventions should be geared towards a person feeling safe, connected and empowered (Marcal & Trifoso, 2017)
- When teaching alternative behaviors (e.g., communication) it is important to consider if someone has had a history of trauma, do they feel safe? Is there something we can do to improve their feelings of safety?
- It is also important to remember that everyone is deserving of intervention, therefore we don't want to take someone's history of trauma as an excuse to not intervene (e.g., "they have so much going on at home that it doesn't matter what we do here at school.")



Integrating Trauma Informed Care into PBS

Ensure the following components are included into Behavior Support Plans:

- The individual “Feels” safe in their environments and with the people who support them.
- Increase opportunities for people to make connections with others outside of their home and work.
- Interventions should include the ability for a person to make choices and be empowered
- Increasing resiliency through interventions

Staff self-care and adequate trauma responsive training*

(Marcal & Trifoso, 2017)



Key Components to Foster Resilience



<https://idyia.co.uk/services/assessment-and-profiling/i-resilience>



Fostering Resilience Continued

Self Enhancement

- Help people recognize and accept greater responsibility for their successes rather than their failures.
- Offer specific and positive feedback following any type of assessment (vocational, psychological, or otherwise).

Hardiness

- Help people establish a clear sense of their personal values that can serve as a guide for them in their behavior when faced with challenges (e.g., talk about what sort of person the individual wants to be, moving them from doing well to please others, or avoid “getting in trouble” to doing things, because they know they are the right thing based on their values).

Emotional Regulation

- Consider introducing mindfulness training in your program (one of the authors adapted the on-line mindfulness course mentioned in the self-care chapter for a group of individuals with IDD, some of whom have a trauma history).
- Teach relaxation strategies such as deep breathing

Humor

- Use humor only after first employing listening carefully, and ensuring the individual knows they have been understood.
- Be sure humor does not come across as putting the person down, and that it will not be perceived as being in bad taste.
- Integrate humor in a kind manner, with low and soothing tones
- Use self-deprecating and light-hearted humor to help people through difficult times.

(Marcal & Trifoso, 2017)



Living with Trauma: Best Practices for Individuals with IDD

Biographical Timeline as Assessment and Intervention

- Life events are laid out on a time-line which allows for “respectful guesses to be made about life events, challenging behaviors, and interventions. Interventions can be designed to address gaps in development and/or experience. The timeline can support staff in assuming a therapeutic stance, and support resistance to

Supportive Intervention

- Planning should flow from the Biographical Timeline
- One key strategy is to establish an “anchor for safety” (we sometimes refer to this person at the Center for Disability Services as a “focus person.” This is a trusted person who can be readily available.
- Another key strategy is establishing a “safety valve” which is a metaphor for coping strategies in the person’s repertoire.

Socially Therapeutic Environment as Intervention/Educational Interventions

- Help staff to fully appreciate that people with IDD need support because they are “challenged with a neurological disability that affects their abilities to process information and communicate.”
- Ensure staff know about their own wellness, and encourage them to practice self-care to foster their ability to support a therapeutic environment.

Communication as Intervention

- Teach people to label and ventilate their feelings

Psychiatric Care and Therapy

- We now know that quality psychiatric care and psychotherapy work with people with intellectual and developmental disabilities. Make referrals as needed, preferably to providers with experience with IDD. Providers lacking this experience may wrongly attribute a problem to the intellectual disability, rather than the trauma history and/or mental health problem

Marcal & Trifoso, 2017



Trauma Presentation Reference List

Dellinger-Wray, M., & Orelove, F. (2019, February). *What Happened to You? Trauma-Informed Positive Behavior Support*. Presentation at the 16th International Conference on Positive Behavior Support, Washington, DC.

- See archived 2018 version at <https://hcpbs.org/presentations/>

Hulbert-Williams, L., Hastings, R., Owen, D. M., Burns, L., Day, J., Mulligan, J., & Noone, S. J. (2014). Exposure to life events as a risk factor for psychological problems in adults with intellectual disabilities: A longitudinal design. *Journal of Intellectual Disability Research*, 58(1), 48-60. doi:10.1111/jir.12050

Marcial, S., Psy.D., & Trifoso, S., LMSW. (2017). *A Trauma-Informed Toolkit for Providers in the Field of Intellectual & Developmental Disabilities* [Scholarly project]. In *The NADD*. Retrieved April 5, 2019, from <http://thenadd.org/trauma-informed-toolkit/>



Trauma & IDD Research and Resources

<https://mnpsp.org/trauma-informed-approaches/>

Abused and Betrayed Series (multiple videos from Public Broadcasting System)

<https://www.npr.org/series/575502633/abused-and-betrayed>

<https://www.acesconnection.com/g/resource-center>

The National Association for persons with Developmental Disabilities and mental health needs

<http://thenadd.org/>

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Wald, Rebecca L., The effects of child disability on physical discipline; An analog study of abuse potential, Doctoral Dissertation, Abstracts International: Section B: The Sciences and Engineering. 64(12-B), 2004, pp.6344.

Weber, D.A. and Reynolds, C.R., Clinical perspectives on neurobiological effects of psychological trauma, 2004 Jun;14(2):115-29, *Neuropsychology Review*



Building a PBS Plan

ANTECEDENT STRATEGIES



Proactive Strategies – Antecedent Modifications

- Give positive attention
- Pre-specify a reinforcer
- Collaborate
- Make plans and clarify expectations via:
 - Schedules
 - Lists
 - Calendars
- Give concrete, affirmative answers to requests
- Offer choices instead of giving demands
- Use preferred items and activities as distracters
- Gradually fade-in demands and expectations



CHAT ABOUT IT!

- See the handout on Antecedent Strategies
- We'll walk through them one by one, including examples
- Put your own examples in the chat – maybe you've done something like this before or you can see a way you might use it



Violet Case Example

- Read through the Violet Case Example
- Identify the CABCs



Violet Case Example – what are the CABCs?

You are a staff person supporting Violet, who is a 34 year old woman living in a residential home with 2 other roommates.

She has lived in the same home for 13 years. Violet began taking a new medication 1 month ago in hopes of reducing her mood swings. Her new medication has been making her drowsy after she takes her afternoon dose. Violet enjoys being on her computer, drawing, and watching *Young and the Restless*. Violet has a diagnosis with autism spectrum disorder and intellectual disability. She communicates using short 2-3 word phrases for preferred items and activities.

Recently, Violet has begun to engage in aggression toward staff members. Staff report that she is aggressive when she is asked to do chores around the home. As a result, staff have stopped asking Violet to do many of her assigned chores as she has been aggressive at least once per day for the last week usually after arriving home from her day program. Staff have been providing points to Violet for completion of chores that she can turn in for preferred reinforcers. However, at this time Violet has not received enough points to earn a reinforcer in over two weeks.



Violet Case Example (we'll do this live for next 2 cases)

You are a staff person supporting Violet, who is a 34 year old woman living in a residential home with 2 other roommates.

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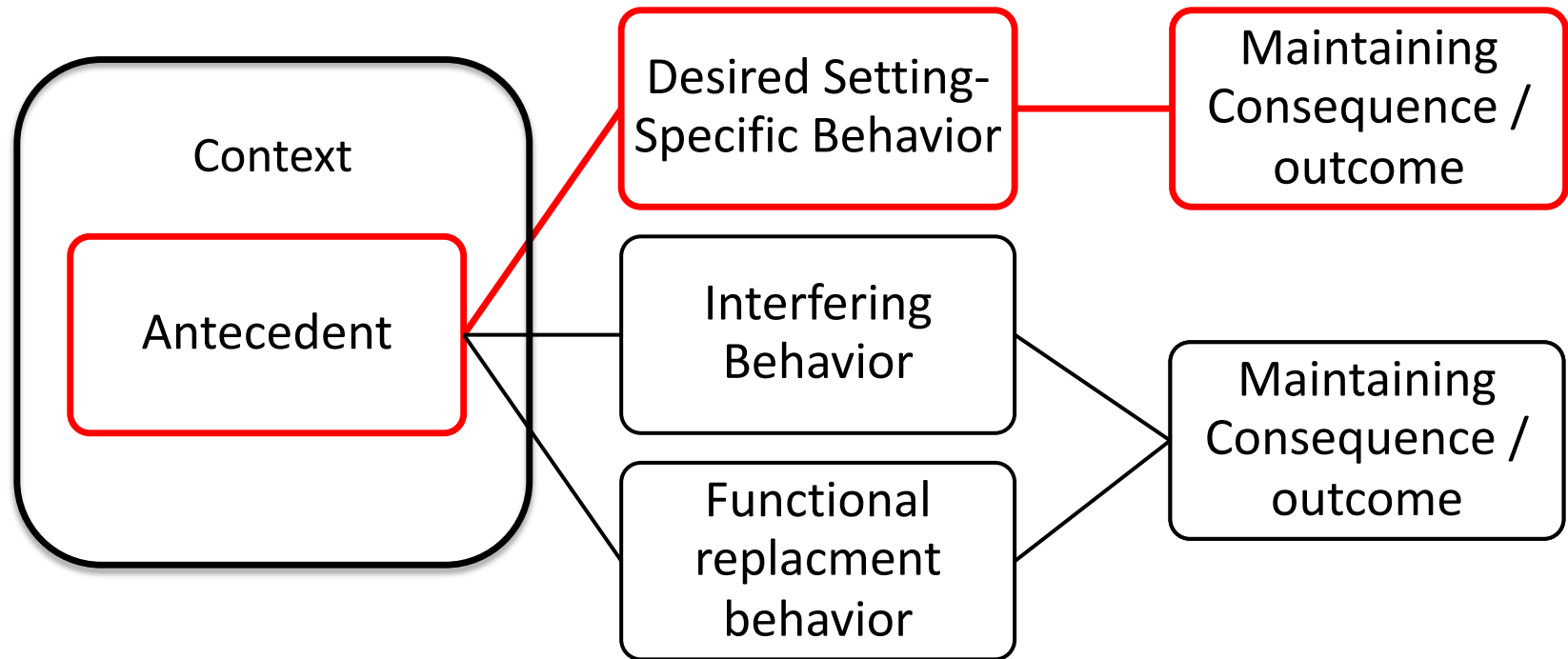


Violet Case Study Part 2

- Complete the Competing Behavior Pathway
- Suggest context modifications
- Suggest antecedent strategies



Competing Behavior Pathway (modify live!)



Behavior Pathway Plan (modify live!)

Context Modifications	Antecedent Strategies	Instructional Strategies	Reinforcement Strategies	Positive Responses to Challenges
<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...



Abdi Case Example

- Read through the Abdi Case Example
- Identify the CABCs



Abdi Case Example – identify CABCs live!

A 23-year-old man named Abdi recently moved from his parents' home to a residential home with three roommates. Abdi reports that he enjoys living with “the guys”. Abdi has a diagnosis of Fetal alcohol spectrum disorder and bipolar disorder. Abdi takes medication for his bipolar, but does not report any side effects. Abdi enjoys playing sports such as football and basketball as well as watching sports. Abdi is highly verbal, but has difficulty regulating his emotions at times. Abdi has been making inappropriate sexual comments toward a female staff member when she enters the room. The female staff member has tried ignoring the comments but Abdi continues. “The guys” usually laugh at his comments. The female staff member reports that when she is working one-on-one with Abdi, he does not engage in this behavior.

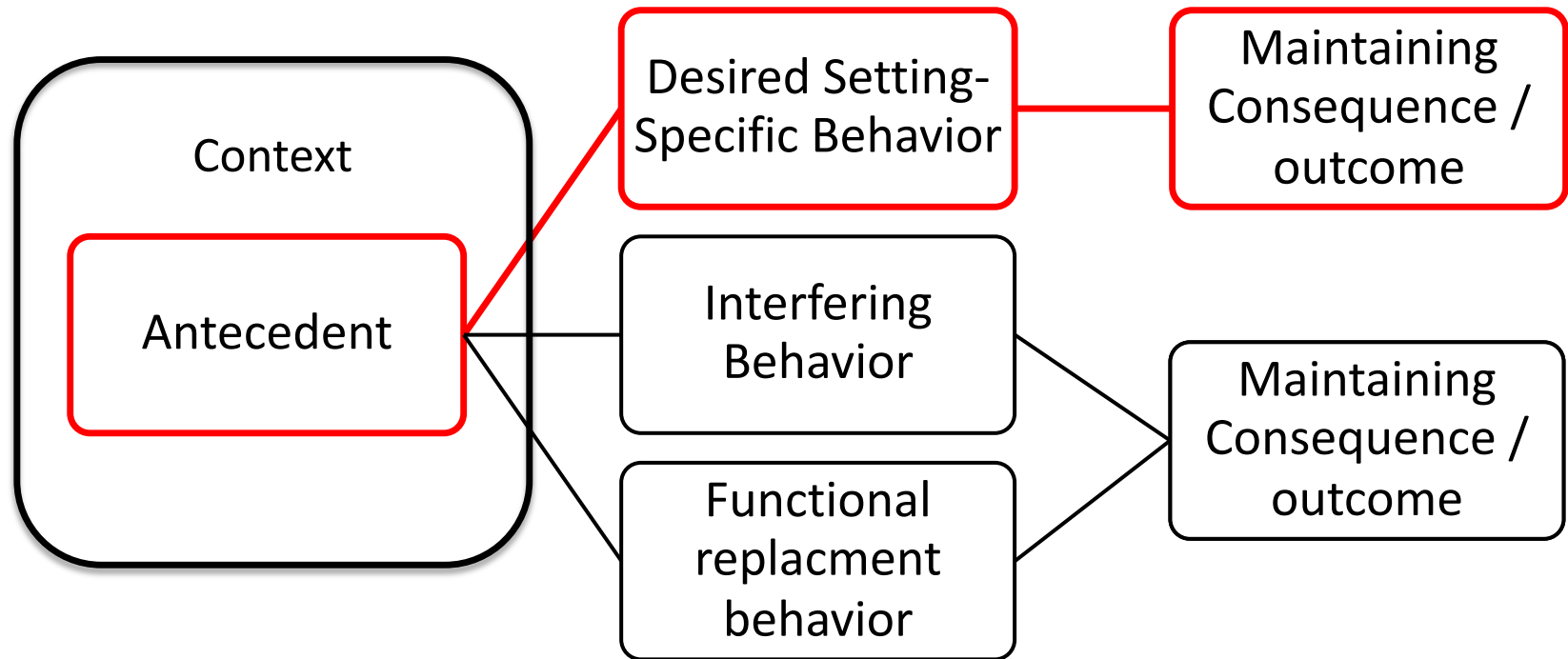


Abdi Case Study Part 2

- Complete the Competing Behavior Pathway
- Suggest context modifications
- Suggest antecedent strategies



Competing Behavior Pathway (modify live!)



Behavior Pathway Plan (modify live!)

Context Modifications	Antecedent Strategies	Instructional Strategies	Reinforcement Strategies	Positive Responses to Challenges
<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...



Emma Case Example

- Read through the Emma Case Example
- Identify the CABCs



Emma Case Example – identify CABCs live!

Emma is a 4 year old child in a preschool program who has been diagnosed with autism and is not currently verbally communicating (or using another form of augmentative or alternative communication). Emma will frequently lead her paraprofessional to areas or activities that she prefers (e.g., take the hand of the paraprofessional and guide her towards the door when she wants to go out to the playground). Emma will tantrum (bite and kick teachers, and hit her head on the floor) when these requests are denied (e.g., the paraprofessional tells Emma that “it is not time to go outside right now.”) When Emma tantrums, teachers and paraprofessionals often bring her to the calming corner (an area in the back of the classroom with beanbag chairs, weighted blankets, and sensory toys) until she calms down. Teachers have noted that these behaviors occur more frequently when there is a substitute teacher.

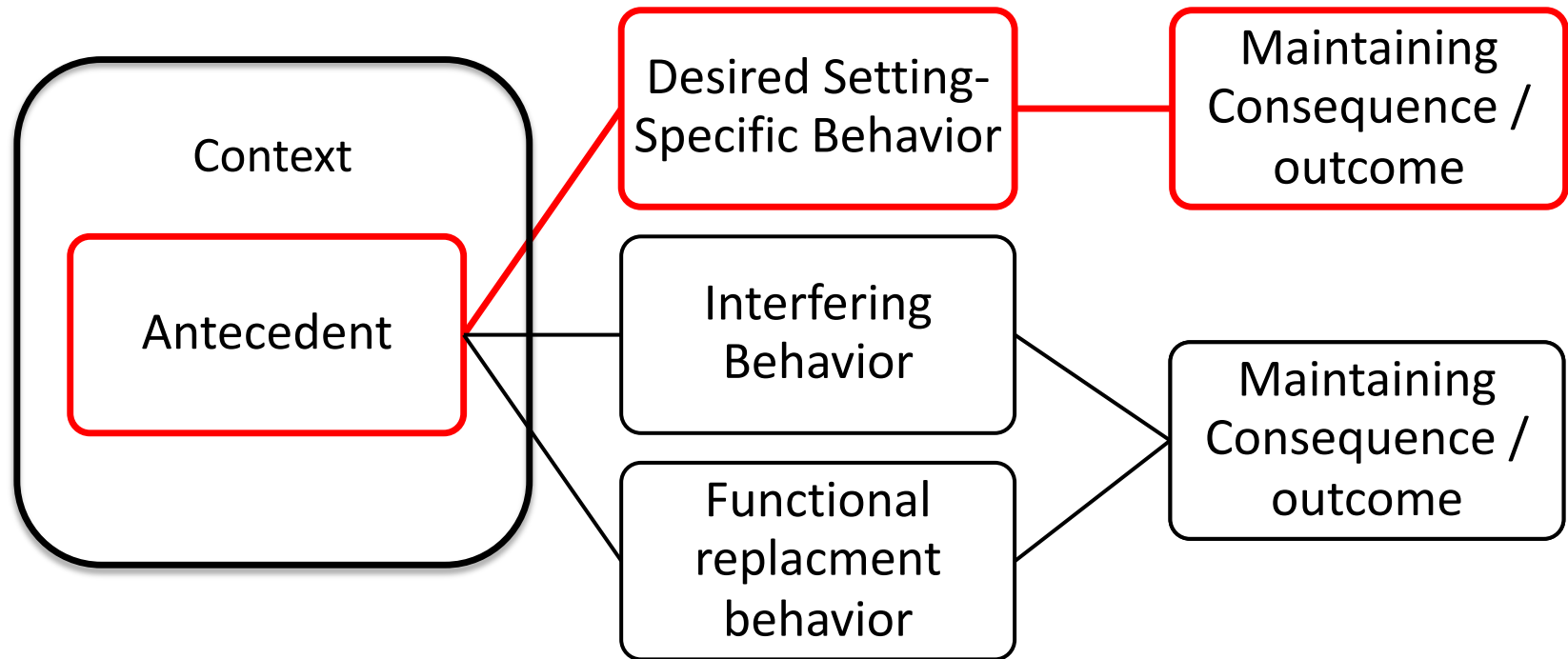


Emma Case Study Part 2

- Complete the Competing Behavior Pathway
- Suggest context modifications
- Suggest antecedent strategies



Competing Behavior Pathway (modify live!)



Behavior Pathway Plan (modify live!)

Context Modifications	Antecedent Strategies	Instructional Strategies	Reinforcement Strategies	Positive Responses to Challenges
<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...	<ul style="list-style-type: none">• Step 1...



For Next Week: consider how you could support your Matrix with context modifications and antecedent strategies

Person-centered Values	Setting 1	Setting 2	Setting 3	Setting 4
Value 1				
Value 2				
Value 3				

Online Poll

- What did you LIKE about today ?
- What did you LEARN today?
- What would you CHANGE about today?





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