Positive Behavior Support Moving from Tier 1 to Tier 2-3 Day 5





UNIVERSITY OF MINNESOTA Driven to Discover

Day 5

Classroom Content

- Integrating PBS plans with other positive supports
- Training implementers using Behavior Skills Training
 - Describe / written materials, model, observe, provide feedback
 - Measure implementation fidelity
- Evaluating the effectiveness of PBS plans
 - Observed behavior, social validity

Application of the Content

- Create a training plan for your implementers using a BST framework
- Pilot your training plan with a few staff, gather their feedback about the experience
- Pilot your data systems for measuring the effectiveness of your PBS plans, and making decisions as a team
 - Refine and repeat (plan do study act) our work is always in draft form!



Review application of Day 4 content

Application of the Content

- Using your completed FBA, create components of the PBS plan
 - Start with context factors considering the person's quality of life
 - Then add antecedent supports for skill development and removal/reduction of triggers
 - Then add reinforcers for skill development and positive responses to challenges
- Evaluate your PBS plan against the <u>DHS PSTP checklist</u>

Breakout Activity

- Share with each other about these applications over the past month
- Identify a spokesperson to share examples with the larger group



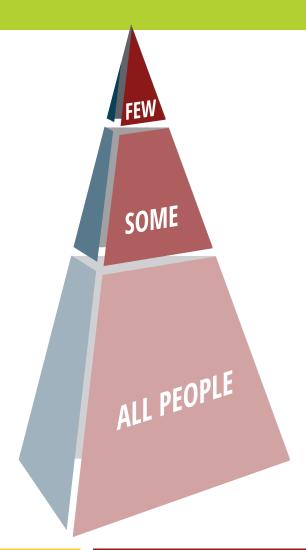
Content Pivot

Integrating Positive Behavior Support with Other Positive Supports





Integrating Multiple Practices Across Tiers



For Example:

- Person-Centered Thinking and Planning
- Trauma-informed Practice
- Positive Behavior Support



Integrating Multiple Practices Across Tiers

Common Concepts/Principles

- Person's perspective drives supports, toward improving QoL
- Team meetings address progress toward PBS and PCP goals, and effectiveness of TI practices in how those goals have been addressed
- FBA considers PC profile and plan, and trauma history

Goal Setting

FEW

SOME

- PCP goals are often broad, PBS supports skill development & specific strategies
 - PCP goal: participate in basketball practices/games at least weekly
 - PBS support: teach setting-specific social skills
- TI injects safety, empowerment, and connection into goals

Implementation

- Identify people involved in the implementation of one support (e.g., PCP) who could assist with another (e.g., PBS)
- Planned implementation accounts for avoidance of trauma triggers; plans stop or adjust if person experiences a reaction to something triggering

Key Components to Foster Resilience (important to trauma informed practices

Confidence

Having feelings of competence, effectiveness in coping with stressful situations and strong self esteem are inherent to feeling resilient. The frequency with which individuals experience positive and negative emotions is also key.

Purposefulness

Having a clear sense of purpose, clear values, drive and direction help individuals to persist and achieve in the face of setbacks.

RESILIENCE

Social Support

Building good relationships with others and seeking support can help individuals overcome adverse situations, rather than trying to cope on their own.

Adaptability

Flexibility and adapting to changing situations which are beyond our control are essential to maintaining resilience. Resilient individuals are able to cope well with change and their recovery from its impact tends to be quicker.

> https://idyia.co.uk/services/assessment-andprofiling/i-resilience



Fostering Resilience Continued

Self Enhancement

- Help people recognize and accept greater responsibility for their successes father 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





Implementation Plan Example (Adapted from Horner, Albin, Sprague, & Todd, 2000)

X.

Activity	Person Responsible	Date of Completion	
Wraparound			
Meetings With Child & Family	Team	10/12/14	
Invitations Sent	Child	10/15/14	
First Meeting	R. Freeman	10/25/14	
Regular Follow-up Meetings	All Team Members	11/1/14-10/31/15	
Ongoing Meetings			
Assessment			
Interviews	R. Freeman	11/14/14-11/27/14	
Direct Observations	T. Dolby	11/15/14	
	R. Freeman	11/16/00-11/17/13	
Summary Of Report	R. Freeman	12/2/14	
Brainstorming Session	All Team members	12/31/14	
PBS Plan Development			
Develop Materials	B. Smith	12/11/14	
Schedule Coaching Sessions	M. Brown	12/11/14	
Fidelity Tool Draft	R. Freeman	12/15/14	
Follow-up Fidelity Observations			
Evaluation Plan			
Meetings For Review Of Data	All Team Members	1/14/15	
Collectors Of Data	B. Smith	Ongoing	
Summarize Data For Meetings	R. Freeman	Ongoing	
Linking The PBS Plan To The			
Wraparound/Person-centered Plan			
Meeting To Evaluate How Measures	All Team Members	12/14/14	
5			

Breakout Activity 1: Map Out Implementation and Integration of Positive Supports

Positive Support Practice	How are Practices Implemented	Considerations for Integrating with Other Supports	People/Trainers Involved



Additional Considerations for Integration of Supports

- The complexity of the challenge
 - Lived history
 - Clinical needs
 - Degree of misalignment between current and desired life
- On continuums of fixed dynamic and supportive toxic:
 - Family
 - Other relationships
 - Routines / rhythm of the day
 - Culture
- The degree to which interventions fit the:
 - Values of the person, stakeholders, and implementers
 - The skill set of the implementers
 - The resources available to implement the plan

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Content Pivot

Training to Implement the PBS Plan





Administrative and Supervisory Support is Key

- Support your staff to make the impact they want to make!
 - Training AND ongoing on-site support
 - Team based goal setting, decision making, and problem solving (Cohrs et al. 2016)
 - Routine observations (normalized)
 - Sincere and positive feedback reinforce the desired behavior by staff
- Supervisors, managers, and executives as supportive motivators in the system





Performance Management (Daniels & Bailey 2014)

What is PM?

- Applied Behavior Analysis that focuses on the workplace
- Bringing out the best in people while generating desired outcomes for the organization

Characteristics of PM

- Pinpoint the targets for behavior change (observable, measurable, reliable)
- Pinpoint the results that should come from the desired behavior change
- Link behaviors, results, and mission
- Work sampling to measure change
- Set the conditions for success
- Find & deliver reinforcers for behavior change
- Feedback (constructive and positive)



Performance Management (Daniels & Bailey 2014)

- Training
 - –Behavior Skills Training BST (Parsons et al 2012)
- Coaching
- Evaluation
 - –Always in the context of systematic support
 - -Periodic/ongoing
 - –Annual



Behavior Skills Training (Parsons et al 2012)

- Describe the skills to be trained
- Provide staff with a written summary of the skills
- Demonstrate the target skills for staff



- Staff practice performing the target skills, then provide positive and corrective feedback
- Repeat until staff perform the skills independently, across the settings and situations they will be required to perform them



From the Front Lines – one team's example

- Communication ... expectations ... emphasis on support
- Non-threatening to observe ... natural to ask for help
- Consistency viewed as important and valuable by all
- Supervisor/lead staff model implementation and data collection
- Veteran staff expected to do the same
- Nurturing fidelity of implementation is a two-way street, defines the culture
- Openness is valued



From the Front Lines – one team's example

<u>Unplanned</u>

- First 30 days inquiry and rapport building related to Person Centered Description
- Most common
- In-the-moment modeling, support, feedback ... followed by discussion later

Planned

- After 45 days FBA complete, PBS plan written. Support and fidelity measurement shifts to PBS plan implementation
- Least common (but important when connecting with all staff efficiently isn't easy)
- Set time for supervisor/lead to observe staff implement
- Staff identify what they'd like support with

<u>Retrospective</u>

- When major incident happens or supervisor/lead are not present for an event
- Discuss what happened, what was done, what the plan said, any disconnects
- Rooted in problem solving not finger pointing

Implementation Fidelity – raw data

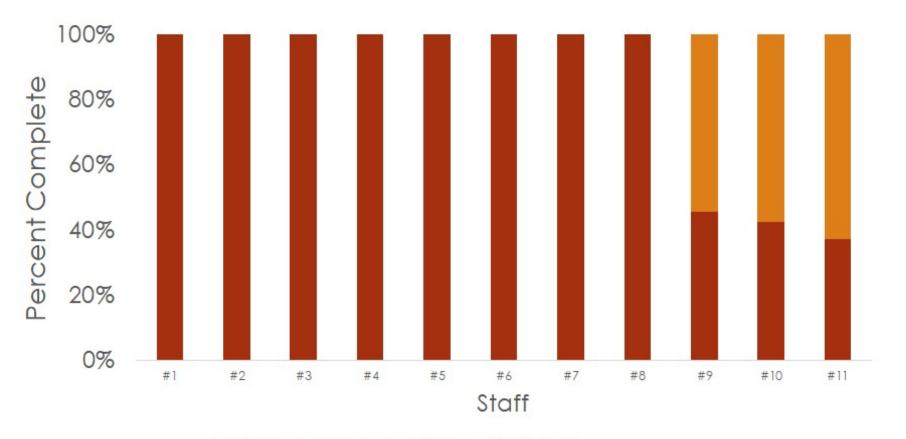
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Implementation Fidelity - Summary

Individual:	Client	Date	Competent (Y/N)	% Competent	Comments	Retrain Date	Competent (Y/N)	% Competent	Comments
Outcomes/	Intervention/Technique:								
CSSP:	Learn independent living skills: Budgeting	4/24/2017	Y		Staff has done very well working with Client on his budgeting skills.				
	Demonstrate appropriate behavior at home and in the community	4/24/2017	Ν	50%	Staff has been reading Client's PBS plan to familiarize herself with techniques and strategies that are utilized in his programming.		Y	100%	Staff has done well utlizing techniques outlined in Client's PBS plan (modeling/shaping/choice instead of demand, etc.).
PCS/PBS:	Build Rapport	4/24/2017			Staff has done a good job building rapport with Client.				
	Reassurance	4/24/2017			Staff has done well working with Client in moments of upset, using rassurance.				
	Validation	4/24/2017	Y		Staff has done well working with Client in moments of upset or stable using validation.				
	Use concrete answers	4/24/2017			Staff is learning how to effectively use concrete answers.	4/24/2017	Y	100%	Staff has demonstrated using concrete answeres with Client when he has questions regarding rules of the house, family visits, doctor appointments, etc.



Implementation Fidelity Graph – all staff

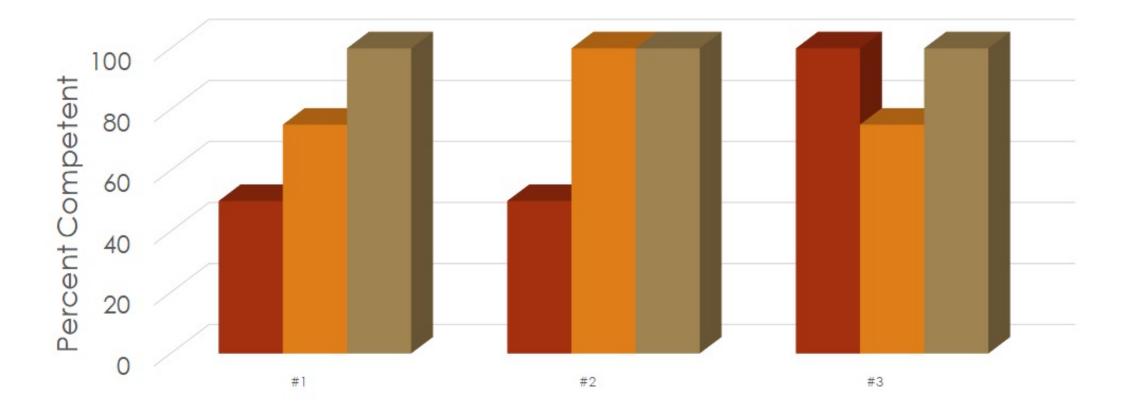


Competency after retraining

Competency after initial observation



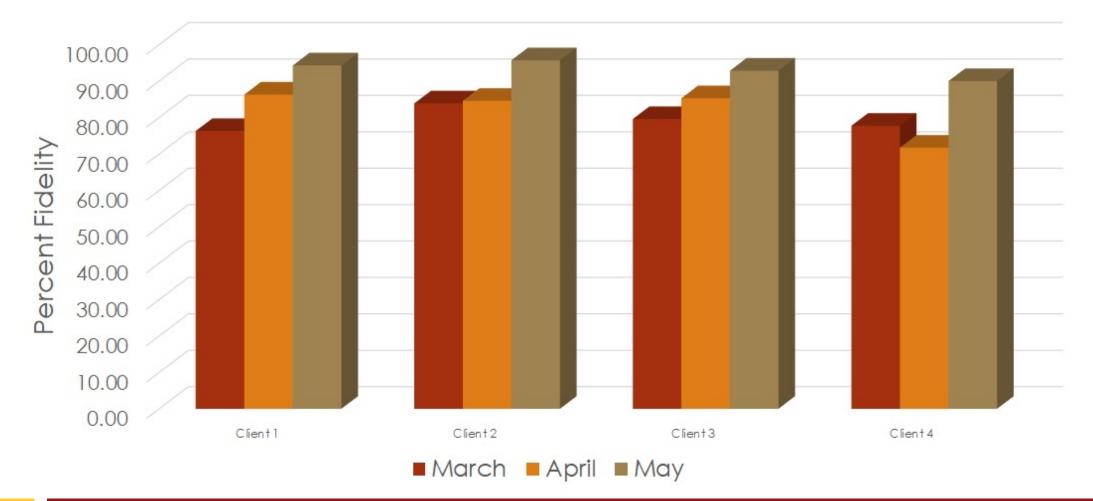
Implementation Fidelity Graph – all people supported



■ CSSP ■ PCP/PBS ■ Medical



Implementation Fidelity Graph – across time and people





Breakout Activity 2

Training and Supporting Staff

- What approaches do you use for training and ongoing coaching and support?
 Who is involved?
- Based on this training so far and what you're learning from others, what approaches would make sense to pilot or adopt at your organization?

Measuring Fidelity & Using Data to Drive Decisions

- Do you collect data on staff performance? If so, what does it look like?
 Who is involved in collecting the data?
- Do you summarize and use the data? If so, how frequently, and what does it look like?
- Based on this training so far and what you're learning from others, what approaches would make sense to pilot or adopt at your organization?



Breakout Activity 3

The Story of Candace

- Candace used to come to work at her day program every day. On Tuesdays and Thursdays
 there was music therapy that candace really enjoyed. Now because of staffing shortages,
 she only comes to work on Monday, Wednesdays, and Fridays. There is no music therapy
 available on those days. Candace has started showing increased anxiety by picking at her
 skin and she often vocalizes loudly as if she is in distress. Previously, the frequency of loud
 vocalizing had be reduced to ONLY when Candace was poorly positioned in her
 wheelchair.
 - What might be happening in this situation?
 - What can be done to support Candace?



Content Pivot

Evaluating the Effectiveness of PBS Plans





Evaluating a PBS Plan

A PBS plan should result in...

- Decreases in problem behavior
- Increases in functional replacement and other setting-specific skills
- Positive lifestyle changes / quality of life improvements

Evidence also should show...

- The interventions are implemented with fidelity (see above)
- The plan is a good fit for the natural community of implementers

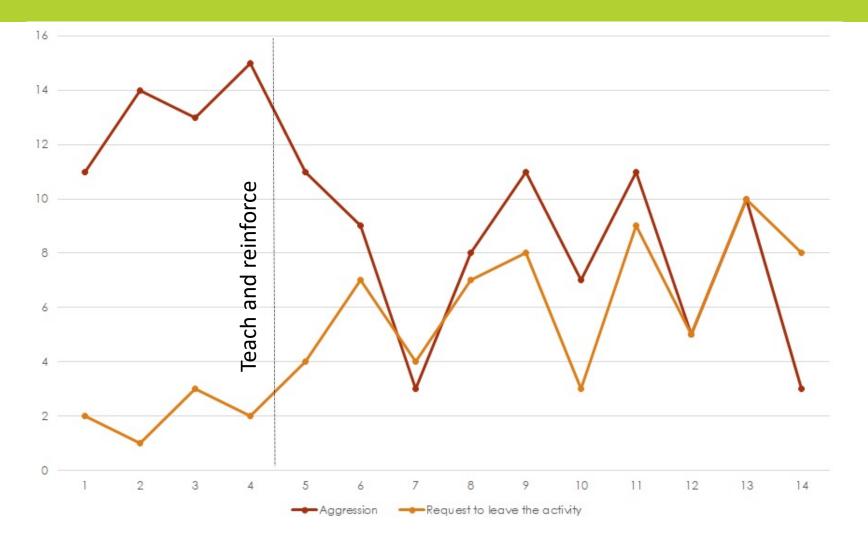


Visual Data Display – data only

Aggression	Request to leave the activity
11	2
14	1
13	3
15	2
11	4
9	7
3	4
8	7
11	8
7	3
11	9
5	5
10	10
3	8

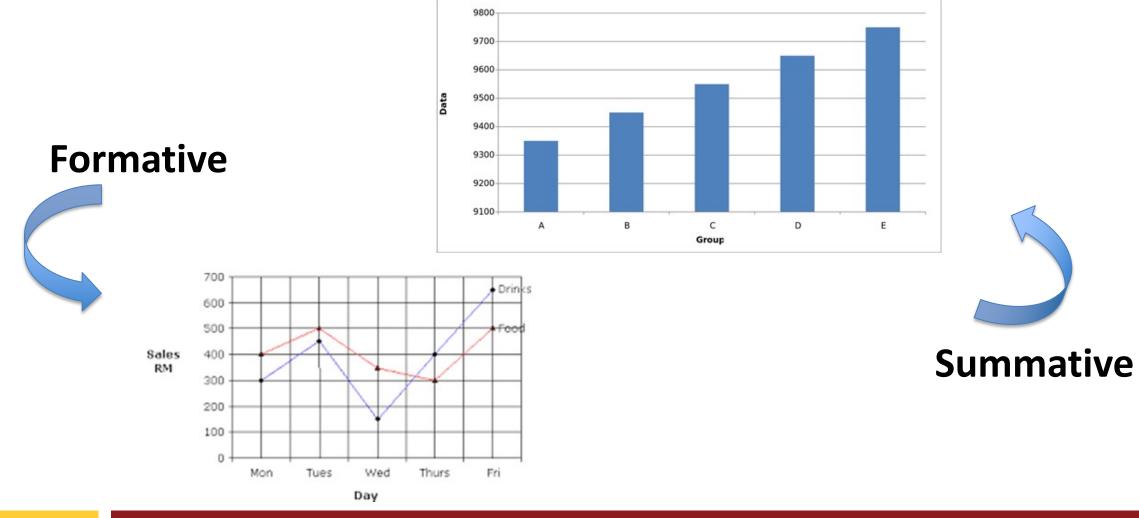


Visual Data Display – same data in graphic form





Visual Data Display – line graphs and bar graphs





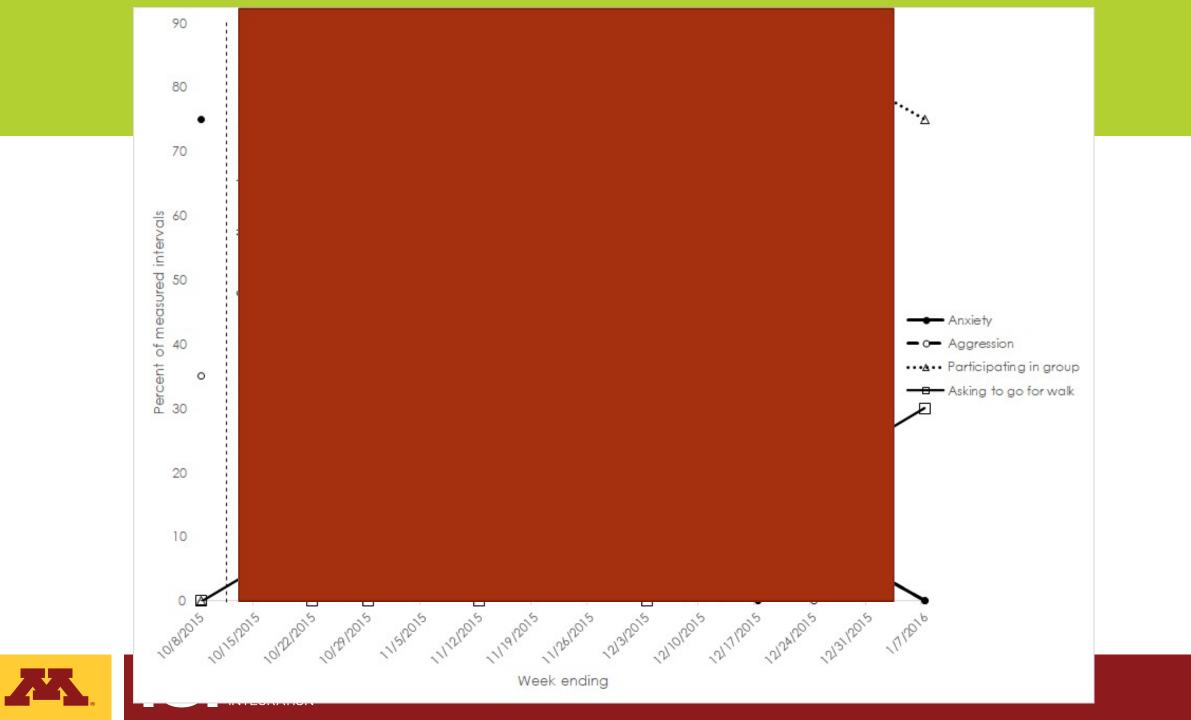
Case Example

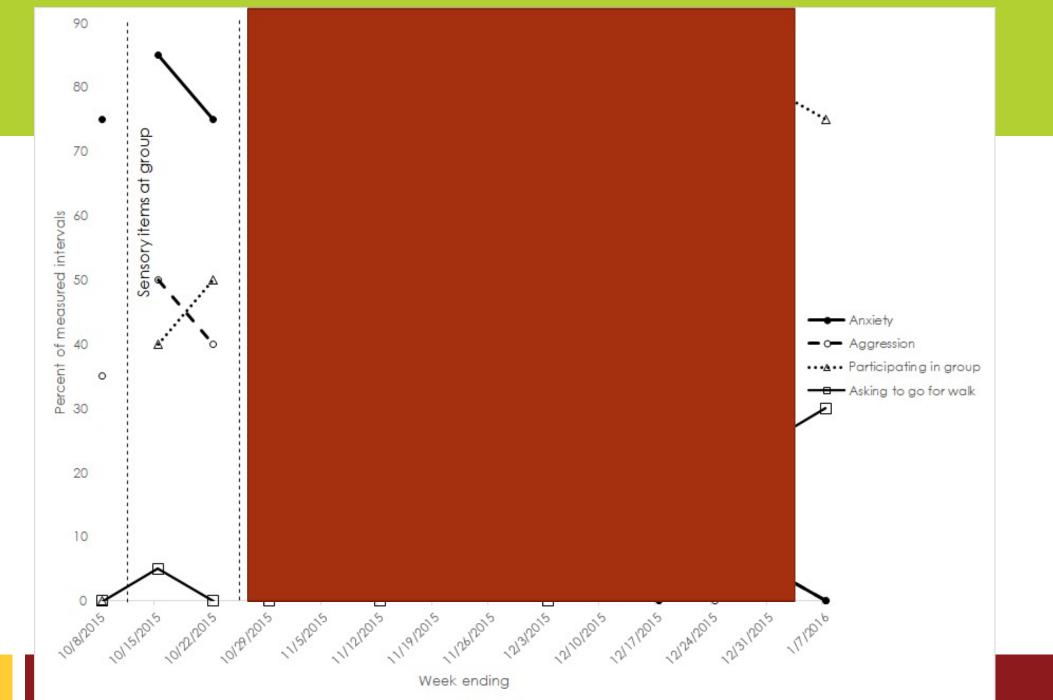
- Aggression ()
- Anxiety
- Walk request
- Participation in group \triangle

They wanted ACTUAL results. told them to look for a Behavior Analyst.

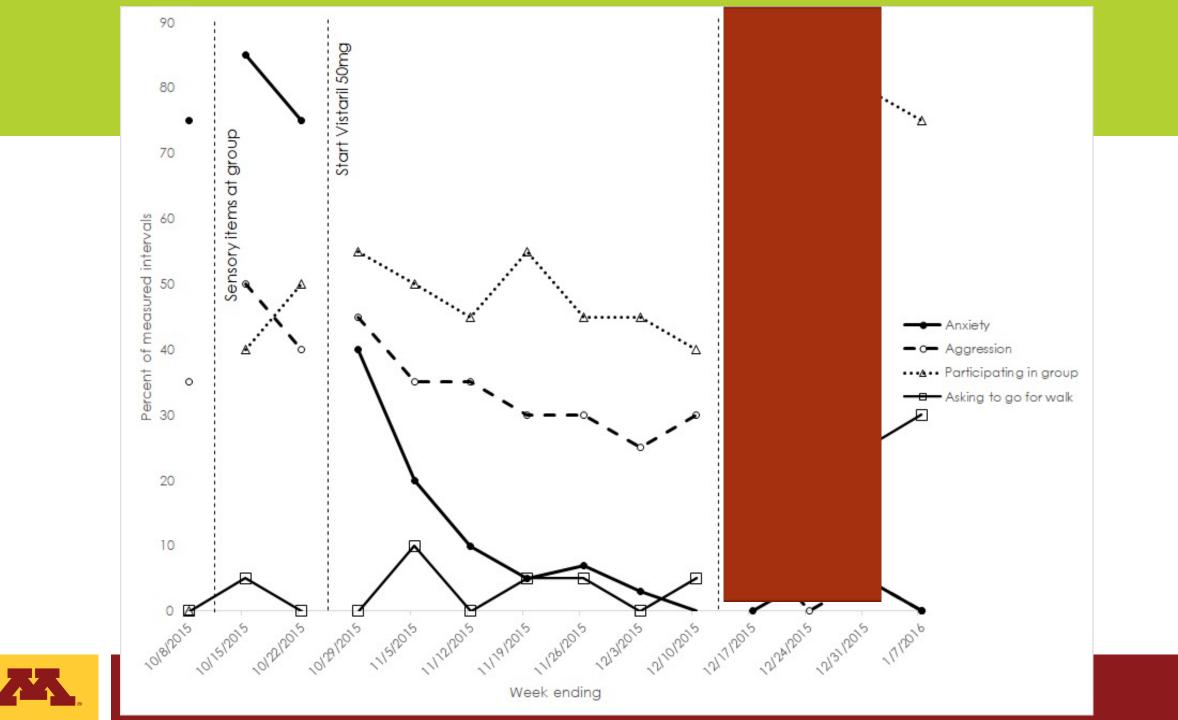


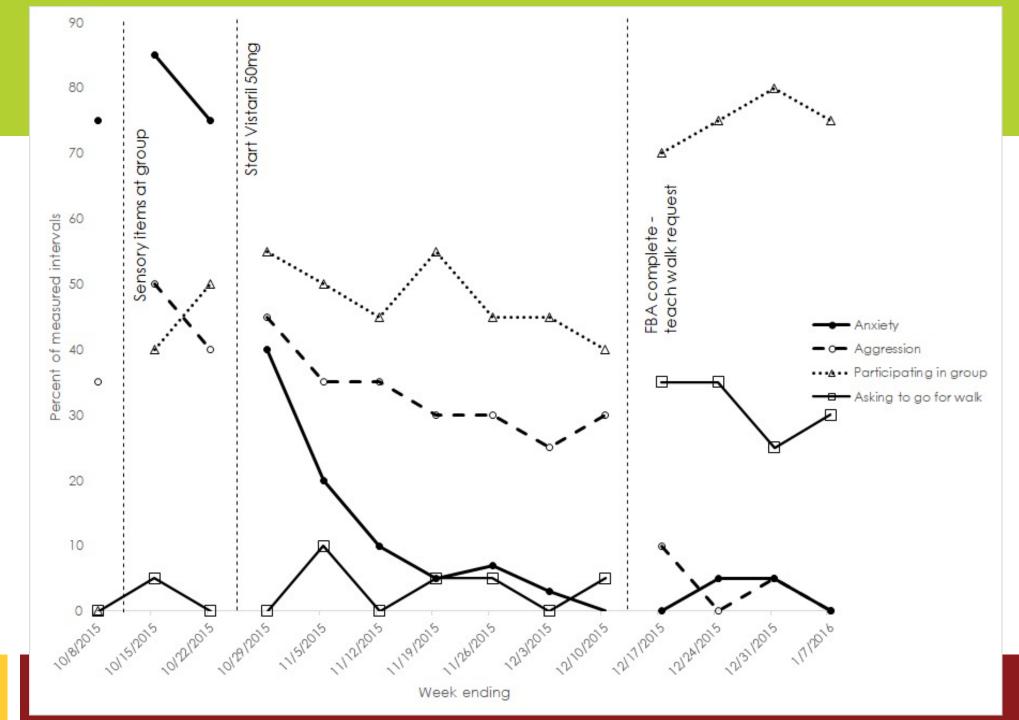














Social Validity

Stakeholders evaluate the plan on how well it fits the:

- Values & skills of the family and team
- Resources available to implement interventions

Key social validity questions include (<u>IRIS center</u>):

- The intervention focuses on an important behavior.
- The target behavior is of sufficient concern to warrant the use of this intervention.
- I believe that this intervention will produce effective results.
- I understand the intervention steps.
- The intervention is easily incorporated into my classroom system.
- I believe that I can accurately implement this intervention in my classroom.
- I have the necessary materials to implement this intervention accurately.
- The time requirements of this intervention are reasonable.



Social Validity – Broad QoL Scope

World Health Organization Quality of Life Measures

https://www.who.int/tools/whoqol

PBS Quality of Life Questionnaire

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

Council on Quality and Leadership – Personal Outcome Measures

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

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

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



In conclusion...

...stay grounded in the big picture

Got PBS?

Features of Positive Behavior Support

Support team comprised of individual, family, and ongoing service providers is fully engaged in all aspects of PBS process.

Meaningful lifestyle and/or systems change goals are the focus on intervention efforts.

Assessments (e.g., interviews, observations) are conducted to identify antecedents, consequences, and other variables affecting behavior.

PBS plans are based on the patterns identified and include each of the following:

- Proactive strategies (e.g., environmental arrangements to prevent problems)
- Teaching strategies (e.g., instruction to teach replacement and other desired behaviors)
- Management strategies (e.g., reinforcement for positive, not problem behavior)

Interventions are implemented with integrity by natural caregivers and within typical routines.

Data are collected and analyzed to ensure that positive changes in behavior and quality of life occur across circumstances and over time.

(A PBS plan must include all of these features)

Assessment of PBS Practices Questionnaire <u>www.flapbs.net</u>: Resources, Practice, Community

Poll Questions

Are you currently using visual data displays to guide decisions?

- Yes
- No

What support would you need to begin using visual data displays to guide decisions?Open Text





This has been an enjoyable training series with you all

Keep in touch!





Preparation of this [presentation/report] was supported, in part, by cooperative agreement JPK%50470 from the Minnesota Department of Human Services. The University of Minnesota undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore necessarily represent official MN DHS policy.